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
	4101	A. BUILDING _____ B. WING _____	12/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE MEAD CARE HOME	**4325 W LAKE MEAD BLVD, LAS VEGAS, NEVADA ,89108-2849**

(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 12/28/20. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses, Category II residents. The census at the time of the survey was three. 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 their bedrooms during inspection. - Caregiver wore a surgical mask. - 8.4 fluid ounce bottle of hand sanitizer at entrance and an 8-fluid ounce bottle of hand sanitizer in living room. - The facility had one electronic temporal thermometer, six boxes of 100 gloves, two boxes of 50 surgical masks and ten N-95 masks. 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 at the dining room table two at a time to promote social distancing. - Activities are limited to adhere to social distancing and keeping residents six feet apart. - Staff sanitize 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	0000		

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	Administrator. - Staff were not medically cleared or fit-tested to wear N95 respirators. (See TAG 0050) - On 10/01/20, 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: - Facility lacked COVID-19 infection control policies and procedures. (TAG 0050) On 10/01/20, the facility received telephonic infection control guidance and an email containing infection control recommendations. 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 and staff in response to the COVID-19 pandemic and the facility lacked an infection control policy. Findings include: On 12/28/20 at approximately 9:00 AM, the Administrator and Caregiver reported staff were not medically cleared or fit-tested for N95 respirators. On 12/25/20 at approximately 9:15 AM, the Administrator reported the facility lacked a COVID-19 infection control policy. The Administrator verbalized he was working on the infection control policy. On 10/01/20, the facility received telephonic infection control guidance and an email outlining infection control recommendations. Severity: 2 Scope: 3	0050	0050 All facility residents have the potential to be affected by the deficient practice. The facility have stablished a Policies and Procedures on infection control policy. (see exhibit for Policies and Procedures). Medically cleared or fit-tested to wear N95 respirator training has been completed. (see exhibit) The Administrator and staff will ensure the safety of residents and apply necessary precaution who enters the facility. comply according to guidelines with COVID-19. Completed 1/22/21	02/02/2021