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 _____	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST. JUDE HOME CARE	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
RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual survey completed at your facility on 06/25/2026. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was six. Six resident files and five employee files were reviewed. The facility received a grade of B.			

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Y 0102 SS= F	NAC 449.200 and R043-22 (d) The health certificates required pursuant to Chapter 441A of NAC for the employee. Inspector Comments: Based on document review and interview, the facility failed to ensure 1 of 5 employees (Employee #4) had completed a pre-employment two-step tuberculosis (TB) test and failed to ensure 2 of 5 employees (Employee #2 and #3) had completed an annual two-step TB test. Findings include: Employee #2 (E2) E2 was hired on 04/01/2024 as the Director and Caregiver. E2's file documented a completed QuantiFERON on 05/10/2024. There was no documentation E2 completed an annual TB test in 2025 and 2026. Employee #3 (E3) E3 was hired on 04/01/2024 as a Caregiver. E3's file documented a completed QuantiFERON on 05/10/2024. There was no documentation E3 completed an annual TB test in 2025 and 2026. Employee #4 (E4) E4 was hired on 01/19/2026 as a Caregiver. E4's file lacked documentation of a pre-employment two-step TB test. On 06/25/2026 in the afternoon, E2 acknowledged E4 had not completed a pre-employment two-step TB test and E3 and E4 had not completed an annual TB test for 2025 and 2026. Severity: 2 Scope: 3	Y 0102	TB requirements training was completed for applicable staff on June 29, 2026. Employee #2 completed a QuantiFERON-TB Gold test on July 1, 2026. Employee #3 completed a QuantiFERON-TB Gold test on July 1, 2026. Employee #4 completed a QuantiFERON-TB Gold test on July 2, 2026. A TB Tracking Log has been created to monitor all employee TB testing requirements and annual due dates. The log will include each employee's date of hire, most recent TB test date, next due date, and completion status to ensure ongoing compliance. The Group Home Manager will be responsible for maintaining the TB Tracking Log, monitoring due dates, and ensuring all employees complete required TB testing before expiration. The TB Tracking Log will be reviewed by the Group Home Manager on a regular basis to verify compliance and to prevent future deficiencies.	07/02/2026

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Y 0620 SS= E	**NAC 449.2702 and R089-24** 4. Except as otherwise provided in this section and NAC 449.2736 and 449.275, 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; (d) Requires skilled nursing or other medical supervision on a 24-hour basis; (e) Requires gastrostomy care; (f) Requires vacuum-assisted wound closure therapy; (g) Requires dialysis, if the person is unable to leave the facility to obtain dialysis services; (h) Suffers from a serious staphylococcus infection or other serious infection; or (i) Suffers from any other serious medical condition or requires care not described in NAC 449.2712 to 449.2734, inclusive. 5. A residential facility that provides care to persons with Alzheimer's disease or other severe dementia, as described in paragraph (a) of subsection 2 of NRS 449.1845, may admit or retain a resident who requires confinement in locked quarters. 6. If a governmental entity with jurisdiction, including, without limitation,	Y 0620	Resident #2's G-tube feeding services were discontinued on June 29, 2026, Her provider had peg tube removed 7/21/2026. She is not bedfast Resident #5's G-tube feeding services were discontinued on June 29, 2026, Resident no longer in Group Home she passed 7/15/2026. Comprehensive admissions training was completed on June 29, 2026, with staff responsible for the admissions process. Training included resident admission criteria, prohibited services, and requirements under the applicable Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC). A revised Admissions Policy has been implemented requiring the Administrator to review and approve all admission documentation, including the history and physical, physician orders, placement documentation, medication orders, and any supporting clinical records, prior to a resident being admitted to the group home. The Administrator will review all prospective admissions to ensure each resident meets the admission criteria established under Nevada Revised Statutes (NRS) before admission.	06/29/2026

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	a local board of health, a local health officer, the Division, the Chief Medical Officer or the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, declares the existence of an epidemic or pandemic, a residential facility located in the area in which the epidemic or pandemic is occurring may permit a resident suffering from a serious infection to remain a resident if the resident does not have symptoms that require a higher level of care than the residential facility is capable of providing. 7. A person may not reside in a residential facility if the person's physician or the Bureau determines that the person does not comply with the requirements for eligibility. 8. As used in this section, "restraint" means: (a) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (b) A manual method for restricting a resident's freedom of movement or the resident's normal access to his or her body; or (c) A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the resident's freedom of movement or the resident's normal access to his or her body. **Reference - R089-24 Sec. 9.** "Bedfast" means: 1. Incapable of changing his or her			

