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
	8089	A. BUILDING _____ B. WING _____	12/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JEREMIAH CARE HOME	**3918 CHEROKEE AVENUE, LAS VEGAS, NEVADA ,89121**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0000	Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as a result of an annual state licensure survey initiated at your facility on 12/28/18, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was 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 six residents. Six resident files were reviewed and three 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 deficiency was identified:	0000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: BONNIE PIERCE | Title: Administrator | Date: 01/31/2019

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0503 SS= D	449.258(4) - Employee Compliance with Written Policies - NAC 449.258 Written policies for facility; policy on visiting hours; residents' mail; compliance with policies. 4. The employees of the facility shall comply with the policies developed pursuant to this section. Inspector Comments: Based on observation, interview, record review and document review, the facility failed to follow their infection control policy on universal precautions for 1 of 6 sampled residents (Resident #4). Findings include: Resident #4 (R4) R4 was admitted on 12/27/18 with diagnoses including stroke, anemia, and diabetes. On 12/28/18 at 8:45 AM, R4 was sitting in R4's room in a wheelchair watching television. R4 had a skin tear on his right forearm and blood was dripping from R4's arm onto the floor. R4 was unaware of the skin tear and indicated being paralyzed on the right side. R4 indicated the injury could have happened during transfer from the bed to the wheelchair. R4 indicated the staff had assisted with the transfer but did not know about R4's arm. On 12/28/18 at 8:48 AM, a caregiver entered R4's room and witnessed R4's right forearm bleeding. The caregiver grabbed tissues from R4's bedside tray table and wiped R4's forearm and the floor where the blood had dripped. The caregiver was not wearing gloves. On 12/28/18 at 8:55 AM, the caregiver indicated the facility policy was to wear gloves when handling a resident's blood or other bodily fluid. The caregiver acknowledged not wearing gloves when cleaning blood from R4's right forearm and the floor. Review of a History and Physical dated 10/21/18, documented R4 suffered from right hemiplegia. A facility policy entitled Infection Control Standards and Precautions for Assisted Living Facilities (undated), documented universal precautions included wearing gloves when coming into contact with blood, bodily fluids or other potentially infectious materials. Severity: 2 Scope: 1 Repeat deficiency from the complaint investigation survey conducted on 03/19/18 - 04/04/18.	0503	1. All caregivers will follow the infection control policy at all times. A glove station is located by every resident room to ensure resident safety procedures. 2. A discussion regarding the event that took place during survey was discussed immediately with the caregivers. Glove stations were placed by every resident room and corrected on 3/28/2018, after initial investigation of March 2018. 3. An in-service regarding infection control policies will be done every six months to ensure all caregivers are aware of all possible contamination incidents. 4. The Administrator will monitor for compliance. 5. 1/31/2019	01/31/2019