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
	3119	A. BUILDING _____ B. WING _____	06/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT INN RESIDENTIAL CARE	**2845 BURNHAM AVENUE, 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 FOCUSED COVID-19 infection control survey conducted at your facility on 06/04/20, 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 and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was three. One employee tested positive for COVID-19, and in isolation at home. The three resident's were tested for COVID-19 on 06/03/20 and are awaiting results. The three residents were not showing signs and symptoms. The investigation of regulatory compliance of Infection Control and Prevention included: Observations: - No temperature check was conducted, and COVID-19 screening questions were not asked prior to the inspector entering the facility. (See TAG 0050) - The caregiver applied a cloth mask over the nose and mouth area after allowing the inspector to the facility. - The caregiver immediately washed their hands upon allowing the inspectors to the facility. - The caregiver offered hand sanitizer to inspectors upon entrance. - The caregiver verbalized staff washes hands throughout day and high-touch areas are sanitized with Lysol multiple times a day. - The facility had six boxes of 100 gloves, no N-95 masks or gowns. - The facility did not have designated isolation, quarantine and aseptic areas at the time of the inspection but has a plan to Cohort if necessary. All three resident's have been tested on 6/3/20 and showing no signs or symptoms. Interview: - The caregiver reported employees temperatures are checked each time they enter facility, they are given hand sanitizer and remove shoes upon entering facility. - The caregiver verbalized no visitors are being allowed inside of the facility. - The caregiver said residents receive temperature checks once a day in the morning. - The caregiver reported the facility had one temporal thermometer. -	0000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3119	A. BUILDING _____ B. WING _____	06/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT INN RESIDENTIAL CARE	**2845 BURNHAM AVENUE, 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
	The caregiver revealed no social distancing is being promoted during meals or activities at this time due to all 3 residents were tested and have not shown any symptoms. - The caregiver reported staff has not received PPE training. Guidance given on CDC training. - The caregiver verbalized facility is not providing virtual visitation for residents to facetime. - The administrator reported the facility has a representative at Office of Public Health Informatics and Epidemiology (OPHIE) to immediately report any confirmed or suspected COVID-19 cases. The caregivers were given the contact information in order to report in the absence of the administrator. - The administrator verbalized that the plan to cohort and quarantine if a resident should test positive include: Cohort plan with Isolating individuals tested positive for COVID-19 in rooms, serve all meals in bedrooms, continue temperature checks throughout the day, thoroughly disinfect facility daily and ensure all staff wear personal protective equipment and keep Aseptic residents separate from Isolation and Quarantined residents. Record Review: The facility failed to have an Infection Control Policy. (See TAG 0050) 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:			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3119	A. BUILDING _____ B. WING _____	06/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT INN RESIDENTIAL CARE	2845 BURNHAM AVENUE, 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
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 interview and observation, the Administrator did not ensure a visitor of the facility was screened for COVID-19 according to CDC guidelines prior to entry to the facility. Findings include: On 06/04/20 at approximately 1:25 PM, The Caregiver did not take the temperature or ask COVID-19 screening questions of the health facilities inspectors prior to entry to the facility. The Caregiver verbalized that currently no visitors are allowed inside the facility and all nurses have personal protective equipment when they enter. On 06/04/20 at approximately 1:40 PM, The Caregiver reported the facility lacked an infection control policy. Severity: 2 Scope: 3	0050	1) The facility will correct the specific finding stated in the Statement of Deficiencies by making sure who ever enter the facility that is allowed during this pandemic Covid19 will check individual temperature if each in individual doesn't have a sign and symptoms of fever before entering the facility even he/she is wearing PPE . All infection control policy should be in file and in the facility . 2) To ensure systematic changes will be put into place to ensure the deficient practice does not recur that any employee who is working in the facility will always check who ever will enter the facility for any sign and symptoms of Covid19 by checking body temperature that the person doesn't have any fever. All infection control policy should be in file and in the facility . 3) The correct action in this deficiency will not recur is alway check temperature for any sign of fever and if the person has ever he/she is not allow to enter in the facility . And All infection control policy should be in file and in the facility . 4) Jasmine Castillo-Administrator 5) 6/15/2020	06/15/2020