Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5936	A. BUILDING _____ B. WING _____	04/08/2024

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 an annual State Licensure survey completed at your facility on 04/08/24 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was seven. Seven resident files and four employee files were reviewed. The facility received a grade of C. 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		

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0106 SS= E	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on record review and interview, the facility failed to ensure 4 of 4 employees received cardiopulmonary resuscitation (CPR) and first aid training with the required in-person component (Employees #1, #2, #3, and #4). Findings include: Employee #1 (E1) E1 was hired as the Administrator on 02/01/15. E1 completed CPR and first aid training provided by an online company on 06/06/23. The training through this company did not contain an in-person component, a requirement per the regulation. Employee #2 (E2) E2 was hired as a Caregiver on 10/23/18. E2 completed CPR and first aid training provided by an online company on 08/11/22. The training through this company did not contain an in-person component, a requirement per the regulation. Employee #3 (E3) E3 was hired as a Caregiver on 04/29/17. E3 completed CPR and first aid training provided by an online company on 02/02/24. The training through this company did not contain an in-person component, a requirement per the regulation. Employee #4 (E4) E4 was hired as a Caregiver on 10/29/19. E4 completed CPR and first aid training provided by an online company on 06/06/23. The training did not contain an in-person component, a requirement per the regulation. On 04/08/24 in the afternoon, the Administrator acknowledged the CPR and first aid training completed by E1, E2, E3, and E4 did not contain an in-person component, and the employees should complete training as required by the regulation. Severity: 2 Scope: 3	0106	Tag0106 April 20,2024, E1,E2,and E3 completed first aid and CPR class completed a 3hours class of First aid and CPR at the facility. E4 refuse a join the class and walked away from the job. copy of certificate are attached her for your review. E2 will monitor quarterly for compliance	05/11/2024

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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure a toilet was not leaking. Findings include: On 04/08/24 at 10:34 AM, a toilet in the hallway bathroom was observed to be leaking from the base of the toilet onto the floor, forming a small pool of water. On 04/08/24 in the morning, the Caregiver acknowledged the leaking toilet and said the plumber was aware. Severity: 2 Scope: 2	0178	Tag 0178 on May 15,2024 the leak around the toilet bowl in the hallway bathroom was fixed by home repair service. attached here a copy of invoice of the job. R2 will monitor for compliance.	05/11/2024

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 7 residents' read date of their annual 1-Step tuberculin (TB) skin test was within 72 hours (Resident #4). Findings include: Resident #4 (R4) R4 was admitted on 08/04/23 with diagnoses including hypertension, Type 2 Diabetes Mellitus, and Dementia. R4's file documented an initial Quantiferon blood test with a negative result on 02/22/23. R2 was administered a tuberculin injection on 01/30/24. The result was read on 02/03/24, more than 72 hours after administration, rendering the read result invalid. On 04/08/24 at 12:08 PM, the Administrator acknowledged R4's 1-Step TB test was not read within the 72 hour time frame, and R4 needed to receive another 1-Step TB test. Severity: 2 Scope: 1	0936	Tag 0936 R4 TB skin test was redone on April 9, 2024, and was with on April 11, 2024, with negative results a copy of the Tb skin test result is attached here for your review. E2 will monitor for compliance.	05/11/2024

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0991 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (b) Operational alarms, buzzers, horns or other technology for notifying staff when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure an exit door sounded an audible alarm upon opening. Findings include: On 04/08/24 at 9:55 AM, the alarm on the sliding glass door leading to the back yard of the facility was not activated. On 04/08/24 at 9:55 AM, the Caregiver acknowledged the alarm should have been activated and audible at all times. Severity: 2 Scope: 3	0991	tag 0991 the back door alarm was functioning well, but alarm was turned off. E2 turn on the alarm and was functioning well. after survey, our staff have a short Inservice about keep all doors alarm for safety. E2 will monitor daily for compliance	05/11/2024

