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 _____	**10/07/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT 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 a COVID-19 focused infection control and complaint State Licensure survey completed at your facility on 10/07/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Groups beds for persons with Alzheimer's disease, Category II residents. The census was four. The sample size was five. Complaint #61730 with three allegations was unsubstantiated. Allegation #1 - The allegation the facility did not open the door for the social worker was unsubstantiated based on interview with the Administrator who reported caregivers always open the door when they hear a knock or the doorbell ring and observation of door being answered for hospice worker and inspector. Allegation #2 - The resident did not have a fall mat at bedside after hospice requested one was unsubstantiated based interview with Administrator who reported a lowered bed and fall mat were used and pictures provided by the Administrator revealed a fall mat at bedside. Allegation #3 - The resident's medications were mismanaged was unsubstantiated based on review of the Medication Administration Record which matched the physician orders. The investigation into the allegations included: Observations of a resident with fall mat utilized and the door was answered for a hospice worker and inspector. Interviews with one caregiver, the owner, and the Administrator. Record review of five resident files including the resident of concern. The COVID-19 focused infection control survey included the following: The facility had no residents or staff positive with COVID-19. Observations: - Signage was posted at the facility entrance prohibiting non-essential visitors, requiring a mask before entry, and directing visitors to	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

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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	sanitize or wash hands when entering. - Facility checked the temperature of the health facility inspector prior to entry. - The Health facility inspector was asked COVID-19 screening questions related to: symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. - Health facility inspector was asked to sanitize their hands prior to entry. - Hand sanitizer was located inside by the front door, in the kitchen, and in the living room. - One caregiver wore a disposable mask and the Owner wore a cloth mask. - The caregiver wore gloves with resident contact and washed hands after providing care. - The caregivers washed hands and utilized alcohol-based hand sanitizers between tasks. - Two residents were in the living room and two residents were in their private and/or shared bedrooms spaced six feet apart. - Staff cleaned high touch areas with disinfecting wipes and Fabuloso and/or Pine-Sol. - The facility had 2,000 gloves, ten N95 masks, 100 disposable masks, 16 gowns, 30 face shields, (12) 8-ounce bottles of hand sanitizer, one gallon jug of hand sanitizer, one 67.6-ounce bottle of hand sanitizer, and two 16-ounce bottles of hand sanitizer. - One non-contact forehead thermometer was available. None of the employees were medically cleared or fitted for N95 masks. The facility was provided guidance to have at least one caregiver medically cleared and fitted for use of N95 masks in the event a resident becomes positive for COVID-19. Interview with one caregiver and the owner revealed: - Visitors were limited to essential healthcare workers. - Temperature checks are completed for staff and essential visitors upon entrance to the facility. - Visitors and staff are asked COVID-19 screening questions related to: symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. - Visitors are required to utilize hand sanitizer or wash hands upon entry. - Resident temperatures were checked every morning			

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	and evening. - Residents were spaced six feet apart for meals and activities. - Staff sanitized high touch areas throughout the day after each meal with disinfecting wipes and Fabuloso and/or Pine-Sol. - Training was held regarding proper donning and doffing of personal protective equipment (PPE). - The facility had a plan in place for isolation and quarantining residents. Record Review: - Infection Control Program policies and procedures documented measures to ensure isolation and prevention of COVID-19. - Standard and transmission-based precautions for COVID-19. - Visitor entry and facility screening practices including screening questions, hand sanitization and temperature checks. - Education, monitoring and screening practices of staff including proper PPE use, temperature checks, hand washing and sanitization. - Facility policies and procedures to address staffing issues during emergencies, such as the transmission of COVID-19. 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. No regulatory deficiencies were identified. No further action necessary. Please retain a copy for your records.			