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
	3847	A. BUILDING _____ B. WING _____	12/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER DAYS GROUP HOME	261 E ELDORADO LANE, LAS VEGAS, NEVADA ,89123

(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 This Statement of Deficiencies was generated as a result of a COVID-19 focused infection control State Licensure survey conducted at your facility on 12/09/20, 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 mental illness and/or persons with chronic illness, Category II residents. The census at the time of the survey was eight. 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 prior to 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. - Health facility inspector was asked to sanitize their hands prior to entry. - Hand sanitizer was located near the front door. - All staff wore disposable surgical and/or cloth masks. - Caregivers wore gloves during resident contact. - Caregivers washed hands and utilized alcohol-based hand sanitizers between tasks. - Residents were in their private or shared bedrooms and in the kitchen while practicing social distancing. - Staff cleaned high touch areas with bleach and disinfecting wipes. - The facility had one 67.6-ounce bottle of hand sanitizer at the entrance, 100 disposable masks and 200 gloves. The facility did not have N-95 masks (See TAG 0050). - One non-contact thermometer was available. Interview with the owner and two caregivers: - Visitors were limited to essential healthcare workers. - Temperature checks are	0000		

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	completed for staff and essential visitors prior to entry. - 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. - Visitors are required to utilize hand sanitizer or wash hands prior to 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 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 Caregiver revealed they did not have a supply of N95 respirators and have not made attempts to obtain N95 respirators or have staff medically cleared and fit tested for N95 respirators (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. The following regulatory deficiencies were identified:			

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0050	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 failed to ensure safe infection control practices were implemented for the protection of the residents in response to the COVID-19 pandemic and the facility lacked an infection control policy. Findings include: On 12/09/20 at approximately 10:00 AM, the Caregiver reported the facility does not have any N95 respirators, nor have staff been medically cleared or fit tested for N95 masks. On 10/01/20, the facility received telephonic infection control guidance and an email outlining infection control recommendations - which included having N95 masks in its inventory and staff medically cleared and fit tested for N95 masks. Severity: 2 Scope: 3	0050	1) In order to correct the specific findings stated in the Statement of Deficiencies the administrator will provide N95 masks to the staff and the staff will be fit tested for N95 mask. 2) In order to ensure the deficient practice does not recur the administrator will monitor the inventory of N95 mask and conduct fit testing of N95 mask to the staff. 3) In order to monitor to ensure the deficient practice will not recur the inventory of the N95 mask will be checked daily. The staff will notify the administrator everytime an N95 mask is taken from the inventory. 4) The administrator will be responsible for ensuring the plan of correction is implemented. 5) The corrective action has been completed 12/27/20.	12/27/2020