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 _____	08/23/2023

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 survey completed at your facility on 08/23/23, in accordance with Nevada Administrative Code (NAC) 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 eight. Eight resident files and four 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		
0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 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: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on record review and interview, the facility failed to ensure a two-step tuberculosis (TB) test was completed for 1 of 4 employees (Employee #1). Findings include: Employee #1 (E1) E1 was hired on 02/13/22 as a Caregiver. E1's file had a one-step TB test dated 01/11/22 and an annual TB test dated 01/11/23. E1's file lacked documented evidence of a second-step TB test. On 08/23/23 at 1:00 AM, E1 acknowledged E1's file contained an initial first-step of a two-step TB test and an annual TB test dated one year later, but lacked documented evidence of an initial second-step TB test. Severity 2 Scope 1	0102	1. A TB test was initiated for E1 on 8/24/23 and read on 8/27/23 as Negative. 2. Lead Caregiver and Administrator will ensure future new employees have a 2 step TB test when applying for any position in the facility. 3. Administrator will ensure all Pre-hire documents are completed and placed in Employee folder upon hiring. 4. Administrator is ultimately responsible that all Pre-hire documents are complete especially the 2 step TB test. 5. TB test was initiated on 8/24/23 and read on 8/27/23 as Negative. 6. Please see attached document.	08/24/2023

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0620 SS= E	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on observation, interview, and record review, the facility failed to obtain a waiver to maintain a resident who was bedfast for 2 of 8 residents (Residents #5 and #7). Findings include: Resident #5 (R5) R5 was admitted to the facility on 05/18/23, with diagnoses including Chronic Lymphocytic Leukemia and dementia. R5 was unable to demonstrate the ability to turn from side to side on their own. A Caregiver confirmed R5 was unable to turn from side to side independently and confirmed R5 was bedfast. There was no documented evidence of a bedfast waiver in R5's file. Resident #7 (R7) R7 was admitted to the facility on 02/22/22, with diagnoses including Parkinson's disease, schizophrenia, depression, bipolar disorder, dementia, and a history of psychosis and aggressive behavior. R7 was unable to demonstrate the ability to turn from side to side on their own. A Caregiver confirmed R7 was unable to turn from side to side independently and confirmed R7 was bedfast. There was no documented evidence of a bedfast waiver in R7's file. On 08/23/23 at 1:00 PM, E1 confirmed R5 and R7 were bedfast, and the facility did not obtain bedfast waivers for both residents. Severity: 2 Scope: 2	0620	1. On 8/24/23 I applied for a Bedfast Waiver for R5 and R7. Results are pending. 2. Lead Caregiver and Administrator will ensure that any new and existing residents that are bedfast are applied for Bedfast Waivers as soon as possible. 3. Lead Caregiver will communicate with Administrator if any existing residents become bedfast so that a Bedfast Waiver will be applied for. 4. Administrator is ultimately responsible that any resident that is bedbound and bedfast have applied for a Bedfast Waiver. 5. On 8/24/23, a bedfast waiver was applied for R5 and R7. Results are still pending. 6. Please see attached documents that a Bedfast Waiver was applied for R5 and R7.	08/24/2023

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1540 SS= D	Cultural Competency Training - R016-20 Section 14.1 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 employees were in compliance with Nevada Revised Statutes (NRS) 449.103, regarding initial cultural competency training. (Employee #4) Findings include: Employee #4 (E4) E4 was hired on 04/12/23 as a Caregiver. E4's file lacked documented evidence of initial cultural competency training. On 08/23/23 at 1:00 PM, E1 acknowledged E4's file lacked documented evidence of initial cultural competency training. Severity: 2 Scope: 1	1540	1. On 8/28/23 E4 has enrolled in a Self Paced Cultural Competency Training Program. 2. Lead Caregiver and Administrator will ensure that all future employees will complete a Cultural Competency Training within 30 days of hire. 3. Lead Caregiver and Administrator will ensure that all new employees and current employees have a Cultural Competency Training in their respective folder. 4. Administrator is ultimately responsible that all current employees have taken their Cultural Competency Training and is in their employee folder. And that any new employees complete the Cultural Competency Training within 30 days of hire. 5. On 8/28/23 E4 enrolled in a Self Paced Cultural Competency Training and will be completed within 30 days. 6. Please see attached document.	08/28/2023