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 _____	08/21/2024

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 08/21/24 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 ten. Ten 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		
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. Inspector Comments: Based on observation and interview, the facility failed to ensure the interior and exterior of the home were clean and well-maintained. Findings include: On 08/21/24 in the morning, several old, dusty chairs in different stages of disrepair were on the back yard patio. On 08/21/24 in the morning, several floor tiles in the main hallway were cracked. On 08/21/24 at 10:15 AM, the Owner explained the furniture on the patio was for donation and would be picked up the following Friday. On 08/21/24 at 10:52 AM, the Lead Caregiver verbalized the tiles were cracked due to ambulance personnel coming through the home. Severity: 2 Scope: 3	0178	1. On 08/24/24, furniture that was being donated was donated and furniture that was for bulk pick-up was picked up by Republic Services. 2. Lead Caregiver, Owner and Administrator will monitor the backyard so that old D.M.E. and furniture do not accumulate in the backyard as not to pose a hazard for our residents and staff. 3. Administrator will check the backyard on a weekly basis to ensure that there are no old D.M.E. or old furniture in the back yard. 4. Administrator is responsible for ensuring that the plan of correction is implemented. 5. On 08/24/24, backyard was cleaned up. On 09/16/24, hallway containing broken tiles was fixed. 6. Please see attached documents.	09/16/2024
0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The	0895	1. During the survey, lead caregiver corrected on the MAR for R2 Losartan 50mg. from "Take 1 tablet by mouth daily" to "Take 1/2 tablet by mouth daily".	08/21/2024

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	administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 4 residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted on 12/17/20 with diagnoses including hypertension, metabolic encephalopathy, and Diabetes Mellitus. A physician order dated 06/26/24 documented Change Losartan 50 milligrams (mg), one-half tablet by mouth every day. R2's medication bin contained Losartan 50 mg tablet, take 1/2 tablet (=25 mg) by mouth once daily, dated 07/29/24. R2's August 2024 MAR documented Losartan 50 mg generic for Cozaar, take one tablet by mouth daily. Start 07/02/24. On 08/21/24 in the afternoon, the Lead Caregiver acknowledged the instructions on the August 2024 MAR did not match the physician orders nor the medication label. The Caregivers verbalized they had been dispensing 1/2 tablet because the pills come that way. Severity: 2 Scope: 1		Caregiver initialed the correction on the MAR for R2. MAR for subsequent months was also updated. 2. Lead Caregiver will enter any physician's order changes immediately onto MAR so it will not be missed. 3. Lead Caregiver will check no less than every 2 weeks that all medications in bin match medications written on MAR. 4. Administrator is responsible that the plan of correction is implemented and will also check medications in bin match the medications on MAR no less than once a month. 5. On 8/21/24 R2 Losartan directions were updated on MAR. 6. Please see attached document.	