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
	1932	A. BUILDING _____ B. WING _____	10/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CNC ALZHEIMER'S HOME CARE	7765 CLEARWOOD AVE, LAS VEGAS, NEVADA ,89123

(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 survey initiated at your facility on 10/12/20 and finalized on 10/13/20, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for nine Residential Facility for Group beds for persons with Alzheimer's Disease, Category II residents. The census at the beginning of the survey was five. The Caregiver verbalized there were no residents and no employees with COVID-19 symptoms or positive results. The focused COVID-19 infection control survey included the following: Observations: - Facility staff did not check the temperature of the health facility inspector prior to entry to the facility (See TAG 0050). - The health facility inspector was not required to answer COVID-19 screening questions related to: symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. (See TAG 0050). -Infection control signage was posted outside of facility and in the entryway. - Four residents were in the common area of the facility practicing social distancing. One resident was in their bedroom receiving care. - Three caregivers wore surgical masks and gloves while providing care. - The caregivers washed hands and utilized alcohol-based hand sanitizers before and after interacting with residents. - Hand sanitizer was located at the main entrance. Disinfecting wipes were located in the kitchen and in a locked storage area. Interview: The Caregiver and Administrator verbalized the following: - No residents or staff members tested positive for COVID-19. - Screening and temperature checks were not completed for staff and healthcare workers upon entrance to the facility (See TAG 0050). - Temperature checks for residents were not conducted daily. The facility was provided guidance to immediately begin conducting temperature checks and daily monitoring of signs/symptoms for all residents to include cough, fever, sore throat, shortness of	0000		

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	breath, fatigue and loss of smell/taste. - Family members and Medical professionals were allowed entry to the facility. The facility was also practicing window visitation and virtual visits with family members. -The facility had 5 bottles of hand sanitizer, 23 surgical masks, 800 gloves, 4 containers of disinfectant wipes and 1 gown. The facility had no N95 masks in the event a resident tests positive (See TAG 0050). - During meals only two residents ate at the dining room table. Meals times were adjusted to practice safe social distancing. -Activities were provided in bedrooms and the common area while practicing social distancing. -The facility provided training videos on donning and doffing of PPE. There were no documentation of infection control training. Record Review: - Infection Control Program policies and procedures documented measures to ensure isolation and prevention of COVID-19. - Visitor entry and facility screening practices including screening questions, hand sanitization and temperature checks. - Monitoring and screening practices of staff including proper PPE use, hand washing and sanitization. Additional Information: -The facility purchased an Infrared Contact less thermometer on 10/13/20. 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 deficiencies were identified:			

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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 observation and interview, the Administrator did not ensure visitors of the facility were screened for COVID-19 according to CDC guidelines prior to entry to the facility; and the facility did not have an N95 mask and an employee medically cleared and fit tested for an N95 mask. Findings include: On 10/12/20 at 9:15 AM, the Caregiver did not temperature check or ask COVID-19 screening questions of the health facilities inspector prior to entry to the facility. The Caregiver verbalized he was unaware the facility was required to temperature check and ask all visitors COVID-19 screening questions prior to entry into the facility. The Administrator reported the facility should have temperature checked and asked all visitors entering the facility COVID-19 screen questions. On 10/12/20 at 10:00 AM, during a count of personal protective equipment (PPE) the facility did not have an N95 mask on site. The Administrator reported none of the employees were medically cleared to wear a N95 mask. Severity: 2 Scope: 3	0050	The facility will post a sign outside doorway. The facility will check the temperature of each person before entry the home. Each person will be asked to read and sign the Covid-19 log-in as appropriate. Each person will do a Self Study Infection Control program. To be over seen by the Administrator. Each employee will be required to read the Policy and Procedures for Diease Control. The Administrator is responsible for the implementation of the above items, and it shall be completed no later than Saturday November 21, 2020.	11/21/2020