

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2839	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/23/2020
NAME OF PROVIDER OR SUPPLIER SAINT FRANCIS GROUP HOME CARE 5		STREET ADDRESS, CITY, STATE, ZIP CODE 4245 E BALTIMORE AVE, LAS VEGAS, NEVADA ,89104		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	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 11/23/20, 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 and/or persons with mental illness, Category I residents. The census at the time of the survey was five. 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 two caregivers at the time of survey. - Social distancing was practiced throughout facility. Residents were in their rooms or in living room chairs. - Staff washed their hands and utilized alcohol-based hand sanitizers. - The facility had eight 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 150 gloves, 150 surgical style masks, ten KN95 masks, 20 N95 masks, 15 disposable gowns, 12 face shields, and five goggles. Interview: The caregiver/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 07/08/20. - Only essential medical personnel wearing proper personal protective equipment (PPE) could visit			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name:
REPRESENTATIVE'S SIGNATURE

Title:

Date:

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	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 test is 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. - One employee was medically cleared and fitted for use of N95 masks on 11/09/20. 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: Saint Francis Infection			

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	Control Policy and a copy of the Recommended Infection Control and Prevention Procedures for Group Homes was in a binder. - Staff N95 Respirator fit test and medical clearance dated 11/09/20. 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 No regulatory deficiencies were identified.			