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 |
|---|---|---|---|
| | 5936 | A. BUILDING _____ B. WING _____ | 03/01/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| ST JEAN SENIOR CARE | 6924 ACOMA CRT, LAS VEGAS, NEVADA ,89145 |

| (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 |
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| 0000 | Initial Comments -<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 3/1/17. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. The facility is licensed for 10 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 nine. Nine resident files were reviewed and five employee files were reviewed. The facility received a grade of D. 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 deficiencies were identified: | 0000 | | |

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| 0051 SS= C | 449.194(2) - Administrator's Responsibilities-Designation - NAC 449.194 Responsibilities of administrator. The administrator of a residential facility shall: 2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge.<br><br>Inspector Comments: Based on observation and interview, the administrator failed to designate one or more employees to be in charge of the facility during those times when the administrator is absent. Findings include: On 3/1/17 at 8:50 AM, during a tour of the facility observed no posting of an administrator designee. On 3/1/17 in the afternoon, observed a sheet of paper on the living room wall that read, "The Designated Person in Charge is:". There was no name on the paper. On 3/1/17 in the afternoon, Employee #2 confirmed the observation and Employee #3 indicated they would be in charge in the absence of the administrator. Severity: 1 Scope: 3 | 0051 | 1. We have added a name to the poster that states who is in charge when the Administrator is not present at the facility.<br>2. If the lead caregiver changes, the Administrator will modify the signages.<br>3. The House Manager, Owner or Administrator will add these items to their checklist.<br>4. The Administrator is the person to make sure this deficiency will not happen again. | 03/01/2017 |

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| 0178 SS= F | 449.209(5) - Health and Sanitation-Maintain Int/Ext - NAC 449.209 Health and sanitation. 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.<br><br>Inspector Comments: Based on observation and interview, the facility failed to ensure the exterior and interior of the facility was cleaned and maintained. Findings include: On 3/1/17 at 9:00 AM, during a tour of the facility observed the following: -Two baskets with linen and miscellaneous clothing on the ground on the side of the house -Washing machine sitting on side of house -Two shopping carts on the side of the house -Significant amount of overgrown weeds throughout the front yard, back yard and side of house -Leaking water faucet with a bucket underneath collecting water next to the front door -Leaking water faucet on the back of the house -Standing water in a mop bucket on the back patio -Cracked toilet seat cover in bathroom next to resident bedrooms -Missing paint along the lower walls throughout the common hallways of the resident bedrooms On 3/1/17 in the morning, Employee #3 acknowledged the observations. Severity: 2 Scope: 3 | 0178 | 1. The Administrator had the entire yard cleaned, emptied the water from mop stand, shopping carts removed and the painting as listed on the SOD.<br>2. The Administrator has a form that the owner or lead caregiver to complete. The form will be given to the proprietor and the Administrator to take care of any concerns listed on the form.<br>3. The Owner will be sent an email on the 5th of each month to remind them that this form must be completed and review by the proprietor and the Administrator.<br>4. The Administrator is the person responsible. | 03/19/2017 |

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| 0859 SS= F | 449.274(5) - Periodic Physical examination of a resident - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 4 of 9 residents received an initial or annual physical examination (Resident #1, #3, #4 and #5). Findings include: On 3/1/17 in the morning, review of the resident files revealed the following deficiencies related to physical examinations: Resident #1 was admitted on 9/23/16. Review of the resident file revealed an initial physical examination dated 10/20/16, four weeks after admission. Resident #3 was admitted on 8/1/15. Review of the resident file revealed an initial physical examination dated 8/14/15, two weeks after admission. The next documented physical examination was dated 1/25/17, seventeen months from the previous physical examination. Resident #4 was admitted on 8/26/15. Review of the resident file revealed an initial physical examination dated 7/4/15. The next documented physical examination was dated 1/25/17, eighteen months from the previous physical examination. Resident #5 was admitted on 8/31/15. Review of the resident file revealed an initial physical examination dated 9/10/16. The next documented physical examination was dated 1/25/17, sixteen months from the previous physical examination. On 3/1/17 in the afternoon, Employee #2 acknowledged the physical examinations were not conducted in a timely manner. Severity: 2 Scope: 3 | 0859 | 1. 1. The Administrator when admitting a new resident will ensure that the new resident has a physical performed with-in the prior six months.<br><br>2. 2. The administrator will use a checklist to ensure that all documents required for admission are completed upon admission.<br><br>3. The administrator will check the files twice a year around the time of<br><br>1. “Daylight Savings Time” clock adjustment.<br><br>2. 4. This deficiency was completed on March 18, 2017. | 03/19/2017 |
| 0870 SS= F | 449.2742(1)(a-c) 2 - Medication Administration - NAC 449.2742 Administration of medication: | 0870 | The facility has acquired the medication review for each resident.<br>The facility has contracted with a closed | 03/19/2017 |

