DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**11/15/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT JEAN SENIOR CARE	**6924 ACOMA CRT, LAS VEGAS, NEVADA ,89145**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation completed in your facility on 11/15/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The sample size was five resident files and three employee files. The facility received a grade of B. There was one complaint investigated. Verified: 1. Complaint #NV00069676 was verified. (See Tags Y065, Y104, Y 878,Y1037) The investigation of the Complaint included: Observation of physical appearance for residents, medication storage, adequate staffing, sufficient supplies, meal observation, and a tour of the facility. Interviews were conducted with residents, Caregivers, a hospice Nurse and the Administrator. Clinical Record Review of five records. Document Review included facility policy and procedures, staff schedules and resident menus. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: PRESCILA BARCELON | Title: Administrator | Date: 12/13/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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0065 SS= D	Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 3 Caregivers received eight hours of elderly and disabled annual training (Employee #2). Findings include: Employee #2 (E2) E2 was hired on 04/29/17 as a Caregiver. Review of E2's employee records revealed annual Caregiver training was last completed on 06/11/22. There was no documentation E2 completed annual Caregiver training after 06/11/22. On 11/15/23 in the morning, the Administrator was unable to provide documented evidence of annual elderly and disabled training for E2 and reported E2 did not get the annual training. Severity: 2 Scope: 1 Complaint #NV00069676	0065	On November 25,2023 - E2 attended 8 hours course of caregiving for elderly and disabled. attached here is a copy of her certificate, our administrator will review all files quarterly for compliance.	12/09/2023

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0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 3 employees obtained a background check every 5 years through the Nevada Automated Background Check System (NABS) (Employee #2). Findings include: Employee #2 (E2) E2 was hired on 04/29/17 as a Caregiver. E2's personnel file documented a NABS clearance letter dated 05/23/17. E2's personnel file lacked documented evidence of a current background check through NABS. On 11/15/23 in the morning, the Administrator confirmed E2 did not have a NABS clearance letter dated within the last 5 years and verbalized E2 submitted fingerprints in October of 2022. The Administrator reported they had attempted to follow up on the fingerprints obtained in October 2022, however there was no documentation of a resolution and no updated NABS clearance letter. Severity: 2 Scope: 1 Complaint #NV00069676	0104	tag 104- E2 have her finger print done and submitted on 10/17/2022. in the morning of our survey on 11/15/2022 the clearance letter was missing. i called NAB for a copy for the clearance and i received an email from NAB, and a copy of that email is attached here for your review.E2 will be refinger printed on JAnuary 2,2024,	12/09/2022
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary	0878	our administrator conducted an interviews with all of our staff members and we were unable to determine any wrong doing from anyone in our facility. on November 20, 2023 our administrator called the hospice company and spokes regarding the missing hydrocodone 5mg. she then made an inquiry from the pharmacy that refilled the hydrocodone 5mg and she generate a letter regarding a conversation with pharmacist. attached here is the copy of the letter and our medication policy for your review.	12/09/2023

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	supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (Previously Y 0879) (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, interview and record review the facility failed to ensure all tablets of Oxycodone prescribed to a resident was onsite and accounted for 1 of 5 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 09/29/23 with diagnoses of aortic valve stenosis and heart disease. A Hospice Medication List dated 09/29/23 documented an order of 90 Oxycodone 5 milligrams (mg) tablets, take 1.5 tabs by mouth every 6 hours as needed for pain was prescribed to R1. The September 2023 Medication Administration Record (MAR) documented R1 did not request medication for the month of September 2023. The October 2023 MAR			

