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
	356	A. BUILDING _____ B. WING _____	08/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT BENEDICT'S HOME	3625 S ROSEWOOD DR, LAS VEGAS, NEVADA ,89121

(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 an annual and a focused COVID-19 infection control survey conducted at your facility on 08/10/20 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for Residential Facility for six Group beds for elderly and disabled persons and/or persons with mental illnesses and/or persons with chronic illnesses and/or persons with intellectual disabilities, Category 1 residents. The census at the time of the survey was six. Six resident files and two employee files were reviewed. The facility received a grade of A. The focused COVID-19 infection control survey included the following: Observations: - Facility staff did not check the temperature of the health facility inspector prior to entry to the facility. (TAG 0050) - The health facility inspector was not required to answer COVID-19 screening questions related to: symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. (TAG 0050) - The health facility inspector was asked to use hand sanitizer prior to entry to the facility. - One resident was on the front porch; five residents were in their bedrooms; all were maintaining social distancing. - Staff disinfected kitchen counters, front doorknobs and bedroom doorknobs with Lysol disinfectant spray. - One caregiver and administrator wore surgical masks while providing care. - Three 23 fluid ounce bottles of hand sanitizer were located in living room, bathroom and kitchen. Interview: The Administrator and Caregiver were interviewed and verbalized the following: - Screening and temperature checks were completed for staff and healthcare workers upon entrance to the facility. - Temperature checks for residents are conducted twice each day. - Medical professionals are the only persons allowed entry into the facility. - Residents and staff tested negative for COVID-19 on 07/15/20. - Some residents were served meals in the dining room, while other residents were	0000		

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	served meals in their rooms to promote social distancing. - Activities were provided in bedrooms and in living room to adhere to social distancing. - Staff sanitized all high touch areas three times a day with Lysol. - The facility has one box of 50 surgical masks; six boxes of 100 gloves; and one electronic temporal thermometer. - Training was not held for staff on proper use of personal protective equipment (PPE). (TAG 0050) Record Review: - Infection Control Program policies and procedures documented measures to ensure isolation and prevention of COVID-19. - Standard and transmission based precautions for COVID-19. - Visitor entry and facility screening practices including screening questions, hand sanitization and temperature checks. - Education, monitoring and screening practices of staff including proper PPE use, temperature checks, hand washing and sanitization. - Facility policies and procedures to address staffing issues during emergencies, such as the transmission of COVID-19. 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 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 observation and interview, the Administrator did not ensure visitors of the facility were screened for COVID-19 according to CDC guidelines and visitor entry/screening policy prior to entry to the facility and the facility staff had been trained on proper use of personal protective equipment (PPE). Findings include: On 08/10/20 at approximately 9:00 AM, the Caregiver did not ask COVID-19 screening questions or take the temperature of the health facilities inspector prior to entry to the facility. The Caregiver verbalized all visitors inside the facility should have their temperature checked and be screened. On 08/10/20 at approximately 9:15 AM, the Caregiver reported facility staff were not trained on proper donning and doffing of PPE. Severity: 2 Scope: 3	0050	TAG 0050 A) Enforce recommended safety measures, including face mask, social distancing, temperature checks, washing hands and sanitization. B) Administrator and caregiver will ensure all visitors prior to entering the facility will be screened for covid-19 according to CDC guidelines. Caregivers were trained on proper donning and poffing of PPE. C) Caregivers will be monitored weekly to ensure all visitors in the facility will be screened for COVID-19 according to CDC guidelines. Caregivers will be monitored weekly on proper donning and poffing of PPE. D) Administrator will be responsible E) 8/19/20	08/19/2020