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
	4367	A. BUILDING _____ B. WING _____	10/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE OF MONACO ANGEL PARK	8617 HIGHLANDVIEW AVE, LAS VEGAS, NEVADA ,89145

(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: The Statement of Deficiencies was generated as a result of a FOCUSED COVID-19 Inspection conducted in your facility on 10/28/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for six Residential Facility for Group beds for persons with Alzheimer disease and/or Category II residents. The census at the time of the survey was six. No residents or staff tested positive, nor displayed signs or symptoms for COVID-19. The focused COVID-19 infection control survey included the following: Observations: - Facility 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. Inspector was given shoe covers and gloves upon entrance. - Visitor log documented temperatures, screening, and dates of visits. - Two residents were in the living room watching television and four residents were in their bedrooms. - One wall hand sanitizer dispenser was at the entrance and four 12 fluid ounce bottles were in the kitchen, living room and bathrooms. - The facility had two electronic temporal thermometers, three boxes of 100 gloves, 50 cloth masks, 20 KN-95 masks, ten 3MKN-95 masks and 14 face shields. The facility did not have a supply of N95 respirators. (See TAG 0050). The facility Owner/Administrator received guidance on N95 usage and the required components of a comprehensive infection control policy and sample infection control plan via telephone and email on 09/29/20. Interview: Two Caregivers were interviewed and verbalized the following: - Screening and temperature checks are completed for staff and healthcare workers upon entrance to the facility. Logs are kept of each visitor's screening and temperature. - Temperature checks for residents are conducted daily by caregivers. - All visitors are screened, and temperatures are taken and logged. - No	0000		

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	residents or staff have tested positive or showed signs and symptoms of COVID-19. - Two residents are served meals at the dining room table and four residents are served in their bedrooms to promote social distancing. - Activities are limited to adhere to social distancing by keeping residents six feet apart. - Staff sanitizes all high touch areas five times a day with Lysol and Clorox. - Facility had two employee that was medically cleared and fitted for N95 masks. 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. There following 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 COVID-19 pandemic. Findings include: On 10/28/20 at approximately 11:00 AM, the Caregiver reported the facility does not have any N95 respirators. The facility Owner/Administrator received guidance on N-95 usage and the required components of a comprehensive infection control policy and sample infection control plan via telephone and email on 09/29/20. Severity: 2 Scope: 3	0050	0050- ADMINISTRATOR'S RESPONSIBILITIES(COVID 19) A) The facility tried to requisition N95 masks from The State of Nevada on 4-23-2020 but were given cloth masks instead. * Please see form attached. N95 masks have been ordered thru HD Supply on 11/16/20. * PLS see receipt attached. Fit testing will be done the day (11-19-2020) after N95 masks arrive (estimated delivery date is 11-18-2020) B) N95 masks will be kept in the original box, in a clean dry locked cabinet accessible to staff and staff will wash hands with soap and water prior to obtaining one. The Administrator will monitor for compliance. C) Infection Control policies and procedures for Covid 19 are in the Covid 19 binder at the home which was provided to the surveyor upon survey. * Please see attached Policies and procedures D) 11/17/20	11/17/2020