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
	432	A. BUILDING _____ B. WING _____	11/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
V. NICHOLAS ADULT CARE HOME #2	4304 EL CAMINO AVENUE, LAS VEGAS, NEVADA ,89102

(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 at your facility on 11/10/20, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for six Residential Facility for elderly and disabled persons, Category I residents. The census at the beginning of survey was six. The Caregiver verbalized there were no residents and no employees with COVID-19 symptoms or positive results. The focused COVID-19 infection control survey included the following: Observations: - Signage posted at front entrance door "Notice to visitors, until the end of 2020 the home will continue to exercise COVID-19 protocol". - The facility allowed the Health Facility Inspector to enter without screening for signs and symptoms of COVID-19. (See Tag 0050) - Facility staff tried to check the temperature of the Health Facility Inspector prior to entry to the facility. The thermometer was not working accurately. (See Tag 0050) - Health Facility Inspector was required to use hand sanitizer after entering the facility. - Three residents were outside in patio area practicing social distancing. All other residents were in their rooms. - Two Caregivers were not wearing masks. (See Tag 0050). - Hand sanitizer was located at the main entrance, kitchen and three bathrooms. - The facility had five boxes of gloves; 150 surgical masks; four bottles of hand sanitizer; six gowns and one electronic temporal thermometer. Interview: The Administrator verbalized the following: - No residents or staff members tested positive for COVID-19. - Temperature checks were completed for staff and healthcare workers upon entrance to the facility. - Temperature checks for residents were conducted only if a resident appeared to have symptoms of cough, sneezing, headache and fatigue. - Medical professionals were only allowed entry to the facility. Residents used Tele-health for medical visits. - During meals residents ate at the dining room table while practicing	0000		

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	social distancing. - Activities are set up on a voluntary basis and in the residents' rooms. - Staff sanitized all high touch areas (doorknobs, bathrooms, dining table and counter tops) at least twice a day with a bleach solution, Lysol and disinfectant wipes. - None of the employees were medically cleared or fitted for N95 masks. 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. (See Tag 0050) - The facility provided COVID-19 infection control training to employees on donning and doffing of personal protection equipment (PPE). Training was not documented. Record Review: - Infection Control Program policies and procedures documented measures to ensure isolation and prevention of COVID-19. - Visitor entry and facility screening practices including screening questions, hand sanitization and temperature checks. Infection Control Program policies and procedures did not address the following topics (See Tag 0050): - Emergency Staffing Plan if a staff member tests positive. - A plan in the event a staff member or resident tests positive. - Staff Fit Testing for N95 masks. - Respirator Program. 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			
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	0050	Immediately after the inspection done on 11/10/2020 administrator ordered caregivers to always wear face mask when on duty. That all visitors are screened for COVID-19 symptoms prior to being allowed to enter the facility. A thermometer was acquired and caregivers were retrained on taking temperatures. A emergency staffing plan is hereto attached as attachment "A". A plan if a resident or a staff member tested positive is marked as attachment "B"; The N95 masks fit testing conducted by Southern Nevada Occupational Health	11/21/2020

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	observation, interview, and document review, the facility failed to implement safe infection control practices and the facility lacked comprehensive policies for the protection of residents in response to the COVID-19 Pandemic. Finding include: On 11/10/20 at 10:35 AM, the Health Facility Inspector arrived at the facility and was greeted by two Caregivers. The Caregivers were not wearing face masks; and the Health Facility Inspector was not screened for COVID-19 symptoms prior to being allowed to enter the facility. The Caregiver attempted to check the Health Facilities Inspector's temperature twice. The thermometer was not able to read a temperature. The Administrator reported the batteries may have needed to be changed. At 11:00 AM, The Administrator was reminded of State and local guidelines to wear a face mask. The Administrator indicated both Caregivers and residents do not leave the facility. The Administrator verbalized the Caregivers should have been wearing a face mask. A count of personal protective equipment (PPE) revealed there were no N95 masks on site. The Administrator verbalized she was unaware one employee needed to be medically clear and fitted to wear a N95 mask, since the facility had zero positive COVID-19 cases. Review of the facility infection control policies and procedures revealed the following topics were not addressed: - An Emergency Staffing Plan if a staff member tests positive. - A plan in the event a staff member or resident tests positive. - Staff Fit Testing for N95 masks. - Respirator Program. - New and Re-admission of unknown COVID-19 status. 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. The facility Administrator received guidance on the required components of a comprehensive infection control policy and sample infection control plan via email on 10/06/20 and telephone on 10/01/20. Severity: 2 Scope: 3		Center marked as attachment "C" so with the photograph of the N95 masks as attachment "D" so with the new and re-admission policy with unknown COVID-19 status as attachment "E". Administrator should see to it that COVID-19 protocols are being followed. Administrator should monitor for compliance. Person responsible: Administrator Completion date: November 20, 2020 A revised policy on staffing shortage is hereto attached and marked as attachment "F" making sure that the residents receive needed services and protective supervision due to staffing crisis. Administrator should see to it that the facility complies with the rules and regulations of COVID-19 protocols. Administrator should monitor for compliance. Person responsible: Administrator Completion date: December 03, 2020 Another revised policy on staffing shortages is hereto attached and marked as attachment "G" making sure that facilities are prepared and have a contingency plan in the event they experience staffing shortages. Administrator should see to it that the facility's policies complies with the rules and regulations of COVID-19 protocols. Administrator should monitor for compliance. Person responsible: Administrator Completion date: December 15, 2020	

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