

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5936	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/01/2026
NAME OF PROVIDER OR SUPPLIER SAINT JEAN SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 6924 ACOMA CRT, LAS VEGAS, NEVADA ,89145		
(X4) ID PREFIX TAG RFG 0001- Deficiencies	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG RFG 0001- Deficiencies	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	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			

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: ROSALLEN M
AZUCENA

Title: RFA

Date: 06/16/2026

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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 a complaint investigation, and annual survey completed at your facility on 06/01/26. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or 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 census at the time of the survey was eight. The sample size was eight. There were two complaints investigated. Substantiated: 1.Complaint #13681 was substantiated. (See Tag Y557)			

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	Unsubstantiated: 2. Complaint#12923 could not be substantiated. No regulatory deficiencies could be identified. The investigation of Complaints included: Observation of bed rails on resident beds, the safety of opening the doors, and a tour of the facility Interviews were conducted with residents, Caregivers, and the Administrator Clinical Record Review of eight records, which included the resident of concern.			
Y 0557 SS= D	NAC 449.262 and R043-22 Provisions of dental, optical and hearing care and social services; report of suspected abuse, neglect or exploitation; restriction on use of restraints, confinement or sedatives. 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or (c) Provide sedatives to a resident unless that sedative has been prescribed for that resident by a physician, physician assistant or	Y 0557	1. Administrator requested removal of rails. 2. The Administrator provided education to owners, management, and staff regarding the proper use of bed rails and applicable regulations to ensure resident safety, dignity, and compliance with Nevada Residential Facility for Groups requirements and accepted standards of care. 3. Administrator and owner will regularly check residents for compliance in regards of the above tag. 4. Administrator will make sure that POC is implemented. 5. Completed on June 01, 2026.	06/01/2026

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	advanced practice registered nurse to treat specific symptoms. A caregiver shall make a record of the behavior of a resident who has been prescribed a sedative. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure residents were free from restraint for 1 of 8 sampled residents (Resident #2). Findings include: Resident#2 (R2) R2 was admitted to the facility on 01/01/24 with a diagnosis of dementia. On 06/01/26 at 9:02 AM, R2 was observed lying in bed. Half bedrails were observed in the up position and attached to R2's bed. R2 was unable to verbalize the purpose of the bed rails and could not utilize the bed rails to reposition due to cognition. R2 was unable to turn and maneuver in their bed without assistance. R2's hospice care plan dated 05/21/26 documented the R2 would use a hospital bed with half bedrails to increase safety and prevent falls in the home throughout care.			

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	On 06/01/26 in the morning, the Administrator indicated R2 was not able to properly utilize the half bedrails for mobility and the bedrails were not to be used for safety or to prevent falls. The Administrator verified the use of half bedrails on R2's bed was considered a restraint. Severity: 2 Scope: 1			