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
	4000	A. BUILDING _____ B. WING _____	10/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMMUNITY	10401 WEST CHARLESTON, LAS VEGAS, NEVADA ,89135

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a focused COVID-19 Infection Control Survey conducted at your facility on 10/28/20, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed as a Residential Facility for Groups for a total of 76 elderly or disabled persons, with endorsements for Assisted Living, Individuals with Intellectual Disabilities, and persons with Alzheimer's disease (16 beds). The census at the time of the survey was 67. The Administrator verbalized there were no residents and no employees with COVID-19 symptoms or positive test results. The Infection Control Survey included the following: Observations: -The Health Facilities Inspector (Inspector) was screened upon entry with a temperature check using a no-contact temporal thermometer. The inspector completed a questionnaire relating to COVID-19 symptoms, travel, and exposure to the virus. -The Inspector was directed to sanitize hands with hand sanitizer located by the front entry. -Signs requiring a mask, social distancing, and handwashing were posted at the front entrance door, the front desk, next to the elevators, on walls in hallways throughout the facility, in the employee breakroom, next to the bathrooms, in the dining room, and in activities rooms. -Staff wore surgical face masks. -Residents in the Assisted Living section wore surgical face masks while out of their rooms. -Staff sanitized hands with alcohol-based hand sanitizer. -The Personal Protective Equipment (PPE) supply included nine N95 masks, 21,550 surgical face masks, 900 face shields, 9,000 gloves, and 100 disposable gowns. -Hand sanitizer dispensers were located in hallways throughout the facility. There were 36 containers of hand sanitizer, one case of hand sanitizer dispenser refill pouches, and six large refill bottles. Staff carried hand sanitizer bottles. -There were ten temporal non-contact thermometers, two infra-red non-contact thermometers, and nine	0000		

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	disposable thermometer strips. -There were three isolation carts prepared in the event of a resident with COVID-19 symptoms or positive results. Each isolation cart contained three face masks, three disposable gowns, three pair of gloves, a strip of disposable thermometers, and a red biohazard bag for disposal of used PPE. -Tables in the dining room were placed six feet apart. There was a laminated 2-sided card on each table with a notice, "Table has been disinfected and ready for use" and "Table has not been disinfected. Do not use." Interviews: -The Administrator indicated the visiting policy was no visiting inside the facility except for essential healthcare providers. Visitation was available in the courtyard by appointment, with the visitor requiring screening, mask, and distancing six feet from the resident. Skype, Zoom, and Google Meet were made available by staff for virtual visitation. -The Administrator and the Wellness Director verbalized they performed an in-service to all staff members to train all staff members in handwashing, donning and doffing PPE, infection control practices, and disinfecting. The Wellness Director monitored staff daily for safe infection control practices, wearing of PPE, and handwashing. -The Administrator verbalized breakfast and dinner meals in the dining room were provided in staggered shifts with a maximum of two people per table, sitting at least six feet away from each other. -Three kitchen staff members stated they were expected to wear face masks, gloves, disinfect surfaces with bleach based cleaner, and wash hands with soap and water after taking off gloves. -Two Resident Care Assistants reported they were trained in disinfecting high touch surfaces, PPE usage, and monitoring residents for signs and symptoms of COVID-19. -The Administrator indicated all high touch surfaces were cleaned and disinfected every two hours. -The Director of Buildings & Grounds indicated surfaces are cleaned with Clorox bleach germicidal cleaner, Clorox disinfectant wipes, and Clorox 4 in 1 disinfectant spray cleaner. -The Food Service Director verbalized all kitchen staff were expected to come in at the front door			

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	and get screened with temperature checks and COVID-19 symptoms prior to entering the building. -The Administrator verified none of the employees were medically cleared or fitted for N95 masks. The facility received telephonic infection control guidance and an email with infection control guidance on 10/01/20 (See Tag 0050). -The Administrator indicated the facility transported residents in the Assisted Living section to medical appointments and the Driver maintained a supply of PPE, disinfectant, and hand sanitizer on the bus. -The Administrator and the Wellness Director indicated in the event of a symptomatic or positive resident, the resident would be isolated in their private rooms. Designated staff would be assigned to the isolated resident. The facility would provide a separate supply of PPE on an isolation cart. The facility would provide meals to residents on disposable dishware in their rooms for 14 days. Document Review: -The facility maintained a comprehensive Infection Control & Prevention Plan. -Handwritten and electronic Screening Logs. -"Playbook" COVID-19 book for employees to reference. -List of disinfectant chemicals with Coronavirus kill time. 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:			
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 interview and document review, the facility failed to	0050	*This Plan of Correction is the facility's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law*	11/30/2020

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	ensure caregivers were medically cleared and fit tested for N95 masks. Findings include: The facility received telephonic infection control guidance and an email with infection control guidance on 10/01/20 (See Tag 0050). On 10/28/20, there were nine N95 masks available at the facility. The Administrator indicated there were more N95 masks on order, expected to arrive within the next 14 days. The Administrator verified there no caregivers were medically cleared and fit tested for the N95 mask. On 10/28/20, the Administrator was given direction to have at least three to five front line caregivers medically cleared and fitted for use of N95 masks in the event a resident becomes positive for COVID-19. Severity: 2 Scope: 3		NAC 449.194; Y 0050 *a) What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:* There were no specific Residents identified in the inspector's comments. *b) How will you identify other residents having the potential to be affected by the same practice and what anticipated corrective action will be taken:* All residents residing in the facility have the potential to be affected by this practice. The Facility received N-95 masks since the Survey and received a Fit Testing Kit on 11/12/20. The R.N. Manager is in the process obtaining medical clearance and fit testing as described below. *c) What measures will be put into place or what systemic changes will you make to ensure the deficient practice does not recur:* The R.N. Manager is facilitating the Medical Clearance and Fit Testing of 5 front line caregivers for the N-95 masks. This process will be completed by 11/30/20. *d) How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:*	

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			The Administrator, or designee, will complete regular verification that at least 5 current front-line caregivers are medically cleared and fit tested for N-95 masks and these masks are on hand. Any noncompliance will be corrected immediately. *d) Responsible person, designee:* Administrator or Designee *e) Completion Date:* 11/30/2020	