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| | Responsibilities of administrator, caregivers and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility; (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report; and (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident ' s physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 5 of 5 residents residing in the facility for longer than six months (Resident #3, #4, #5, #8 and #9). Findings include: On 3/1/17 in the morning, review of the resident files revealed the following: Resident #3 was admitted on 8/1/15. The resident file reflected medication reviews dated 1/26/16 and 10/26/16. The reviews only contained a list of the residents medications, with no direction of whether the medication was okay, needed to be discontinued or changed. The Administrator did not initial the documents. The reviews were not completed every six months as required. Resident #4 was admitted on 8/26/15. The | | door pharmacy that will do the six-month reviews automatically when they are due. The administrator will review the appraisal completed by the pharmacy and place their initial on the document as prescripted by regulation, plus notify the primary physician of any concerns that the pharmacist may have regarding their examination of the types of medication that are being dispensed. | |

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| | resident file reflected medication reviews dated 1/26/16 and 10/26/16. The reviews only contained a list of the residents medications, with no direction of whether the medication was okay, needed to be discontinued or changed. The Administrator did not initial the documents. The reviews were not completed every six months as required. Resident #5 was admitted on 8/31/15. The resident file reflected medication reviews dated 1/26/16 and one undated. The reviews only contained a list of the residents medications, with no direction of whether the medication was okay, needed to be discontinued or changed. The Administrator did not initial the documents. Resident #8 was admitted on 11/18/14. The resident file reflected medication reviews dated 1/26/16 and 10/26/16. The reviews only contained a list of the residents medications, with no direction of whether the medication was okay, needed to be discontinued or changed. The Administrator did not initial the documents. The reviews were not completed every six months as required. Resident #9 was admitted on 2/15/16. The resident file reflected a medication review dated 10/26/16, beyond the six month requirement. The review only contained a list of the residents medications, with no direction of whether the medication was okay, needed to be discontinued or changed. The Administrator did not initial the document. On 3/1/17 at 10:50 AM, Employee #2 confirmed the documentation deficiencies and indicated an unawareness of the requirement of documented Administrator initials. See TAG Y878. Severity: 2 Scope: 3 | | | |
| 0878 SS= D | NAC 449.2742(5)(6) - Medication / OTCs, Supplements, Change Order - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary | 0878 | 1. On December 2, 2016, the hospice puta hold on this medication until further notice and did not supply any moremedication to Resident #9.<br>2. On March 1, 2017, Hospice | 03/08/2017 |

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| | supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure: 1) Medications were on site to administer to 1 of 9 residents (Resident #9), and 2) Medications with a change in dosage contained a change label for 1 of 9 resident (Resident #9). Findings include: Resident #9 was admitted on 2/15/16 with primary diagnoses of hypertension, diabetes, congestive heart failure, chronic vertigo, Vitamin B deficiency, non-Hodgkin's lymphoma and hypothyroidism. On 3/1/17 in the afternoon, review of the resident medications and Medication Administration Record (MAR) revealed: -12/5/16 and 1/17/17 physician orders for Ibuprofen 200 milligrams (mg), take 1 tablet every 8 hours as needed (PRN) was not on site to | | D/C theibuprofen/Motrin for resident #9.<br><br>3. Resident #9 had the generic brandcalled **Hydroxyzine instead of the brand name of Atarax.**<br><br>4. On March 1, 2017, the House Managercalled Hospice for them to deliver the Morphine also known as Roxanol but afterthe telephone call to hospice, the medication wassent to the facility. See attached delivery list, and you will see thehospice never order the medication for resident #9.<br><br>5. The Docusate 100 mg was written onMAR correctly, and the current ordermatches the MAR. We place a label on the container of medication that says"See Change Order."<br><br>6. The House Manager will have anin-service regarding the steps to take to avoid the container having a wrong order on it. | |