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	position in bed without the assistance of another person; or 2. Immobile. Inspector Comments: Based on interview and record review, the facility failed to ensure a resident who had a gastronomy tube was allowed to be admitted in the facility for 2 of 6 residents (Resident #2 and Resident #5). Findings include: Resident #2 (R2) R2 was admitted on 06/13/2026 with diagnoses including type 2 diabetes mellitus with unspecified complication, polyneuropathy, and essential hypertension. On 06/25/2026 in the morning, R2 was observed in bed with a G tube. R2 was unable to care for the G tube independently and needed full gastronomy care from the caregivers. R2's file documented a discharge summary dated 06/03/2026 indicating a percutaneous endoscopic gastrostomy tube (G tube) since 05/27/2026. R2's file documented a signed plan of care (not dated) indicating the facility was taking care of R2's G tube with medication administration and cleaning. Resident #5 (R5) R5 was admitted on 04/02/2026 with diagnoses including hemiplegia and hemiparesis following cerebral infraction affecting left side non-dominant side, pneumonia, and cardiomegaly. On 06/25/2026 in the morning, R5 was observed in bed with a G tube. R5 was unable to care for the G tube independently and needed full gastronomy care from the caregivers. R5's file documented a physician's report			

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	indicating a special diet of G tube feeding for R5. On 06/26/2026 in the morning, the Director acknowledged R2 and R5 had a G tube, required gastrostomy care from the facility staff and was not able to care for the G tube independently. The Director verbalized R2 and R5 needed to be placed in a facility that was able to take care of R2's and R5's G Tube. Severity: 2 Scope: 2			
Y 0840 SS= D	**NAC 449.2738** **Review of medical condition of resident; relocation or transfer of resident having certain medical needs or conditions.** 1. If, after conducting an inspection or investigation of a residential facility, the Bureau determines that it is necessary to review the medical condition of a resident, the Bureau shall inform the administrator of the facility of the need for the review and the information the facility is required to submit to the Bureau to assist in the performance of the review. The administrator shall, within a period prescribed by the Bureau, provide to the Bureau: (a) The assessments made by physicians concerning the physical and mental condition of the resident; and (b) Copies of prescriptions for medication or orders of physicians for services or equipment necessary to provide care for the resident. 2. If the Bureau or the resident's physician determines that the facility is prohibited from caring for the resident pursuant to NAC 449.2712 to 449.2734, inclusive, or is unable to care for the resident in the proper manner, the administrator of the facility must be notified of that determination. Upon receipt of such a notification, the administrator shall, within a period	Y 0840	1. Proper admissions training was conducted on 6-26-2026 Resident was evaluated, and a new Standard Placement form was completed and signed by the provider 6-26-2026 The provider will review the resident's Standard Placement at least quarterly, and a new Standard Placement form will be completed every three (3) months to ensure continued safe and appropriate placement. Staff will monitor the resident daily for wandering, exit-seeking, or other unsafe behaviors. Any wandering, elopement risk, or unsafe behaviors will be reported immediately to the resident's primary care provider and responsible family member/representative. Staff will document all observed behaviors, interventions, and notifications in the resident's medical record. Group Home Manager applied for the appropriate waiver on 07/16/2026, and staff will follow up on the application status and assist with any required documentation. 2. Standard Placement forms will be reviewed by Group Home Manager to ensure appropriate placement.	06/26/2026

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	prescribed by the Bureau, submit a plan to the Bureau for the safe and appropriate relocation of the resident pursuant to NRS 449A.100 to a place where the proper care will be provided. 3. If an inspection or investigation reveals that the conditions at a residential facility may immediately jeopardize the health and safety of a resident, the administrator of the facility shall, as soon as practicable, ensure that the resident is transferred to a facility which is capable of properly providing for his care. Inspector Comments: Based on observation, interview and record review, the facility needed to ensure a resident would be placed in an appropriate facility based on a new physician placement assessment acquired for 1 of 6 residents (Resident #6). Findings include: Resident #6 (R6) R6 was admitted on 11/26/2025 with diagnoses including encephalopathy, paroxysmal atrial fibrillation, hypertensive heart disease with heart failure, hyperlipidemia, and dementia with psychosis. On 06/25/2026 in the morning, R6 was observed sitting on a chair in the living room watching a soccer game. A mini cognitive assessment of R6 revealed R6 was unable to answer their location, the year, the president of the United States, the day of the week, or what time of day it is. R6 indicated they were currently in California and that it was Tuesday. R6's file lacked documented evidence of an initial physician placement assessment. On 06/25/26 the facility acquired a new			