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1010 SS= D	Care for Persons with Mental Illnesses - NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. (NRS 449.0302) 1. A residential facility which offers or provides care and protective supervision for a resident with mental illness must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with mental illnesses. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on record review and interview, the facility failed to obtain an endorsement for Mental Illness (MI) and admitted and retained 1 of 7 residents with an MI diagnosis (Resident #2). Findings include: Resident #2 (R2) R2 was admitted to the facility on 08/12/23 with diagnoses including disorganized schizophrenia, acute psychosis and hypertension. Results of a medical report in R2's file dated 12/21/22 revealed R2 had a previous medical history of bipolar, hallucinations, paranoia, and psychiatric schizophrenia. On 04/08/24 in the morning, the Caregiver reported R2's quetiapine dose had been raised to 100 milligrams (mg) due to behaviors. On 04/08/24 in the morning, the Administrator acknowledged the facility needed an endorsement for Mental Illness to retain R2, and the Caregiver indicated they would contact the Owner of the facility to apply for the endorsement. Severity: 2 Scope: 1	1010	Tag 1010 on May 6, 2024, the owner sent and paid an additional endorsement of mental health for St. Jean Senior Care. a copy of application and receipt is attached here for your review. our administrator will monitor for compliance	05/11/2024

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1045 SS= D	Placard - Display - NAC 449.27704 Placard: Issuance and display; failure to comply. (NRS 449.0302) 2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public area of the residential facility. Inspector Comments: Based on observation and interview, the facility failed to ensure the most current grade placard was posted. Findings include: On 04/08/24 in the morning, the survey grade placard from 2022 was hanging on the wall in the lobby of the facility. On 04/08/24 in the afternoon, the Administrator confirmed the grade placard was not the facility's current grade placard, and that the current grade placard should have been posted. Severity: 1 Scope: 1	1045	Tag 1045 we are not able to retrieve the 2023 survey placard grade. however, the current grade of 2024 survey was printed and hang it on the wall. Our administrator will monitor for compliance.	05/11/2024
1830 SS= E	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the primary and secondary infection control staff completed 15 hours of infection	1830	Tag 1830 E1 completed the 15 hours infection control training as required. on April 11, 2024, E2 completed the 15 hours infection control training as required. All certificates are attached here for your review. our administrator will monitor for compliance	05/11/2024

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	control training (Employees #1 and #2). Findings include: Employee #1 (E1) E1 was hired as the Administrator on 02/01/15. On 04/08/24 in the afternoon, E1 identified themself as the primary infection control staff. E1's file lacked documented evidence of 15 hours of infection control training regarding the control and prevention of infections from an approved organization. Employee #2 (E2) E2 was hired as Caregiver on 10/23/18. On 04/08/24 in the afternoon, the Administrator identified E2 as the secondary infection control staff. E2's file lacked documented evidence of 15 hours of infection control training regarding the control and prevention of infections from an approved organization. On 04/08/24 in the morning, the Administrator confirmed E1 was the primary infection control program staff and E2 was the secondary infection control staff, and neither E1 nor E2 had completed the required infection control and prevention training from an approved organization. Severity: 2 Scope: 2			

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0104 SS= E	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 interview and record review, the facility failed to ensure a background check was completed through the Nevada Automated Background Check System (NABS) for the current facility for 2 of 4 employees (Employees #2 and #4). Findings include: Employee #2 (E2) E2 was hired as a Caregiver on 10/23/18. E2's employee file lacked documented evidence a background check was completed through NABS for the facility. Verification through the NABS online system confirmed E2 completed fingerprints and background check on 08/16/19 for another facility. Employee #4 (E4) E4 was hired as a Caregiver on 10/21/19. E4's employee file lacked documented evidence a background check was completed through NABS for the facility. Verification through the NABS online system confirmed E4 completed fingerprints and background check on 11/28/23 for another facility. On 04/08/24 in the afternoon, the Administrator was unable to produce evidence E2 and E4 completed background checks through NABS for the facility. Severity: 2 Scope: 2	0104	Tag 0104 E3 have has a finger done Feb 3, 2024, a copy of her clearance are attached here for your review. E4 have a clearance from the other facility dated June 19,2020, but at this time he refuses to take another fingerprint and decided to quit. attached here a copy of clearance letter for your review. E2 will monitor quarterly for compliance on May 22,2024 E2 have the background check and fingerprint done. a copy of the background check and proof of electronic fingerprint submission was done. a copy of fingerprint documents are attached here for your review. R1 will monitor our files quarterly for compliance.	05/11/2024