STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155	A. BUILDING _____ B. WING _____	11/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR CARE HOME	7560 SILVER LEAF WAY, LAS VEGAS, NEVADA ,89147

(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 FOCUSED COVID-19 infection control survey conducted at your facility on 11/04/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for persons with mental illness, residential facility for elderly or disabled and/or Category II residents. The census at the time of the survey was seven. The investigation of regulatory compliance of Infection Control and Prevention included: The Owner verbalized there were no residents and no employees with COVID-19 symptoms or positive results. Observations: - The caregiver checked the temperature of the health facilities inspector prior to entry to the facility. The caregiver did not screen the health facilities inspector with a questionnaire about COVID-19 symptoms and travel history. The facility received telephonic infection control guidance and an email with infection control guidance on 10/01/20 (See Tag 0050). - The caregiver wore a single use disposable mask. The caregiver was donning and doffing personal protective equipment (PPE) correctly. - The caregiver washed hands with soap and water and used alcohol-based hand sanitizer between activities. - The caregiver disinfected common areas throughout the facility with Clorox wipes. High touch surfaces were disinfected between activities. - Hand sanitizer dispensers were located at the front entrance of the facility. One 32-ounce container of alcohol-based hand sanitizer was stored at the front entrance of the facility. - The facility stored their PPE in a kitchen cabinet. The facility had a stock of gloves (500 pairs), single use disposable masks (400), and face shields (2). The facility had no N95 masks. The facility received telephonic infection control guidance and an email with infection control guidance on 10/01/20 (See Tag 0050). - Instructions related to wearing a mask and social distancing were posted on the front	0000		

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	door of the facility. Interview: The Owner verbalized the following: - Testing for COVID-19 was conducted for staff and residents the third week of June 2020. Everyone tested negative for COVID-19. No employees or residents had exhibited signs or symptoms for COVID-19 during the time of inspection. - No visitors were allowed into the facility, with exception to essential workers (social workers, hospice nurses, certified nursing assistants, physicians). Anyone entering the facility must have their temperature taken and be verbally screened with a questionnaire about COVID-19 symptoms and travel history. - The facility had one non-contact temporal thermometer. - The administrator obtains PPE supplies twice a week. - Temperature checks for residents were conducted once a day before lunch. Temperature logs were stored in resident files. Temperature logs were observed in resident files. - Meals were provided to residents at different times of the day to maintain social distancing practices of at least six feet. All dishware was handwashed with dish soap and warm water. - Residents were to maintain at least six feet of distance between each other when they are in the common areas (backyard, living room, dining room) during any activities to adhere to social distancing. - Infection control training is provided to staff by the administrator weekly. - High touch surfaces are disinfected between activities, at the beginning of their shift, and at the end of their shift. Staff sanitized all high touch areas twice a day with Clorox wipes. - Virtual facetime is offered to residents through cell phones. Family and friends can be contacted through virtual visitation whenever requested by the resident, or if requested by the families, friends, and essential healthcare providers. Cell phones were disinfected between each virtual visitation. - The facility would contact the Bureau of Health Care Quality and Compliance (BHCQC) of a suspect or positive case of COVID-19. - None of the employees were medically cleared and fitted for N95 masks. The facility received telephonic infection control guidance and an email with infection control guidance on 10/01/20 (See Tag 0050). Record Review: -			

