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
	158	A. BUILDING _____ B. WING _____	12/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNCAN MANOR GROUP HOME	6165 DUNCAN DRIVE, LAS VEGAS, NEVADA ,89108

(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 COVID-19 focused infection control State Licensure survey conducted at your facility on 12/01/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease and/or persons with chronic illness, Category II residents. The census at the time of the survey was four. The facility had no residents or staff positive with COVID-19. The COVID-19 focused infection control survey included the following: Observations: - Signage was posted at the facility entrance prohibiting entry if individuals have symptoms related to COVID-19 and required visitors to wear a mask. - Facility staff checked the temperature of the health facility inspector prior to entry to the facility. - Health facility inspector was asked COVID-19 screening questions related to symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. - Health facility inspector was asked to sanitize their hands prior to entry. - Hand sanitizer was located next to the front door. - Caregivers wore gloves during resident contact. - Caregivers washed hands and utilized alcohol-based hand sanitizers between tasks. - Residents were in their shared or private bedrooms while practicing social distancing. - Staff cleaned high touch areas with bleach and sanitizer spray. - The facility had one 16-ounce bottle of hand sanitizer, one 8-ounce bottle of hand sanitizer a one gallon jug of hand sanitizer, 13 face shields, 21 gowns, 150 disposable masks, 500 gloves, and 11 N95 masks. - Two non-contact thermometers were available. Interview with the owner and one caregiver: - Visitors were limited to essential healthcare workers. Outdoor visitation is allowed with proper COVID screening and social distancing measures. - Temperature checks are completed for staff and visitors prior to entry to the facility. - All visitors and	0000		

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	staff are asked COVID-19 screening questions related to symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. - Visitors are required to utilize hand sanitizer or wash hands upon entry to the facility. - Resident temperatures were checked three times a day. - Residents were spaced six feet apart during meals and activities. - Staff sanitized high touch areas throughout the day with bleach and sanitizer spray. - Training was held regarding proper donning and doffing of personal protective equipment (PPE). - The facility had a plan in place for isolation and quarantining residents. - Staff were not medically cleared and fit tested to wear an N95 mask. On 09/30/20, the facility was provided telephonic infection control guidance and an email with infection control recommendations, which included the recommendation to have at least one caregiver medically cleared and fit tested for an N95 mask (See TAG 0050). Record Review: - Infection Control Program policies and procedures documented measures to ensure isolation and prevention of 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 investigation, 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	0050	This plan of correctionis not to be construed as an admission of or agreement with the findings and conclusionsin the Statement of Deficiencies, or theproposed administrative	12/17/2020

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	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 observation and interview, the facility failed to implement safe infection control practices for the protection of residents in response to the COVID-19 Pandemic. Findings include: The administrator and caregiver reported the facility did not have an employee medically cleared and fit tested to wear an N95 mask. On 09/30/20, the facility was provided telephonic infection control guidance and an email with infection control recommendations, which included the recommendation to have at least one caregiver medically cleared and fit tested for an N95 mask. Severity: 2 Scope: 3		penalty (with right to correct) on the community. Rather, it is submitted as confirmationof our ongoing efforts to comply with all statutory and regulatoryrequirements. Inthis document, we have outlined specific actions in response to each allegationor finding. We have not presented allcontrary factual or legal arguments, nor have we identified all mitigatingfactors. The facilitydesires that this plan of correction be considered the facility's allegation ofcompliance. Y0050Administrator's Responsibilities Oversight Recommendations sentout on 09.30.20 that a caregiver must be medically cleared and n95 fit tested. **I. HOW TO IDENTIFY OTHER CAREGIVERS** As per recommendations sent out on09.30.20, once supply chain for n95 and n95 fit test are normalized one caregiverwill be fit tested and n95 mask provided. **II. SYSTEMIC CHANGES** Recommendations sent out on 09.30.20have been implemented however supply chain for N95 masks have not beennormalized therefore kn95 and surgical mask have been provided for allstaff. Once supply chain is normalizedn95 fit test and n95 masks will be provided. All caregivers have been medicallycleared as required. **III. MONITORING PROCESS**	

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			The administrator or hisrepresentative will continue to monitor supply chain for n95 and n95 fit teston an ongoing basis. **IV. DATE OF COMPLETION** 12.17.20 AND ONGOING	