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	standard placement determination from the physician which documented R6 was to be admitted to a facility with Alzheimer's disease and/or dementia and Elderly and/or disabled persons endorsement. These facilities were equipped with wander control systems and staffing requirements of at least one caregiver to each six residents. Documentation review revealed a lack of documented evidence that the facility had obtained or applied for an endorsement to their license to provide care to persons with Alzheimer's disease and/or dementia. The facility was licensed to care for elderly and disabled residents. On 06/25/2026 in the afternoon, the Director confirmed R6 had a dementia diagnosis and the facility was not endorsed for Alzheimer's and/or dementia residents. The Director acknowledged R6 needed to be placed in a facility endorsed for Alzheimer's disease and/or dementia persons. Severity: 2 Scope: 1			
Y 0890 SS= D	NAC 449.2744 **Administration of medication: Maintenance of logs and records; contents.** 1. The administration of a residential facility that provides assistance to residents in the administration of medications shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility; (2) The date of its delivery; (3) The name of the person who accepted the delivery; (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medication is removed from the facility or destroyed. (b) A record of the medication administered	Y 0890	Medication Administration Records (MARs) were audited by the Group Home Manager 6/27/2026 A standardized MAR Audit Tool was developed and implemented to promote consistency in the review process. The Group Home Manager will complete a comprehensive MAR audit monthly to verify the accuracy and completeness of medication documentation. Any discrepancies identified during the audit will be corrected promptly, documented, and reported to the appropriate provider, pharmacy, or administrator as needed. Staff will receive education and coaching on proper medication documentation when deficiencies or trends are identified. Audit findings and corrective actions will be maintained as part of the facility's Quality Assurance program and reviewed for ongoing compliance. Group Home Manager will monitor with	06/27/2026

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	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, 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. (Cross-reference to NAC 449.2742(5)) 2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this indication. Inspector Comments: Based on observation, record review, and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 6 residents (Resident #2). Findings include: Resident #2 (R2)		oversight from Administrator	

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	R2 was admitted on 06/13/2026, with a diagnoses including type 2 diabetes mellitus with unspecified complications, polyneuropathy, and essential hypertension. A physician's order dated 06/13/2026, and R2's medication bottle documented Methocarbamol 500 Milligrams (MG) Tablet, take 1 tablet three times a day via percutaneous endoscopic gastrostomy (PEG) tube. The MAR documented Methocarbamol 10 MG, take 1 tablet via PEG tube once daily in the morning. The MAR did not match the physician's order and medication bottle. On 06/25/2026 in the afternoon, the Director acknowledged R2 received the Methocarbamol 500 MG Tablet three times daily acknowledged R2's Methocarbamol 500 MG Tablet was administered according to the physician's order, however, was not listed accurately on the MAR and should have been. Severity: 2 Scope: 1			
Y 0930 SS= F	**NAC 449.2749** **Maintenance and contents of separate file of information concerning each resident; contents; 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 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	Y 0930	Training regarding TB requirements and documentation was completed on **06/26/2026** for applicable staff. The Group Home Manager contacted resident providers on **07/01/2026** to request updated TB testing documentation and current History & Physical (H&P) evaluations. Resident #1 moved out of state with family 7/9/2026. Resident #5 passed, and Residents #6 had a negative QuantiFERON, Resident #3 had a QuantiFERON 7/2/2026 A resident documentation tracking log was created to monitor completion dates and due dates for TB testing, Standard Placement documentation, and H&P requirements. The Group Home Manager will maintain and update the resident documentation log regularly to ensure all required records are complete, accurate, and current. The Administrator will provide oversight and conduct periodic reviews of files and log to	07/01/2026

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	resident, including, without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. (f) The types and amounts of		verify compliance and address any missing or outdated documentation.	

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	protective supervision and personal services needed by the resident. (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he 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 ability to perform the activities of daily living; and (3) In any event, not less than once each year. (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. (i)The name and telephone number of the vendors and medical professionals that provide services for the resident. (j) A document signed by the administrator of the facility when the resident permanently leaves the facility.			

