DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**08/19/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIGNIFIED CARE MANOR	**2915 EL CAMINO RD, LAS VEGAS, NEVADA ,89146**

(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 complaint investigation and focused State Licensure COVID-19 Infection Control Survey initiated at your facility on 08/17/20 and finalized on 08/19/20. This State Licensure Survey was conducted 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 six. The facility had five residents positive for COVID-19 and one staff positive for COVID-19. The sample size was six. One complaint was investigated. Complaint # NV00061762 was substantiated. The allegation the facility failed to implement proper infection control procedures by failing to quarantine residents exposed to COVID-19; and allowing non-essential visitors into the facility was substantiated. The following regulatory deficiencies were identified. See TAG 0050 The Focused COVID-19 Infection Control Survey Included: Observations at facility on 08/17/20: - Upon arrival, a caregiver took the inspector's temperature, informed the inspector five residents and one staff member tested positive for COVID-19. The inspector was required to sign in and answer written questions regarding signs and symptoms of COVID-19 and travel history. -The facility had signs posted requiring visitors to wear personal protective equipment (PPE) and wash their hands and utilize hand sanitizer. - Caregivers wore PPE consisting of masks and gloves. - The facility had two caregivers. The positive caregiver was assigned to strictly provide care to the five positive residents. The negative caregiver was assigned to the one negative resident. While onsite, the caregiver who tested	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: GINALYN BALTAZAR-SUMBANG | Title: Administrator | Date: 08/05/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	positive was observed preparing and serving food to the negative resident. When the positive caregiver was asked why he was serving the negative resident, he reported he did not have any symptoms and was not aware he should not be serving the negative resident. (See TAG 0050) -The positive caregiver donned a gown, gloves, and mask prior to serving food in the resident's room. -The facility did not have written policies and procedures for prevention of COVID-19 and isolation of residents who tested positive for COVID-19. (See TAG 0050) - The negative resident was quarantined in her bedroom. - Three positive residents were isolated in private bedrooms; and two positive residents shared a bedroom where they were isolated. - The facility had an ample supply of KN95 masks, gloves, gowns and sanitizing solution, including: Eight boxes of gloves, 23 KN95 masks, 20 face shields, five surgical gowns, 16 gallons of lemon disinfectant, three gallons of waterless foam sanitizer, three gallons of antibacterial hand soap, and five gallons of bleach. - Gloves and gowns were stored on a table outside of each resident bedroom. Isolation instructions were posted on the door of each resident room. Interviews conducted on 08/17/20: A Caregiver (Employee #1) reported: - The facility had all residents and staff tested for COVID-19 on 06/24/20. Results were reported on 06/26/20 and all residents and staff tested negative. - The facility allowed visitors including family members until 08/07/20. When residents and staff tested positive, non-essential visitation was discontinued. - The facility had all residents and staff tested for COVID-19 again on 08/05/20. Resident #1, #2, #3, #4, #5, and Employee #2 tested positive. - Staff and residents were required to social distance and wear masks when walking around the facility. - High touch surfaces and resident rooms were sanitized two to three times a day. - The facility had designated staff to provide care to			

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	COVID-19 positive residents. - The caregiver revealed the facility allowed visitation by families, up until 08/07/20 when they learned five residents and one staff member were positive for COVID-19. The caregiver revealed they were not aware of visitation restriction guidance by the Center for Disease Control (CDC) to only allow essential visitors from medical professionals. This will be cited for lack of oversight under TAG 0050. - Employee #2 (Caregiver) verbalized receiving a positive COVID test result on 08/07/20 and denied having symptoms. When Employee #2 was asked why he was serving food to the negative resident, the employee said he did not have any symptoms. (See TAG 0050) Document Review: Southern Nevada Health District Laboratory System Reports documented Resident #1, #2, #3, #4, #5, and Employee #2, tested positive. The samples were collected on 08/05/20 and results were reported on 08/07/20.			

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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 observations, interviews, and document review, the Administrator failed to ensure residents and staff who tested positive for COVID-19 and one resident who tested negative were properly isolated and quarantined; failed to ensure written COVID-19 infection control policies and procedures were created and implemented to prevent the spread of COVID-19 in the facility and failed to ensure non-essential visitors were prevented from entering the facility. - Caregiver #1 and Caregiver #2 verbalized the facility did not have written policies and procedures or documented training in the prevention or isolation of COVID-19. - On 08/17/20, Employee #1 reported Employee #2 tested positive for COVID-19 on 08/07/20. Employee #2 was observed preparing and serving food to Resident #8 who tested negative for COVID-19 on 08/07/20. The positive staff member was also wandering throughout the facility and not quarantined. - Caregivers revealed they were unaware non-essential visitors were prohibited from entering the facility; and allowed non-essential visitors into the facility during the COVID-19 pandemic. Non-essential visitation ceased on 08/07/20. Severity: 2 Scope: 3 .	0050	a. Administrator and owner provided the facility a copy of the COVID-19 PANDEMIC Infection Control and Prevention Plan recommendations from CDC Guidelines and local health authorities (HCQC). Administrator trained all staff members and discussed Plan Policy to Visitors and Residents Family members. b. Administrator and owner shall ensure COVID-19 Infection Control Plan Policy is implemented in the facility. c. Complete Date : August 19, 2020	08/19/2020