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| | administer. -1/17/17 physician order for Roxanol 20 mg/milliliters (ml), take 5 mg (0.25 ml) every 2 hours PRN for pain or shortness of breath was not on site to administer. -Morphine IR 20 mg/ml solution, take 0.25 ml (5 mg) every 2 hours PRN for pain or shortness of breath was not on site to administer. -1/17/17 physician order for Atarax 25 mg, take 1/2 tablet four times daily PRN for itching was not on site to administer. -12/6/16 and 1/17/17 physician orders for Docusate 100 mg, take 1 capsule twice daily PRN. The medication packages dated 2/10/16 and 5/26/16 read take 1 capsule twice daily. There was no change label on the medication package. On 3/1/17 at 12:40 PM, Employee #2 indicated the resident's main complaint was pain with their teeth. On 3/1/17 at 12:45 PM, Resident #9 reported they were in pain almost always. The resident indicated specific areas of pain as their shoulder and knees. The resident explained they were depressed and got headaches because of their depression. The resident also indicated they pull on their hair when they have headaches. The resident did not mention issues with their teeth during the interview. Severity: 2 Scope: 1 | | | |
| 0895 SS= C | 449.2744(1)(b 1-4)+449.2746(2) - Medication / MAR-PRN MAR - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. 1. The administrator of a residential facility that provides assistance to residents in the administration of medication 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; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician. NAC 449.2746 (Refer to NAC 449.2742(5) The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC | 0895 | Resident #1 was in the hospital during those dates.<br>For all the other residents the caregiver did not follow procedures, and of course, there is not excuse. However, they were having behavior problems with a resident at the time.<br>The House Manager will review the correct protocols for administrating medication and documenting same.<br>There will be an in-service with the Owner, Administrator, House Manager, Lead Caregiver and medicine techs. | 03/24/2017 |

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| | 449.2744.) 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was complete and accurate for 5 of 9 MARs reviewed (Resident #1, #2, #5, #6 and #9). Findings include: On 3/1/17 in the morning, review of the resident MARs revealed the following deficiencies: Resident #1 - The MAR was not signed as administered between 2/24/17 and 2/18/17 for Montelukast, Rosuvastatin, Calcitrol, Donepezil and Carvedilol. Resident #2 - The MAR was not signed for the 2/28/17 8:00 PM doses of Risperidone and Mirtazapine. Resident #5 - The MAR was not signed as administered for the 2/28/17 doses of Risperidone and Tylenol. Resident #6 - The MAR was not signed as administered for the 2/28/17 8:00 PM dose of Risperidone and Donepezil. Resident #9 - The following medications were not listed on the MAR: Calmoseptine, apply a small amount daily; Promethazine 25 milligrams (mg), 1 tablet every 6 hours as needed; and Cyclobenzaprine 5 mg, 1 tablet three times daily as needed. On 3/1/17 in the morning, Employee #3 acknowledged the deficiencies on 2/28/17. In the afternoon, Employee #2 and Employee #3 confirmed the missing medications listed on the MAR for Resident #9. Severity: 1 Scope: 3 | | | |
| 0936 SS= F | 449.2749(1)(e) - Resident file-NRS 441A Tuberculosis - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept | 0936 | 1. The facility will ensure that all residents are up to date with their Tuberculous screening.<br>2. The facility will check the files of each resident at the beginning and end of Daylight Savings time to ensure all annual requirements are completed before the expiration | 03/31/2017 |

