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
	2807	A. BUILDING _____ B. WING _____	11/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUNAMAR HOME HEALTH INC	**7907 MOUNTAIN MAN WAY, LAS VEGAS, NEVADA ,89113**

(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 conducted at your facility on 11/10/20, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for eight Residential Facility beds for elderly and disabled persons and/or persons with chronic illness and/or mental illness, three Category I, five Category II residents. The census at the beginning of survey was seven. 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: - Signage posted at front entrance door "Notice to visitors, until the end of 2020 the home will continue to exercise COVID-19 protocol; Symptoms assessment, please read before entering the facility". - Health Facility Inspector was asked if she exhibited any symptoms, after reading the signage on front door related to sore throat, fever, cough, headache, shortness of breath, loss of taste or smell, muscle pain and chills. - Facility staff checked the temperature of the Health Facility Inspector prior to entry to the facility. - Health Facility Inspector was required to use hand sanitizer after entering the facility. - Three Caregivers wore face masks. - Hand sanitizer and disinfectant wipes were located at the main entrance, kitchen and three bathrooms. - The facility had five boxes of gloves; 10 KN95 masks and one N95 mask; four cans of Lysol disinfectant spray and five bottles of isopropyl alcohol; 30 shoe protectors; 14 gowns and one electronic temporal thermometer. Interview: The Administrator and Caregiver verbalized the following: - No residents or staff members tested positive for COVID-19. - Temperature checks were completed for staff and healthcare workers upon entrance to the facility. - Temperature checks for residents were conducted once a day and documented. Staff monitored residents for cough, fatigue and fever. - Medical professionals were the only visitors	0000		

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	allowed entry to the facility. - Meal times were adjusted to promote social distancing. Residents ate at the dining room table and in their bedrooms. - Activities are set up on a voluntary basis and in the residents' rooms. - Staff sanitized all high touch areas (doorknobs, light switches, counter tops) at least twice a day with a bleach/water solution, Lysol and Clorox wipes. - The facility had one N95 mask. Two employees were medically cleared and fitted to wear N95 masks. The Administrator provided documentation of two employees medically cleared and fit tested on 11/10/20 by email. The Administrator was advised to obtain additional N95 masks. - The facility provided COVID-19 infection control training to employees on donning and doffing of personal protection equipment (PPE). 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 (See Tag 0050): - Emergency Staffing Plan if a staff member tests positive. - Staff Fit Testing for N-95 masks. - 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 document review and interview the facility lacked comprehensive policies for the protection of residents in response to the COVID-19 Pandemic. Findings include: 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. - Emergency staffing plan if a staff member tests positive. On 11/10/20 at 9:50 AM, the Administrator verbalized she was unaware these components needed to be added to the facility's infection control policy and procedures. The Administrator received guidance on the required components of a comprehensive infection control policy and sample infection control plan via email on 9/28/20, 9/30/20, 10/02/20 and telephone on 9/28/20, 9/30/20, 10/01/20, 10/02/20. Severity: 2 Scope: 1	0050	1. The Administrator immediately addressed the following matters within the same day of the inspection as follows: a. Staff Fit Testing for N-95masks and respirator program (Please find attached N-95 purchase receipt and Fit test receipt) b. Staffing Plan if a member tests positive. 1. Inform the Staff who tested positive to go home and quarantine for 14 days. 2. Have the rest of Staff and Residents be tested for Covid-19 3. Facility has currently more than enough Staff of 6 on rotation for duty 4. If it is a Resident that is tested positive protocols under the Infection Prevention and Control Plan for Group Home shall be implemented. (Please see attachments) B. The Administrator and Staff shall continue to implement and follow the protocols in place for the Facility and will update whenever there is BHCQC advisory. C. Accomplished 11-10-2020	11/10/2020