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
	4093	A. BUILDING _____ B. WING _____	11/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JCR HOME CARE INC	7160 DARBY AVE, LAS VEGAS, NEVADA ,89117

(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 11/17/20. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed as a ten bed residential facility for groups with an Alzheimer's Disease endorsement, Category II residents. The census at the time of the survey was nine. No residents or staff have tested positive for COVID-19. The focused COVID-19 infection control survey included the following: Observations: - Facility staff checked the temperature of the health facility inspector prior to entry to the facility. - The health facility inspector was 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. - Three residents were in living room watching television, two residents were in family room watching television and four residents were in bedrooms during inspection. - Staff disinfected kitchen counters with Lysol disinfectant spray. - Administrator and Caregiver wore surgical masks. - 12 fluid ounce bottle of hand sanitizer at entrance, 12 fluid ounce bottle in living room and 12 fluid ounce bottle in the kitchen. - The facility had two electronic temporal thermometers, one box of 100 gloves, one box of 50 surgical masks, eight N-95 masks and four face shields. Interview: The Administrator and Caregiver were interviewed and verbalized the following: - Temperature checks were completed for all staff and essential visitors; screening questions are being completed for staff and visitors. - Temperature checks for residents are conducted daily by caregivers. - Medical professionals are the only persons allowed entry into the facility. - No residents or staff have tested positive for COVID-19. - Residents were served meals on three separate tables to promote social distancing. - Activities are limited to adhere to social distancing and keeping residents	0000		

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	six feet apart. - Staff sanitizes all high touch areas two times a day with Lysol disinfectant spray. - Training was held for staff on proper personal protective equipment (PPE) usage in April by Administrator. - Staff were not fit-tested to wear N95 respirators. (See TAG 0050) - The facility was provided guidance to obtain N95 masks and have at least one caregiver medically cleared and fitted for use of N95 masks in the event a resident becomes positive for COVID-19. 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 personal protective equipment (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 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 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. Findings include: On 11/17/20 at approximately 10:30 AM, the Administrator reported staff were not fit-tested and medically cleared to wear N95 respirators. The facility was provided guidance to obtain N95 masks and have at least one caregiver medically cleared and fitted for use of N95 masks in the event a resident becomes positive for COVID-19. Severity: 2 Scope: 3	0050	1) The facility will correct this deficiency by taking a training of how to fit tested and medically cleared to wear N95 respirator on 11/20/2020 . 2) To ensure the deficiency does not reacur again the facility staff and administrator will make sure to follow Covid19 guild lines requirement at all time. 3) The administrator and the facility staff will monitor to ensure that the deficient will not recur. 4) The administrator will ensure the plan of correction will be implemented . 5) Please see attached 11/20/2020	11/20/2020