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| | 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.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 5 of 9 residents met the requirements concerning tuberculosis (TB) testing (Resident #2, #3, #4, #5 and #6). Findings include: On 3/1/17 in the morning, review of the resident files revealed the following: Resident #2 was admitted on 2/21/17. The resident file lacked documented evidence of a two-step TB test. Resident #3 was admitted on 8/1/15. Review of the resident file revealed an initial two-step TB test with a final read date of 8/31/15 and a negative result. The next TB test was initiated on 10/3/16, beyond 364 days. Resident #4 was admitted on 8/26/15. Review of the resident file revealed an initial two-step Quantiferon test dated 8/24/15 with a negative result. The next TB test was initiated on 10/5/16, beyond 364 days. Resident #5 was admitted on 8/31/15. Review of the resident file revealed an annual two-step TB test with a final read date of 2/25/16 and a negative result. The resident file lacked documented evidence of an annual 2017 TB test. Resident #6 was admitted on 2/15/17. Review of the resident file revealed a first step TB test with a read date of 2/11/17 and a negative result. The resident file lacked documented evidence of a second step TB test. On 3/1/17 at 10:35 AM, Employee #2 confirmed the deficiencies. This was a repeat deficiency from the 4/26/16 State Licensure survey. Severity: 2 Scope: 3 | | date.<br>3. The Owner, Administrator and House Manager will put a reminder on their calendar to ensure that the monitoring is done in a timely manner.<br>The Administrator is the responsible person.<br>This will be completed by March 31, 2017 | |

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| 1020 SS= D | 449.2766(1) - Chronic Illness Endorsement - NAC 449.2766 Residential facility which offers or provides care for persons with chronic illnesses and debilitating diseases: Application for endorsement; training for employees. 1. A residential facility which offers or provides care and protective supervision for a resident with a chronic illness or progressively debilitating disease must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with chronic illnesses. The Health Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915.<br><br>Inspector Comments: Based on record review, the facility admitted 1 of 9 residents with a chronic illness without obtaining a chronic illness endorsement (Resident #1). Findings include: Resident #1 was admitted on 9/23/16 with primary diagnoses including Alzheimer's disease with behavioral and combative tendencies, diabetes, chronic kidney disease stage IV, hypoalbuminemia, and coronary artery disease. On 3/1/17 in the afternoon, a review of the resident's Medication Administration Record (MAR) and medications revealed the resident was taking the following medications specifically for chronic kidney disease: Renvela 800 milligrams (mg), take 3 tablets three times daily with meals and Calcitriol 0.25 micrograms (mcg), take 1 tablet daily. The facility does not have a chronic illness endorsement. Severity: 2 Scope: 1 | 1020 | 1. The Owner has applied for a Chronic Illness endorsement.<br>2. If the facility decides to accept a person and an endorsement is required, the facility will first apply for an endorsement before admitted the resident.<br>3. The facility will use a checklist.<br>4. The Administrator or House Manager.<br>March 19, 2017 | 03/19/2017 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 5936 | A. BUILDING _____ B. WING _____ | 03/01/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ST JEAN SENIOR CARE | 6924 ACOMA CRT, LAS VEGAS, NEVADA ,89145 |

| (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 |
|---|---|---|---|---|
| 1036 SS= D | 449.2768(1)(a)(2) - Dementia Training - 449.2768 Residential facility which provides care to persons with dementia: Training for employees. 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes: (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of training in providing care to a resident with any form of dementia, including, without limitation, Alzheimer's disease.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 caregivers acquired eight hours of Alzheimer's disease training within 90 days of hire (Employee #4). Findings include: Employee #3 had a hire date of 8/1/16. On 3/1/17 in the morning, a review of the employee's file revealed eight hours of Alzheimer's disease training on 7/30/16. The employee's file lacked documented evidence of the additional required two hours of Alzheimer's disease training within 90 days of initial employment. On 3/1/17 at 1:25 PM, Employee #2 confirmed the deficiency. Severity: 2 Scope: 1 | 1036 | 1. The owner, Administrator, HouseManager or Lead Caregiver will use a checklist to ensure that the Alzheimer'sTraining is in place for all new employees.<br><br>2. The facility will use a checklist.<br><br>3. The facility will check the files ofthe caregivers twice a year at the time of Time Light Savings start and endeach year.<br><br>4. The House Manager will beresponsible for the review of the employee's files. | 03/31/2017 |