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
	3643	A. BUILDING _____ B. WING _____	11/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HACIENDA HILL MANOR	5544 SURREY STREET, LAS VEGAS, NEVADA ,89119

(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 11/19/20, 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 Alzheimer's disease, Category II residents. The census at the time of the survey was six. The facility had no residents or staff positive with COVID-19. The COVID-19 focused infection control survey included the following: Observations: - Signage was posted at the facility entrance prohibiting entry if individuals have experienced symptoms related to COVID-19; required visitors to wear a mask, limited visitors to essential healthcare workers, and to wash or sanitize hands upon entry. - Facility staff checked the temperature of the health facility inspector prior to entry. - Health facility inspector was asked COVID-19 screening questions related to symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. - Health facility inspector was asked to sanitize their hands prior to entry. - Hand sanitizer was located near the front door and in the kitchen. - All staff wore cloth and/or disposable masks. - Caregivers wore gloves during resident contact. - Caregivers washed hands and utilized alcohol-based hand sanitizers between tasks. - Residents were in the living room while practicing social distancing. - Staff cleaned high touch areas with bleach mixed with water and disinfecting wipes. - The facility had one 24-ounce bottle of hand sanitizer, three 33.4-ounce bottle of hand sanitizer, four 12-ounce bottle of spray hand sanitizer, 25 KN95 masks, six face shields, two gowns, 150 disposable masks, and 800 gloves. - One non-contact thermometer was available. Interview with the owner and caregiver: - Visitors were limited to essential healthcare workers. - Temperature checks are completed for staff and essential visitors	0000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3643	A. BUILDING _____ B. WING _____	11/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HACIENDA HILL MANOR	**5544 SURREY STREET, LAS VEGAS, NEVADA ,89119**

(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
	upon entrance to the facility. - All visitors and staff are asked COVID-19 screening questions related to symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. - Visitors are required to utilize hand sanitizer or wash hands upon entry. - Resident temperatures were checked every morning. - Residents were spaced six feet apart during meals and activities. - Staff sanitized high touch areas throughout the day with bleach mixed with water and disinfecting wipes. - Training was held regarding proper donning and doffing of personal protective equipment (PPE). - The facility had a plan in place for isolation and quarantining residents. - The facility did not have a supply of N95 masks and was unable to show proof attempts were made to obtain N95 masks. Staff were not medically cleared and fit tested to wear an N95 mask. On 09/30/20, the facility was provided telephonic infection control guidance and an email with infection control recommendations, which included the recommendation to have at least one caregiver medically cleared and fit tested for an N95 mask (See 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3643	A. BUILDING _____ B. WING _____	11/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HACIENDA HILL MANOR	**5544 SURREY STREET, LAS VEGAS, NEVADA ,89119**

(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 observation and interview, the facility failed to implement safe infection control practices for the protection of residents in response to the COVID-19 Pandemic. Findings include: On 11/19/20, observations revealed the facility had N95 masks -or staff medically cleared or fit tested for an N95 mask. On 11/19/20, the owner reported the facility did not have N95 masks and employees had not been medically cleared and fit tested to wear an N95 mask. On 09/30/20, the facility was provided telephonic infection control guidance and an email with infection control recommendations, which included the recommendation to have at least one caregiver medically cleared and fit tested for an N95 mask. Severity: 2 Scope: 3	0050	1.) Two boxes of N95masks were bought (11/22/20). Two caregivers were fit tested for the N95 masks (12/4/20). 2.) Deficient practice will not reoccur as administrator explained to the owner that the available KN95 masks on hand are not the same as the N95 masks that was bought (11/22/20). Also during the time of inspection, the facility was just waiting for the free N95 fit testing that was provided for by an organization. Administrator will continue to monitor and check for compliance.	12/29/2020