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
	3730	A. BUILDING _____ B. WING _____	10/15/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IN TOUCH RESIDENTIAL CARE II	7457 WALNUT CREEK DRIVE, LAS VEGAS, NEVADA ,89147

(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 in your facility on 10/15/20. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for persons with mental illness and/or persons with chronic illness, Category I residents. The census at the time of survey was eight. No residents or staff have tested positive for COVID-19. The focused COVID-19 infection control survey included the following: Observations: -No signage was posted at the front door informing visitors to wear a mask and/or preventing them from entering the facility if they have signs and symptoms of Covid-19. - Facility staff checked the temperature of the health facility inspector prior to entry to the facility. - 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. (See TAG 0050). - Three residents were in the common area practicing social distancing and wearing a mask. - The Administrator and Caregiver wore a cloth mask during inspection. - One bottle of hand sanitizer was located in the dining area and two bathrooms. Interview: The Administrator and Caregiver were interviewed and verbalized the following: - Screening questions were not completed for staff and healthcare workers upon entrance to the facility. (See TAG 0050). - Temperature checks for residents were completed twice a day. - Medical professionals were the only persons allowed entry into the facility. Residents were contacting family members by phone. - Residents were served meals at different times to promote social distancing. - Activities are limited to adhere to social distancing and keeping residents six feet apart. - Staff sanitized all high touch areas two to three times a day with bleach/water solution, disinfectant spray and alcohol-	0000		

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	based sanitizer. - The facility had one electronic temporal thermometer, 1 box of gloves; 12 surgical masks, 8 face shields and 4 bottles of hand sanitizer. - The facility had (0) N95 masks. None of the employees were medically cleared and fitted for N95 masks. The facility was provided guidance to have at least one caregiver medically cleared and fitted for an N95 mask in the event a resident becomes positive for COVID-19. (See TAG 0050) - The facility did not provide COVID-19 infection control training to staff members. The facility was provided guidance to provide COVID-19 infection control training to staff members and to document all training. Record Review: - Infection Control Program policies and procedures documented measures to ensure isolation and prevention of COVID-19. - Visitor entry and facility screening practices including screening questions, hand sanitization and temperature checks. - Monitoring and screening practices of staff including proper personal protective equipment (PPE) use, temperature checks, hand washing and sanitization. Areas below were missing from the facility's infection control policy and recommendations/guidance was provided. - Facility to complete Infection Control trainings including proper use of personal protection equipment (PPE), environmental cleaning, hand washing and sanitization. - Facilty to increase supply of PPE for transmission-based precautions and have a proper storage area for all PPE. - Facility to know procedure to report suspected and positive cases to local health officials. 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 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 prior to entry to the facility; and the facility did not have an N95 mask and an employee medically cleared and fit tested an N95 mask. Findings include: On 10/15/20 at 9:00 AM, the Caregiver did not ask COVID-19 screening questions of the health facilities inspector prior to entry to the facility. The Caregiver verbalized she was unaware screening questions to visitors should be asked prior to entry to facility. The Administrator reported the facility should have asked all visitors entering the facility COVID-19 screen questions. On 10/15/20 at 9:45 AM, during a count of personal protective equipment (PPE) the facility did not have an N95 mask on site. The Administrator reported none of the employees were medically cleared to wear a N95 mask. Severity: 2 Scope: 3	0050	1. The administrator posted the CDC Facilities Covid-19 screening questionnaire and Care Home Covid-19 Protocols for screening visitors prior to entering the facility, for the safety and health of residents and staff members. 2. The administrator posted for all visitors the safety and health guidelines to be followed for residents' and staff's safety and protection before entering the facility. 3. The administrator made sure that the caregiver is aware to perform a screening questionnaire to every visitor that comes to the facility prior to entering. 4. The administrator is registered with ECHO for certification of N95 mask for all employees.	11/28/2020