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
	2726	A. BUILDING _____ B. WING _____	10/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMELA HOMES	**5500 CLEARY COURT, LAS VEGAS, NEVADA ,89109**

(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 initiated at your facility on 10/27/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, with an endorsement for mental illness, six Category II residents. The census at the time of the survey was six. The census at the time of the survey was six. No residents or staff tested positive or had signs or symptoms of COVID-19. Testing was completed on 06/17/20. The COVID-19 Infection Control Survey included the following: Observations: - Facility staff checked the temperature of the health facility inspector prior to entry to the facility using an infra-red thermometer. The facility had one wall mounted infra-red thermometer and one handheld thermometer. - Signs were posted on the front door requiring essential visitors to wear masks. - The health facility inspector was required fill out a screening questionnaire about COVID-19 and signs, symptoms, and travel history. Questionnaires were placed in a binder. - A caregiver was wearing a mask during the survey. - The facility had three caregivers and two were on duty at the time of this survey. - Social distancing was practiced throughout facility. Residents were in their rooms or in living room chairs during the survey. - Masks, gloves, and gowns were available. - Staff washed their hands and utilized alcohol-based hand sanitizers. - The facility had ten one-liter bottles of hand sanitizer and numerous small bottles of hand sanitizer. One bottle of hand sanitizer was at the front door and bottles were also placed in the bathrooms. - The facility had 400 gloves, 100 surgical style masks. The facility did not have N95 respirators and staff were not fit tested for respirators. The facility received telephonic infection control guidance and an email with infection control recommendations on 10/01/20 (See TAG	0000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2726	A. BUILDING _____ B. WING _____	10/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMELA HOMES	**5500 CLEARY COURT, LAS VEGAS, NEVADA ,89109**

(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
	Y0050). - The facility had six one-liter bottles of hand sanitizer which was located at the front door, kitchen, and each bathroom. Interview: The owner reported: - No residents or staff were COVID-19 positive and the facility has not had any positive cases of COVID-19 during the pandemic. All caregivers and residents tested negative on 06/17/20. - Only essential medical personnel wearing proper personal protective equipment (PPE) could visit residents. Other visitors were not allowed. Residents can communicate with family and friends by phone with caregiver assistance. - COVID-19 training was completed for infection control, COVID-19 procedures, and disinfecting procedures. - Residents watch television in the living room while practicing social distancing or they stay in their individual rooms. - Meals are served in the residents' bedrooms or two at a time at two dining tables. - Essential visitors are required to complete temperature checks and answer questions about symptoms of COVID-19. Employees are required to complete temperature and COVID-19 symptom checks when returning to work. - High touch areas and furniture are sanitized daily and as needed. Resident bedrooms are cleaned and sanitized daily. - Residents and staff temperatures are checked daily. - If a resident tests positive for COVID-19, the resident will be isolated in a separate room and isolation signs will be placed on the door. The resident would be assisted by a single caregiver wearing proper PPE. The caregiver would not be allowed to assist other residents. Meals would be served with disposable plates and utensils. A separate garbage can would also be utilized for doffed PPE. - Dishes are sanitized in the dishwasher immediately after meals are served. - Caregivers are required to wear masks and must wear gloves when assisting residents. - Staff are required to wash their hands before donning gloves to assist residents and after doffing gloves. They are also required to wash hands when handling food, using the restroom, and upon starting the work shift. - The facility had no N95 respirations. The facility received telephonic infection control guidance and an email with infection control			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2726	A. BUILDING _____ B. WING _____	10/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMELA HOMES	**5500 CLEARY COURT, LAS VEGAS, NEVADA ,89109**

(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
	recommendations on 10/01/20 (See TAG Y0050). Documentation: - Infection control/COVID-19 prevention guidelines were posted on the front door. - The staff were trained on COVID-19 procedures by the administrator the facility. - The facility had policies titled: Carmela Homes Policies and Procedures for 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 observation and interview, the Administrator failed to practice safe infection control practices for the safety of residents and staff related to the COVID 19 pandemic. Findings include: N95 respirators were not available at the facility and no caregivers were medically cleared or fit tested to use an N95 respirator. The facility received telephonic infection control guidance and an email with infection control recommendations on 10/01/20. Severity: 2 Scope: 3	0050	a) NAC 449.194 Management purchased N-95 masks a day after the survey, 10/28/2020. Attachment #1, 0050; Attachment #2, 0050; Attachment #3, 0050; Attachment #4, 0050. b) Management/owner will ensure facility will always have sufficient supplies of N95 masks for staff. Administrator/owner will monitor for compliance. c) 11/11/2020	11/11/2020