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	An infection control policy comprised of recommendations from the Centers of Disease Control and Prevention (CDC), and local health authorities regarding isolation, quarantine, and aseptic areas in the scenario of a resident being identified as positive for COVID-19. The facility had a policy to cohort residents and assign dedicated staff member to residents who get tested and may be identified as positive for COVID-19. - Standard and transmission-based precautions for COVID-19. - Visitor entry and facility screening practices including screening questions, hand sanitization and temperature checks. - Education, monitoring and screening practices of staff including proper PPE use, temperature checks, hand washing and sanitization. - Facility policies and procedures to address staffing issues during emergencies, such as the transmission of COVID-19. 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:			
0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on interview and document review, the facility failed to implement safe infection control practices for the protection of residents in response to the COVID-19 Pandemic. Findings include: On 11/04/20 at approximately 11:00 AM, the caregiver did not screen the health facilities inspector with a questionnaire about COVID-19 symptoms and travel history prior to entry to the facility. The Owner	0050	Tag 0050 Responsibilities of Administrator the administrator of a residential facility shall provide oversight and direction for all the residents safety and well being as well as the members of the staff of the facility as good as necessary to ensure that residents receive needed services and protective supervision and most importantly that the facility is in compliance with all of the requirements of NAC 449.156 to 449.27706 and chapter 449 of the NRS. The covid-19 pandemia is something new to us not only in the community but throughout around the world because of surprises, unpreparedness, instant out of supply of PPE and other essential disinfecting products, medicines and inoculations.	12/17/2020

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	acknowledged anyone entering the facility needed to be screened with a questionnaire about COVID-19 symptoms. On 11/04/20 at approximately 11:10 AM, the caregiver reported there were no N95 respirators available on site. The caregiver verbalized she did not know what N95 masks were. The Owner acknowledged no caregivers were medically cleared or fit tested to wear N95 masks. The facility Administrator received guidance on the required components of a comprehensive infection control plan and sample infection control plan via telephone and email on 10/01/20. Severity: 2 Scope: 3		1) To correct the specific findings stated in the Statement of Deficiencies, the Facility Administrator and Home Health Nurses helped and worked out each other to implement safe infection control practices for the protection of the residents and the staff alike, to control the spread and infection of Covid-19 Pandemic. All visitors are Restricted to enter the Facility. Exceptions are Primary In House Care Physicians, Home Health Nurses, Hospice Health Inspectors and end of life visitation by family. Resident's visitors are encourage to use, skype or video call through cellphones or tablets. Actively assess all visitors for fever and COVID-19 symptoms and upon entry and determine the body temperature through the use of general purpose Infrared Scan Thermometers onto the Forehead of every allowed visitorst that must be read below 98.6 ; All visitors should be wearing masks, protective gloves protective wrap around for shoes while in the facility at all times. Visitors who knew they had covid-19 symptoms must understand he or she should not enter the Care Facility. Visitors must be screened, asked and perform/filled up the Covid-19 Visitor Questionaire for the safety of the Residents and the employees or frontliners in the Care Facility. They need to identify themselves, the purpose of their visit and the company or organization they are representing. Temperature checks for Visitors are stated in each questionaire and stored in the Visitors file. Temperature checks for Residents were conducted once a day before lunch and were stored in Resident Files. Social distancing must be maintained at least six (6) feet. Infection control must be observed and sanitation implemented to High touch surfaces must be disinfected between activities at the beginning of the employees'	

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			shift and at the end of their shift. The Facility would contact the Bureau of Health Care Quality and Compliance (BHCQC) of a suspect or positive case of Covid-19 disease. 2). An infection Training is provided to Staff by the Administrator weekly. A MEMO must be posted at the Entrance, (See attachment # 1) A COVID-19 Visitor Questionaire must be asked and be filled up by respected Allowed Visitors entering the Facility (See attachment #2) A Notice must be posted and read by only allowed visitors to comply with the Protocol and avoid transmitting illness. (See attachment #4 Through the help of Home Health Nurse, Trainings were given and certificates were awarded to the caregivers of the Facility to ensure that "Donning and Doffing of the N95 Respirators" were given respectively 3) Corrective action will be monitored to ensure the deficient practice will not recur or happen again is by the Facility Administrator, Duty of Manager of the Day and support from the Home Health Nurse who comes frequently to visit the Residents care and safety of the Residents. 4) The Facility Administrator will be the person responsible for ensuring the Plan of Correction is implemented. 5) Date of corrective actions will be completed 10/19/20	