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 _____	06/12/2024

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 a State Licensure Mandatory Grading Resurvey completed at your facility on 06/12/24, 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 6. Two resident files and five employee files were reviewed. The facility received a grade of A. 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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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 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 5 employees (Employees #4 and #5). Findings include: 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. The facility had previously reported E4 was no longer employed at the facility, however, an interview with the Caregiver on 06/12/24 in the afternoon confirmed E4 was currently working at the facility, and the April, May, and June 2024 staff scheduled documented E4 worked the night shift. Employee #5 (E5) E5 started employment as a Caregiver in January of 2024. E5's employee file lacked documented evidence a background check was completed through NABS for the facility. No applicants matching E5's first and last name were found in the background checking system. On 06/12/24 in the afternoon, the Administrator verbalized E4 and E5 had not completed background checks for the current facility. Severity: 2 Scope: 2	0104	Tag 0104 our Administrator terminated E4 when he walked out while we are having first aid and CPR training at the facility. our Administrator was not notified when E4 was asked by E2 the house manager to come back as a reliever. After our resurvey on June 12, 2024, he completely terminated. E5 is available to work full time, she has her background check and fingerprint on July 10,2024. a copy of her background check and fingerprint are attached here for your review. E2 the house manager will review all files monthly for compliance.	07/13/2024

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0106 SS= D	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 1 of 5 employees received cardiopulmonary resuscitation (CPR) and first aid training with the required in-person component (Employee #4). Findings include: Employee #4 (E4) E4 was hired as a Caregiver on 10/29/19. E4's file documented 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 06/12/24 at 12:05 PM, the Caregiver verbalized E4 worked Monday through Sunday, 7:00 PM to 7:00 AM. The facility staff schedule provided by the Caregiver on 06/12/24 documented E4 was scheduled to work the night shift April 1, 2024 through June 11, 2024, every date except April 5, 2024, when E4 was scheduled to work the day shift. The Caregiver and the Administrator explained the care staff worked together to ensure coverage day and night when one of them was unable to work their shift. On 06/12/24 in the afternoon, the Administrator verbalized E4 had left the facility when in-house CPR training was provided on 04/20/24, and thought E4 had not returned to work after that date. Severity: 2 Scope: 1	0106	E4 walked out while we were having first aid and CPR training at the facility. As of June 12,2024, E4 has officially been terminates as of June 12, 2024. E5 has done her first aid and CPR training on April 20,2024. attached here the certificate of completion for your review. E2 the house manager will review all files monthly for compliance.	07/13/2024
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.	0178	THis was corrected on the previous sod.	07/13/2024

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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.	0936	All files have been in a locked closet since the facility was licensed. it was approved then and nothing was said about were the files was stored. July 10,2024, i have informed the new owner about the changes.	07/13/2024
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.	0991	On June 12,2024 the new owners have been informed to install an alarm at the back door.	07/13/2024
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.	1010	The owners are not going to pursue obtaining the Mental Illness endorsement. the Clark County social services have been notified to move their ward in which they have been working and looking for the right placement for their client.	07/13/2024

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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.	1045	E1 and E2 have a lengthy discussion about replacing the old grade placard with the new grade placard as soon as it is available.	07/13/2024
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.	1830	E1and E2 have completed their 15 hours infection control training and all certificates were on their respective binders. a copy of certificate was sent with POC original survey	07/13/2024