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	documented R1 requested and was administered Oxycodone 1.5 tablets on 10/10/23 for pain. The November 2023 MAR documented R1 did not request Oxycodone for the month of November 2023. On 11/15/23 in the morning, a pill count revealed 70.5 tablets were counted in the Oxycodone bottle. Eighteen tablets were not in the bottle and were unaccounted for. On 11/15/23 in the morning, E1 acknowledged giving R1 1.5 tablets on 10/10/23 as documented on the October 2023 MAR. E1 agreed there were 18 tablets unaccounted for and suggested the hospice nurse may have administered the medication. On 11/15/23 in the morning, the hospice nurse verbalized to not administering medication to R1 at the facility. The hospice nurse's progress notes dated 10/10/23, documented R1 was given 1.5 tablets of the medication for pain by the facility. This information matched the October 2023 MAR documentation. On 11/15/23 in the morning, the Administrator acknowledged the missing medication and questioned E1 if the medication had been counted upon arrival to the facility. E1 verbalized not counting the medication. Facility Policy (undated) states medications will be protected (locked box) from unauthorized use. Severity: 2 Scope: 1 Complaint #NV00069676			
0890 SS= D	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility; (2) The date of its delivery; (3) The name of the person who accepted the delivery; (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medication	0890	E1 and our administrator will monitor and implement the use of the narcotics document that the pharmacy sent to the house along with the medication, and will make sure that the medication will be properly log in to the log book. Both employees will monitor monthly for compliance.	12/09/2023

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	is removed from the facility or destroyed. . Inspector Comments: Based on observation, record review and interview, the facility failed to maintain a medication receiving log for a medication received at the facility for 1 of 5 residents.(Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 09/29/23 with diagnoses of aortic valve stenosis and heart disease. A Hospice Medication List dated 09/29/23 documented an order of 90 Oxycodone 5 milligrams (mg) tablets, take 1.5 tabs by mouth every 6 hours as needed for pain was prescribed to R1. The Medication, Oxycodone 5mg was listed on R1's Medication Administration Record (MAR) for September 2023, October 2023 and November 2023. The Hospice delivery receipt provided by the hospice nurse documented 90 Oxycodone 5 mg tablets were delivered to the facility on 09/29/23 at 6:36 PM. Employee #1 (E1) signed as receiving the order. The facility lacked documented evidence E1 had documented the medication Oxycodone as received at the facility on a medication log. There was no information as to how much medication was received, the staff member who received the medication, the type of medication, the date of delivery, the name of the resident who the medication was for. On 11/15/23 in the morning, the Administrator questioned E1 if the medication had been counted upon arrival to the facility. E1 verbalized to not counting the medication. Facility policy titled, Specialized Medication Packaging, undated, documented a controlled drug administration record was prepared by the pharmacy and used by the facility when the facility had received or documented a receipt of a controlled substance medication for a resident, and was used to document medication administration to maintain a perpetual inventory. Severity: 2 Scope: 1 Complaint #NV00069676			
1037	Care to Persons with Dementia - NAC	1037	E1 and E2 attended 3 hours Alzheimer's	12/09/202

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SS= E	449.2768 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes: (3) If such an employee is licensed or certified by an occupational licensing board, at least 3 hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2), may be used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours or units of continuing education required by the occupational licensing board. (4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2). Inspector Comments: Based on record review and interview, the facility failed to ensure three hours of annual Alzheimer's training was completed by 2 of 3 employees (Employee #1 and #2). Findings include: Employee #1 (E1) E1 was hired on 10/23/18 as a Caregiver. E1's file lacked documented evidence of three hours of annual Alzheimer's training. E1's employee		training on November 25, 2023. a copy of E1 and E2 certificates are attached here for your review. our administrator will review employees files quarterly for compliance.	3

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	file documented E1 last completed Alzheimer training on 06/25/22. Employee #2 (E2) E2 was hired on 04/29/17 as a Caregiver. E1's file lacked documented evidence of three hours of annual Alzheimer's training. E2's employee file documented E2 last completed Alzheimer training on 06/25/22. On 11/15/23 in the morning, the Administrator acknowledged E1 and E2 last completed Alzheimer's disease training more than a year ago and needed to complete the three hours. Severity: 2 Scope: 2 Complaint #NV00069676			