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
	2821	A. BUILDING _____ B. WING _____	10/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT FRANCIS GROUP HOME CARE 3	4121 E BOSTON AVE, LAS VEGAS, NEVADA ,89104

(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 conducted at your facility on 10/22/20, 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, with endorsements for chronic illness and mental illness, ten Category I residents The census at the time of the survey was ten. No residents or staff tested positive, nor had signs or symptoms of COVID-19. Testing was completed on 07/13/20. 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 two infrared thermometers. - 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 signs and symptoms and travel history. Questionnaires were placed in a binder. - Caregivers wore masks during the survey. - The facility had three caregivers and two were on duty at the time of survey. - Social distancing was practiced throughout facility. Residents were in their rooms or in living room chairs. - 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 100 gloves, 50 surgical style masks, eight KN95 masks, 40 N95 masks, and 13 disposable gowns. Interview: The caregiver 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 07/13/20. - Only essential medical personnel wearing proper	0000		

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	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 update training is conducted weekly. - 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. - Activities include music, exercise, and watching television. - 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 two times a day and as needed with disinfectant spray or bleach and water. - Residents and staff temperatures are checked twice daily and they are observed and questioned about COVID-19 symptoms and results are logged. - 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. - There are two residents in each bedroom and one bedroom is set aside for isolation if needed for a resident testing positive for COVID-19. - Staff are required to wash their hands before donning gloves to assist residents and after doffing gloves. Handwashing is also required when handling food, using the restroom, and upon starting the work shift. - None of the employees were medically cleared and fitted for N95 masks. The facility was provided guidance to have at least one caregiver medically cleared and fitted for an N95 mask in the event a resident becomes positive for COVID-19. See Tag 0050. Documentation: - Infection			

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	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: Saint Francis Infection Control Policy and a copy of the Recommended Infection Control and Prevention Procedures for Group Homes was in a binder. The facility Administrator received guidance on the required components of a comprehensive infection control plan and sample infection control plan via telephone and email on 09/29/20. 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 regulatory deficiency was 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, interview and document review, the Administrator failed to obtain N95 mask medical clearance and fit testing for staff as an infection control measure related to the COVID-19 pandemic. Findings include: The Caregiver reported no caregivers were medically cleared or fit tested for N95 masks. The facility Administrator received guidance on the required components of a comprehensive infection control plan and sample infection control plan via telephone and email on 09/29/20. Severity: 2 Scope: 3	0050	1. The administrator, owner, and caregiver was medically cleared and fit tested for N 95 mask by Southern Nevada occupational health center located at 4060 N. Martin Luther King Blvd #101 A, NLV, Nv 89032 on 11/9/2020. 2. Administrator shall ensure that staff will obtain N 95 mask medical clearance and fit tested as an infection control measure related to COVID-19 pandemic. 3. Administrator will monitor for compliance. 4. Administrator will ensure POC is implemented. 5.Date of completion- 11/9/2020	11/11/2020