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
	4063	A. BUILDING _____ B. WING _____	09/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS HOUSE ADULT CARE	5496 TAMARUS 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 State licensure COVID-19 Focused Infection Control Survey conducted at your facility on 09/17/20. This State Licensure survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category II residents. The census at the time of the survey was nine. The investigation of regulatory compliance Infection Control and Prevention included: Observations: - The facility did not have a thermometer and staff did not adequately screen the health facility inspector upon arrival. (See TAG Y0050) - Social distancing was practiced throughout facility. Residents were in their rooms. - Staff wore surgical masks throughout the facility, washed hands and donned gloves when assisting residents. - The facility had two staff members on duty. - Staff washed their hands and utilized alcohol-based hand sanitizers. - Signs related to COVID-19 were posted on the on the front door of the facility. - The facility had one 24 ounce bottle of hand sanitizer and several small bottles of hand sanitizer. One was near the front door and others were stored in each resident's room. - The facility had five surgical style masks, ten boxes of 100 gloves. - Residents were housed one to two per bedroom. Interviews: Caregivers reported: - No residents or staff were COVID-19 positive and the facility has not had any positive cases of COVID-19 during the pandemic. All residents and staff were tested for COVID-19 approximately three weeks ago with negative results. - The facility had two caregivers on duty. Staff were not screened daily for COVID-19. (See TAG Y0050) - The owner re-supplies caregivers with personal protective equipment (PPE) daily. - Residents are observed and questioned about COVID-19 symptoms daily. - Caregivers do not check resident temperatures daily. - Family and	0000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4063	A. BUILDING _____ B. WING _____	09/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS HOUSE ADULT CARE	5496 TAMARUS 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
	friends are allowed to visit and must wear a mask and gloves. - Residents watch television in their rooms while practicing social distancing. - Meals are served in the resident's rooms and the dining table is limited to two residents at a time to maintain social distancing. - Activities include music and exercise and watching television. - They did not routinely check temperatures of visitors. - High touch areas and furniture are cleaned and sanitized daily. Resident rooms are cleaned daily. - Training has not been given for the prevention of COVID-19 and there was no written infection control and prevention plan in response to the COVID-19 Pandemic. (See TAG Y0050) - Caregivers are always required to wear masks and gloves. - Caregivers did not know what to do if a resident or staff member tests positive or shows signs and symptoms of COVID-19. Documentation: - A sign was posted on the front door stating, "No Mask, No Gloves, No Entry." - The facility did not have written policies and procedures for screening visitors/staff/residents for COVID-19, isolation of positive COVID-19 residents or staff, quarantine and cohorting, cleaning schedules, addressing staffing issues during emergencies such as the transmission of COVID-19, or procedures to ensure the Office of Public Health Investigations and Epidemiology (OPHIE) or Southern Nevada Health District (SNHD) are notified if a suspected case of COVID-19 occurs at the facility. (See TAG Y0050) - The process for assessing, testing and reporting coronavirus cases in Clark County was posted on the inside of the front door. - Facility was provided a copy of the Bureau of Health Care Quality and Compliance infection control and prevention plan sample for group homes. 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 deficiencies were identified.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4063	A. BUILDING _____ B. WING _____	09/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS HOUSE ADULT CARE	5496 TAMARUS 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, interview, and document review, the facility failed to develop and implement a safe, comprehensive Infection Control & Prevention Plan in response to the COVID-19 Pandemic. Findings include: The facility lacked policies related to the following topics: -Screening and monitoring of employees and residents. -Notification to The Office of Public Health Investigations & Epidemiology and the Bureau of Health Care Quality and Compliance. -Visitation and screening. -Social distancing and transportation. -Cohorting and isolation (Identifying and Responding to residents with suspected or confirmed COVID-19). -Use of Personal Protective Equipment (PPE), handwashing, and cleaning and disinfecting the facility. -Training of staff on infection control policies and procedures and PPE usage. The caregiver reported the facility did not have an infection control plan or written policies and procedures for the prevention of COVID-19. The facility did not have a thermometer to screen essential visitors, and residents or staff. Facility was provided a copy of the Bureau of Health Care Quality and Compliance infection control and prevention plan sample for group homes. Severity: 2 Scope: 3	0050	We have provided the Staff with COVID-19 Procedures and have had a training session with them. Signature sheets for staff are uploaded. # 1. I have uploaded the Table of Contents for the Procedures. # 2. The Staff Procedures for Staff members who have Symptoms were also discussed. The Procedures are uploaded - # 3. A thermometer has been purchased. A essential visitors are screened at the door with a list of questions concerning COVID-19 and any Symptoms. Staff and Resident temperatures are checked daily and a Log is Kept in the File. Daily symptom checks are also done daily to insure Staff and Residents are safe.	10/26/2020