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
	423	A. BUILDING _____ B. WING _____	11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THERESIANE ADULT GROUP CARE	6620 ELLERHURST DRIVE, LAS VEGAS, NEVADA ,89103

(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 State Licensure survey completed at your facility on 11/24/20, 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 illnesses, and/or persons with chronic illnesses, ten Category I residents. The census at the time of the survey was ten. The COVID-19 focused infection control survey included the following: The facility had no residents or staff positive with COVID-19. Observations: - Signage was posted at the facility entrance prohibiting non-essential visitors, requiring a mask before entry, and directing visitors to sanitize or wash hands when entering. - Facility checked the temperature of the health facility inspector prior to entry. The facility had one infrared thermometer. - Health facility inspector was required to complete a COVID-19 screening questionnaire related to symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. - Health facility inspector was asked to sanitize their hands prior to entry. - Hand sanitizer was located by the front door and in the kitchen. - Two caregivers wore disposable masks and residents were observed in separate chairs maintaining social distancing requirements in the living room. - The caregivers wore gloves with resident contact and washed hands after providing care. - The caregivers washed hands and utilized alcohol-based hand sanitizers between tasks. - The facility had 200 gloves, 150 disposable surgical style masks, and five N-95 respirators. - Two gallons of hand sanitizer and several small bottles of hand sanitizer were available. - One non-contact forehead thermometer and one temporal thermometer were available. Interview with a caregiver revealed: - Visitors were limited to essential healthcare workers or family visitors who must provide	0000		

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	results of a recent negative COVID-19 test. - Family visitors must wear masks and visit outside. Phone calls and virtual visits are also allowed with caregiver assistance. - Temperature checks and screening questions are completed for staff and essential visitors upon entrance to the facility. - Visitors are required to utilize hand sanitizer or wash hands upon entry. - Resident temperatures were checked every morning. - Residents were spaced six feet apart for meals and activities. - Staff sanitized high touch areas three times a day with disinfecting spray. - 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. - A room is set aside for isolation if needed. A single caregiver will be assigned to the affected resident and PPE will be provided. The caregiver will not be able to provide care to other residents. Meals will be served with disposable plates and utensils that will be discarded in a trash can specific to the resident. The administrator reported via email: - One caregiver was medically cleared and fitted for N95 respirators on 11/24/20. Record Review: - The Theresiane Adult Group Home Infection Control Program policies and procedures documented measures to ensure isolation and prevention of COVID-19. - Staff medical clearance and respirator fit test form dated 11/24/20. The facility Administrator received guidance on the required components of a comprehensive infection control policy and sample infection control plan via telephone and email on 10/01/20. 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. No regulatory deficiencies were identified.			