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 _____	08/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT JEREMIAH CARE HOME	3918 CHEROKEE AVENUE, LAS VEGAS, NEVADA ,89121

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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 State Licensure survey completed at your facility on 08/04/26. 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.			
Y 0930 SS= D	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 resident, including, without limitation:	Y 0930	1. A 2nd step T.B. test was performed for R6 on 8/5/26 and read negative on 8/7/26. 2. Administrator will be more mindful to check if a 2nd step was done for a newly admitted resident and follow up with the resident's PCP, Home Health doctor or Hospice doctor that a 2-step TB test was done. 3. A Resident tracker has been created to monitor all resident's requirements in order to stay in compliance. 4. Administrator is responsible in ensuring that the plan of correction is implemented. 5. On 8/7/26 the 2nd step was read as negative. 6. Please see attached document.	08/07/2026

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	(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 protective supervision and personal services needed by the resident.			

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	(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. 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the			

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	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 an initial two-step tuberculosis (TB) test was completed for 1 of 10 residents (Resident #6). Findings include: Resident #6 (R6) R6 was admitted on 6/12/26, with a diagnosis chronic obstructive pulmonary disease and back pain. R6 completed a one-step TB test on 06/04/26 and R6's file lacked documented evidence of a second-step TB test upon admission. On 08/04/26 in the morning, the Administrator's Assistant acknowledged the			

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	second-step TB test was not completed. Severity: 2 Scope: 1			
Y 0991 SS= F	**NAC 449.2756 and R043-22** **Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personal required; training for employees.** (b) Operational alarms, buzzers, horns or other technology for notifying staff when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure alarms were enabled on exit doors. Findings include: On 08/04/26 in the morning, the alarm on the front door and was turned off. On 08/04/26 in the morning, the Caregiver acknowledged the alarm had been turned off and should have been turn on. Severity: 2 Scope: 3	Y 0991	1. The door alarm was turned back on after the surveyor mentioned that the alarm was not working. 2. A sign was placed on the door reminding all staff that the alarm should always be working and never turned off. 3. All staff will monitor that the alarm is always working and inform the owner or administrator when the batteries are low. 4. Administrator is responsible in ensuring that the plan of correction is implemented. 5. On 08/04/26, the alarm was turned back on. 6. Please see attached document.	08/04/2026