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
	2176	A. BUILDING _____ B. WING _____	01/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT JUDE HOME CARE, LLC	6880 HATHAWAY DRIVE, LAS VEGAS, NEVADA ,89156

(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 State Licensure annual survey conducted at your facility on 01/08/2020, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for elderly or disabled persons and/or Category II residents. The census at the time of the survey was five. Five resident files were reviewed 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		
0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 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: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on interview and record review, the facility failed to ensure fingerprinting and background check were completed every five years for 1 of 4 employees (Employee #1 last fingerprints/background check on 04/14/14). Severity: 2 Scope: 1	0104	A) Immediately after the survey conducted on 01/08/2020, Administrator submitted employee #1 for fingerprinting and background check evidencing exhibit "A" TAG Y 0104 notification of clearance; exhibit "A-1"; "A-2" and "A-3" TAG Y 0104 fingerprinting and authorization and fingerprint cards. B) Administrator should review employees files regularly to ensure that all are updated or if not proper action is done. C) Monitor for compliance. D) Person responsible: Administrator E) Completion date: January 15, 2020	01/15/2020

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: MARIA T ACOBA Title: Administrator Date: 01/23/2020

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0527 SS= F	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (b) Provide group activities that provide mental and physical stimulation and develop creative skills and interests; Inspector Comments: Based on observation, interview and document review, the facility failed to provide group activities that provide mental and physical stimulation and develop creative skills and interests to 5 of 5 residents (Residents #1, #2, #3, #4, and #5). Findings include: On 01/08/20 in the morning, two residents were in the living room watching TV and one Resident was sitting in the kitchen looking out the window. One Resident was awake in a bedroom lying in bed with TV on and another resident was in a bedroom reading a book. No group activities took place for the duration of the inspection. On 01/08/20 in the morning, a resident indicated they do not do any activities and second resident indicated they were bored at the facility and would like activities such as games, but the facility did not offer any. A third resident indicated they don't normally watch much TV. The Resident further reported there was nothing else to really do and indicated they would like to have games or something to play. The Activity calendar for January 2020 indicated the activity for today was to watch game shows for one hour. The activity log for January 2020 indicated to watch TV 23 of 31 days. Other activities listed included reminiscing and playing games such as Chutes and Ladders and puzzles. The facility did not have the game Chutes and Ladders or any puzzles. On 01/08/20 at 11:10 am, the Owner confirmed the activity calendar for January 2020 was mostly to watch TV because they thought it was an acceptable activity. The Owner indicated they did not have the games listed on the activity calendar because they threw them away due to missing pieces. The Owner and Administrator did not indicate whether they asked residents about activities they were interested in. Severity: 2 Scope: 3 This was a repeat deficiency cited for the 02/25/19 annual inspection.	0527	A} Administrator conducted an interview on all the residents and came up with activities requested by them. A revised activity calendar schedule is hereto attached as exhibit "B" TAG Y 0527 commencing period of January 09, 2020 to January 31, 2020 and exhibit "B-1" TAG Y 0527 month of February 2020 activity calendar. B) Administrator ordered caregiver to comply with the residents activity schedule and make sure it is offered to all resident. Document for non-compliance. C) Administrator should monitor for compliance. D) Person responsible: Administrator E) Completion date: January 10, 2020	01/10/2020

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0620 SS= D	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 request a bedfast exemption for 1 of 5 residents (Resident #5). Resident #5 was unable to demonstrate the ability to turn in bed without the assistance of staff. Severity: 2 Scope: 1	0620	A) A bedfast waiver has been completed and filed at BHCQC Maryland Parkway Las Vegas Nevada office hereto attached is exhibit "C" TAG Y 0620 proof of verification of hand delivery dated January 21, 2020. B) Administrator should monitor any changes in residents condition and do appropriate action in accordance with Nevada's regulations on long term care. C) Monitor for compliance. D) Person responsible: Administrator E) Completion date: January 21, 2020	01/21/2020

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0938 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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on interview and record review, the facility failed to ensure annual activities of daily living (ADL) assessments were completed for 2 of 5 residents (Resident #4 - Last ADL assessment completed on 11/19/18 and Resident #5 last ADL assessment completed on 10/19/18). Severity: 2 Scope: 2	0938	A) A new ADL assessment has been completed for resident #4 and resident # 5 hereto attached as exhibit "D" TAG Y 0938 and exhibit "E" TAG Y 0938 respectively. B) A review of residents files should be done by the administrator regularly and do immediate action so all records are updated and current. C) Regular monitoring of residents files should be done by the administrator. D) Person responsible: Administrator E) Completion date: January 08, 2020	01/08/2020