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
	2016	A. BUILDING _____ B. WING _____	11/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING HEARTS CARE HOME	64 NORTH PEARL STREET, LAS VEGAS, NEVADA ,89110

(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 completed 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 ten Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness and/or persons with intellectual disabilities, Category II residents. The census at the time of the survey was ten. The facility had no residents or staff positive with COVID-19. The COVID-19 focused infection control survey included the following: Observations: - Signage posted at front entrance door "No mask No entry". - The Health Facility Inspector was 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. - Facility staff checked the temperature of the Health Facility Inspector prior to entry to the facility. - The Health Facility Inspector was required to immediately use hand sanitizer. - Two residents were in the common area social distancing and wearing surgical masks. - Hand sanitizer and disinfectant wipes was located at the main entrance in the facility. - The facility had seven boxes of gloves; 300 surgical masks; ten face shields; three bottles of hand sanitizer and two electronic contact-less thermometers. Interview: The Owner verbalized the following: -No residents or staff were confirmed positive for COVID-19. - Temperature checks were completed for staff and healthcare workers upon entrance to the facility. - Resident temperatures were checked once a day and they are monitored for symptoms of cough, shortness of breath and fever. - Medical professionals were only allowed entry to the facility. - During meals residents ate at the dining room table and their bedrooms while practicing social distancing. - Activities are set up on a voluntary basis including (Sing-alongs, puzzles and television). No group activities permitted. - Staff sanitized all high	0000		

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	touch areas (doorknobs, light switches, bathrooms) at least three times a day with disinfectant spray. - The facility had zero N95 masks and none of the employees were medically cleared or fitted for N95 masks. The facility received telephonic infection control guidance and an email with infection control guidance on 10/02/20 (See Tag 0050). - The facility provided COVID-19 infection control training to employees. The training was not documented. 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. Infection Control Program policies and procedures did not address the following topics: - Staff fit testing and medical clearance for N-95 masks. The facility received telephonic infection control guidance and an email with infection control guidance on 10/02/20 (See Tag 0050). - Respirator program. 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 facility failed to ensure infection control measures were in place to protect residents and staff during the COVID-19 pandemic. Administrator did not ensure at least one employee was medically cleared and fit tested for an N95 mask. Findings include: On 11/04/20 at 11:00 AM, the Owner reported no employees were medically cleared and fit to wear a N95 mask. The Owner verbalized he was unaware at least one employee needed to be medically cleared and fit tested to wear a N95 mask. Review of the facility infection control policies and procedures revealed the following topics were not addressed: - Staff Fit Testing for N-95 masks and respirator program. The facility Owner/Administrator received guidance on the required components of a comprehensive infection control policy and sample infection control plan via telephone and email on 10/02/20. Severity: 2 Scope: 3	0050	0050 The administrator has been medically cleared before the survey and want to get fit tested for the N95 mask size 3M 1860S on November 17, 2020. The facility stocked her N95 mask size 20pc. (attachment A Tag 0050) The administrator includes the N95 mask 3M 1860S in the established PPE list with its daily inventory to ensure availability. Fit testing will also be added in the desk calendar for an annual renewal or as needed for body weight and facial changes. The administrator and owner will monitor for compliance. Completed November 17, 2020.	11/17/2020