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
	2176	A. BUILDING _____ B. WING _____	09/25/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT JUDE HOME CARE, LLC	**6880 HATHAWAY DRIVE, LAS VEGAS, NEVADA ,89156**

(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 the Focused COVID-19 Infection Control survey conducted at your facility on 09/25/20, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for six Residential Facility for Group beds for elderly or disabled persons, Category II. The census at the time of the survey was four. The Facility Manager verbalized there were no residents and no employees with COVID-19 symptoms or positive test results. The focused COVID-19 infection control survey included the following: Observations: -The Facility Manager conducted screening for the Inspector upon entry by asking whether the Inspector had any COVID-19 symptoms and checking the Inspector's temperature with a handheld, non-contact temporal thermometer. -The Caregiver directed the Inspector to sanitize hands with hand sanitizer upon entry. -There was a table at the front entry doorway with hand sanitizer, face masks, and a sign indicating to sanitize hands and practice social distancing. -The Personal Protective Equipment (PPE) supply included 12 surgical face masks, 16 cloth face masks, and 100 gloves. There were three non-contact handheld temporal thermometers, three large pump hand sanitizer containers, and a one gallon refill container of hand sanitizer. -The Facility Manager and the Caregiver wore cloth face masks. The Caregiver donned gloves prior to providing care to residents. The Facility Manager and the Caregiver demonstrated how to properly don and doff masks and gloves and perform thorough handwashing / hand sanitizing. -The Caregiver was observed sanitizing kitchen counters and surfaces in the dining room and living room with disinfectant spray. Interview: The Facility Manager verbalized the following: -No visitation was allowed except for essential visitors (Medical Professionals). Essential visitors who came to the facility were expected to go through screening at the front entryway, have their temperatures	0000		

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	taken, put on face masks, and put on gloves and a disposable gown for direct care to a resident. -Employees are screened for COVID-19 symptoms and temperature check at the start of their shift. -If an employee developed COVID-19 symptoms and/or tested positive the employee would be put on quarantine immediately and not allowed to work. -If a resident developed COVID-19 symptoms and/or had a positive test result, the facility would contact the physician immediately. If the physician approved the resident to stay in the facility, the plan for co-horting would be to isolate the resident in a designated room in the back of the facility, provide a portable commode and handwashing / hand sanitizing supplies, provide disposable dishware for meals, and provide a PPE cart dedicated to the resident only. -There were two relief staff available as a back-up in case of a staffing emergency. -Employees were trained in safe infection control practices upon hire and reinforced weekly with videos of CDC guidelines. -Staff spray and wipe all common surfaces at least every three hours with an ammonium chloride based disinfectant. Lysol disinfectant spray was also used. -The Facility Manager and the Caregiver verbalized the signs and symptoms of COVID-19. They indicated residents' temperatures are taken each morning and recorded in a log. If a resident developed COVID-19 symptoms or fever more than 100 degrees Fahrenheit, the Facility Manager indicated she would contact the physician immediately, the family member, and contact the Office of Public Health Investigation and Epidemiology (OPHIE). -The Facility Manager indicated they do not transport any residents during the Pandemic. Document Review: -An Infection Control & Prevention Plan documented appropriate screening procedures, notification contact information, social distancing practices, a co-horting plan, visitation policy, use of PPE, hand sanitizing procedures, disinfection practices, emergency staffing protocols, and education for staff. -A binder logged residents' daily temperatures. -Sign in sheets with COVID-19 symptom			

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	questionnaires for visitors. 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. There were no regulatory deficiencies identified. No further action is necessary at this time. Please retain a copy for your records.			