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	2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. 3. Except as otherwise provided in this subsection, a resident's file must be kept confidential. A resident's file must be made available upon request at any time to an employee of the bureau who is acting in his capacity as an employee of the bureau. Inspector Comments: Based on record review and interview, the facility failed to ensure a two-step tuberculosis (TB) test was completed upon admission for 3 of 6 residents (Resident #1, #5, and #6), failed to ensure a TB test was completed annually for 1 of 6 residents (Resident #3), and failed to ensure a physical examination was completed annually for 1 of 6 residents (Resident #3). Findings include: Resident #1 (R1) R1 was admitted on 05/02/2026 with a diagnoses including fracture of unspecified			

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	2176	A. BUILDING _____ B. WING _____	06/25/2026

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	part of right femur, chronic obstructive pulmonary disease, and hyperlipidemia. R1's file documented a two-step TB test on 05/01/2026 to 06/30/2026 with a negative result. There was no documented evidence of a read date for the first step TB test and a received date and a read date for the second step TB test. Resident #3 (R3) R3 was admitted on 04/01/2024 with diagnoses including cerebral infarction due to thrombosis of unspecified precerebral artery, hypertensive heart disease with heart failure, and type 2 diabetes mellitus. R3's file documented a QuantiFERON on 04/01/2025 with a negative result. There was no documented evidence of an annual TB test in 2025 and 2026. R3's file documented a physical examination on 03/03/2025. There was no documented evidence of an annual physical examination in 2026. Resident #5 (R5) R5 was admitted on 04/02/2026 with diagnoses including hemiplegia and hemiparesis following cerebral infraction affecting left side non-dominant side, pneumonia, and cardiomegaly. R5's file documented a two-step TB test on 04/01/2026 to 06/30/2026 with a negative result. There was no documented evidence of a read date for the first step TB test and a received date and a read date for the second step TB test. Resident #6 (R6) R6 was admitted on 11/26/2025 with diagnoses including encephalopathy, paroxysmal atrial fibrillation, hypertensive heart disease with heart failure, hyperlipidemia, and dementia with psychosis. R6's file documented a TB chest x-ray on			

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	11/16/2025 with a negative result. There was no documented evidence R6 completed a two-step TB test and no documented evidence of a positive TB result. On 06/26/2026 in the afternoon, the Owner acknowledged the lack of a received and read date for an initial two-step TB test for R1 and R2, the lack of an initial two-step TB test for R6, the lack of annual two-step TB test for R3, and the lack of an annual physical examination for R3. Severity: 2 Scope: 3			
Y 1700 SS= E	**NRS 449.1845** **Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment.** 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider	Y 1700	Training regarding TB requirements and documentation was completed on 06/26/2026 for applicable staff. The Group Home Manager contacted resident providers on 07/01/2026 to request updated documentation and current History & Physical (H&P) evaluations. A resident documentation tracking log was created to monitor completion dates and due dates for TB testing, Standard Placement documentation, and H&P requirements. The administrator will look over all new admission paperwork to ensure that the group home has all necessary admission paperwork completed before admission. The Group Home Manager will maintain and update the resident documentation log regularly to ensure all required records are complete, accurate, and current. The Administrator will provide oversight and conduct periodic reviews of the log to verify compliance and address any missing or outdated documentation. Any incomplete or expired documentation will be followed up on promptly with the appropriate provider and documented until resolved.	07/01/2026

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	of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2			

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	of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on record review and interview, the facility failed to ensure an initial physician placement assessment was obtained for 2 of 6 residents (Resident #3 and #6). Findings include: Resident #3 (R3) R3 was admitted on 04/01/2024 with diagnoses including cerebral infarction due to thrombosis of unspecified precerebral artery, hypertensive heart disease with heart failure, and type 2 diabetes mellitus. R3's file lacked documented evidence of an initial physician placement assessment. Resident #6 (R6) R6 was admitted on 11/26/2025 with diagnoses including encephalopathy, paroxysmal atrial fibrillation, hypertensive heart disease with heart failure,			

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	hyperlipidemia, and dementia with psychosis. R6's file lacked documented evidence of an initial physician placement assessment. On 06/25/2026 in the morning, the Director acknowledged R3's and R6's resident files lacked documented evidence of an initial physician placement assessment and should have. Severity: 2 Scope: 2			