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 _____	09/24/2021

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 an annual state licensure and infection control survey conducted at your facility on 09/24/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for ten Residential Facility for Groups beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files and four employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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. The following regulatory deficiencies were 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: ERNIE M DIAZ Title: ADMINISTRATOR Date: 10/06/2021

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0450 SS= D	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. Inspector Comments: Based on interview and document review, the facility failed to ensure 1 of 3 employees was certified to perform first aid and Cardiopulmonary Resuscitation (CPR) (Employee #3). Findings include: Employee #3 (E3) was hired on 10/18/20 as a Caregiver. E3's personnel file lacked documented evidence of first aid and CPR certification. On 09/24/21 in the morning, E3 confirmed there was no documented evidence on file that first aid and CPR training had been completed. Severity: 2 Scope: 1	0450	1. After the survey, Employee #3 was scheduled to obtain a new CPR training and First Aid Certification. 2. An employee checklist has been created to remind new employee to provide a Copy of First Aid and CPR card within 30 days of being hired. 3. Administrator will ensure that a CPR / First Aid Card has been obtained within first 30 days of hire of a new employee. 4. Administrator, Owner and Head Caregiver will ensure that a First Aid and CPR card will be provided by new employee within 30 days of hire. 5. First Aid and CPR training was completed on 10/06/21. 6. Please see attached documents.	10/06/2021

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0936 SS= E	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 2 of 6 residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A. (Residents #4 and #6). Findings include: Resident #4 (R4) R4 was admitted to the facility on 12/26/20, with diagnoses including Chronic obstructive pulmonary disease, Hypothyroidism and Hypertension. R4's file lacked documented evidence an initial two-step TB test was completed. Resident #6 (R6) R6 was admitted to the facility on 07/22/21, with diagnoses including Dementia, Hypertension, and Gastroesophageal reflux disease. R6's file lacked documented evidence an initial two-step TB test was completed. On 09/24/21, Employee #1 acknowledged R4 and R6 lacked documented evidence initial two-step TB tests were completed. Severity: 2 Scope: 2	0936	1. After the survey, a 2 step TB Test was ordered for Resident's #4 and #6. 2. A Resident Checklist was created to ensure a 2-step Tb Test will be requested and performed for new residents. 3. Administrator, Owner and Head Caregiver will double check the resident's folder to ensure that a 2 Step TB Test was performed for a new resident. 4. Administrator, Owner and Head Caregiver will ensure that a 2-Step Tb test has been started prior to admission of a new resident. 5. Both Tb steps for resident's #4 and #6 were completed and read on 10/06/21. 6. Please see attached documents.	10/06/2021

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0991 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 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 shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated 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 audible alarm system was activated on 3 of 3 doors exiting the facility. Finding include: On 09/24/21, in the morning during a tour of the facility, audible alarm systems on the exit doors leading to the backyard, the garage, and the front yard were not activated. Employee #1 acknowledged the three alarms were not turned on and indicated the three exit door alarms should have been turned on and audible. Severity: 2 Scope: 3	0991	1. I have personally checked that all 3 alarms at entrance, garage and back door are on and audible. 2. All Caregivers are to ensure that all 3 alarms are on at all times. 3. Every morning the head Caregiver on duty will check that all 3 alarms at front door, garage and back door are on and audible. 4. Head Caregiver for that day will ensure all 3 alarms are on and audible. Owner and Administrator will also ensure all 3 alarms are on at all times. 5. Since 09/24/21 all 3 alarms are on and audible. 6. See attached documents.	10/05/2021