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
	367	A. BUILDING _____ B. WING _____	10/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ANNE RESIDENTIAL CARE CORP	3158 KINGSPOINT AVENUE, LAS VEGAS, NEVADA ,89120

(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 survey conducted at your facility on 10/13/20, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for 10 Residential Facility for Groups elderly or disabled persons, with an endorsement for mental illness, Category II. The census at the beginning of the survey was four. The Caregiver verbalized there were no residents and no employees with COVID-19 symptoms or positive test results. The focused COVID-19 infection control survey included the following: Observations: -The Primary Caregiver checked the temperature of the Health Facility Inspector (Inspector) upon entry to the facility. -The Caregiver directed the Inspector to fill out a questionnaire related to signs and symptoms of COVID-19, travel to another country, and exposure to persons with the virus. -The Caregiver directed the Inspector to sanitize hands with hand sanitizer from the dispenser on the wall next to the front door. -There was a container of pump hand sanitizer and a sign in log on the table at the front entrance. -Posted sign at the front door: "Before entering the facility wear a face covering - it's a must! Spray your shoe sole. Please use hand sanitizer. Please read carefully the symptoms assessment below. They will check your body temperature before entry." -Posted sign at the front door: "All visitors to the facility, please follow our protocols when entering this Residential Group Home, which are, If you are feeling ill or suspect you have a fever or other COVID-19 symptoms, do not enter. All visitors must have a mask and gloves to enter. Visitors must practice social distancing and not have direct contact with the resident. Visitors to enter and take direct route to resident room or assigned meeting area. Make sure your bathroom needs are addressed as it is preferable for family visitors not to use the facilities at the Group Home." -There were seven pump containers of hand sanitizer, two stationary	0000		

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	hand sanitizer dispensers, three bottles of Isopropyl Alcohol, and two handheld non-contact temporal thermometers. -The Caregiver sprayed and wiped counter tops and tabletops with ammonia-chloride based disinfectant and Virusol cleaner. -The Personal Protective Equipment (PPE) supply included 20 N-95 masks, 50 disposable surgical face masks, 800 gloves, four disposable gowns, three face shields, and one pair of eye goggles. -The kitchen refrigerator had posted signs from the Centers for Disease Control (CDC) diagrams of hand washing, donning and doffing PPE, and social distancing. -The Caregiver washed hands with soap and water and used hand sanitizer frequently. Interview: The Primary Caregiver verbalized the following: -Screening and temperature checks were conducted for each visitor to the facility. -The visiting policy was for visitors to make arrangements in advance, wear a face mask, pass a temperature and symptoms screening, and maintain a six foot distance from the resident. -Temperature checks and symptoms screening were conducted for residents once daily in the evening after dinner and documented on the Resident Screening Log. -The employees have daily screening with temperature checks and COVID-19 symptom self-assessment. -If a resident developed COVID-19 symptoms or had a positive test result, the facility would re-arrange the residents' beds in private rooms to have a dedicated isolation room. The isolation room contained a separate bathroom and separate PPE supplies. -In the event a resident developed signs and symptoms of COVID-19, the Primary Caregiver would contact the physician, the family member, and the Administrator. The Primary Caregiver was knowledgeable in the protocols to contact the Office of Public Health Investigations and Epidemiology (OPHIE). -Two residents were served meals at the two tables in the kitchen and dining room to accommodate six foot distancing. Two of the residents were provided meals in their rooms by preference. -Training was provided on how to put on and take off PPE (face masks, gloves, and gowns). -Training was provided on safe cleaning and			

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	disinfection of all surfaces, including high touch surfaces (doorknobs, faucet handles, light switches, and tabletops). -The Caregivers were expected to spray and disinfect all surfaces after each meal and as needed. Document Review: -The facility had a thorough and complete Infection Control & Prevention Plan in a binder located in the kitchen. -Sign in sheets with questionnaire forms. -Resident Daily Screening Logs. 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. There were no regulatory deficiencies identified. No further action is necessary. Please retain a copy of this statement for your records.			