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
	4983	A. BUILDING _____ B. WING _____	10/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DARLINGTON MANOR	339 EMDEN ST, HENDERSON, NEVADA ,89015

(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 COVID-19 focused infection control, State Licensure survey initiated at your facility on 10/14/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for nine Residential Facility for Group beds for persons with Alzheimer's disease, chronic illness and/or Category II residents. The census at the time of the survey was five. No residents or staff were tested positive for COVID-19, nor had signs or symptoms of COVID-19 The census at the time of the survey was five. Observations: - Facility staff checked the temperature of the health facility inspector prior to entry to the facility using an infra-red thermometer. The facility had two infrared thermometers. - Signs were posted on the front door requiring essential visitors to wear masks. - The health facility inspector was required fill out a screening questionnaire about COVID-19. This included questions about symptoms and travel history. - Social distancing was practiced throughout facility. Residents were in their rooms or in living room chairs during the survey. - Masks, gloves, gowns were available for use by the two caregivers who lived at the facility. One of the caregivers was also the administrator. They were not wearing masks at the time of the survey and were advised to wear masks. - The facility had two staff members on duty. - Staff washed their hands and utilized alcohol-based hand sanitizers. - The facility had four gallons of hand sanitizer and numerous small bottles of hand sanitizer, and three bottles of bactericidal hand soap available. One bottle of hand sanitizer was at the front door and one bottle was in the kitchen. - The facility had 2500 gloves, 300 surgical style masks, 50 KN95 masks and no N95 masks. The facility also had 12 disposable gowns. The facility was advised to obtain N-95 masks and obtain fit testing in case they are needed in the event of positive COVID-19 diagnoses in the facility. None of the employees were medically cleared and fitted for N95 masks.	0000		

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	The facility was provided guidance to have at least one caregiver medically cleared and fitted for an N95 mask in the event a resident becomes positive for COVID-19. - A caregiver and the owner/administrator were not wearing a mask during the survey. (See TAG Y0050) Interviews: The caregiver/administrator reported: - No residents or staff were COVID-19 positive and the facility has not had any positive cases of COVID-19 during the pandemic. All caregivers and residents tested negative on 06/06/20. - The facility had two caregivers who live the facility. - Only essential medical personnel wearing proper personal protective equipment (PPE) could visit residents. Other visitors were not allowed. Residents can communicate with family and friends by phone with caregiver assistance. - COVID-19 update training is conducted one time a week. - Residents watch television in the living room while practicing social distancing or they stay in their individual rooms. - Meals are served in the residents' bedrooms or four at a time at a large dining table. - Activities include music and exercise and watching television. - Essential visitors are required to complete temperature checks and answer questions about symptoms of COVID-19. Employees are required to complete temperature and COVID-19 symptom checks when returning to work. - High touch areas and furniture are sanitized three times a day and as needed with bleach and water solution. - Residents and staff temperatures are checked daily and they are observed and questioned about COVID-19 symptoms every morning. - If a resident test positive for COVID-19, the resident will be isolated in a separate room and isolation signs will be placed on the door. The resident would be assisted by a single caregiver wearing proper PPE. The caregiver would not be allowed to assist other residents. Meals would be served with disposable plates and utensils. A separate garbage can would also be utilized for doffed PPE. - Dishes are sanitized in the dishwasher immediately after meals are served. - Caregivers are required to wear masks and must wear gloves when assisting residents. - There are two residents in each bedroom and one			

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	bedroom is set aside for isolation if needed for a resident in the event a resident test positive for COVID-19. - Two residents share a room and three residents have their own room. - Staff are required to wash their hands before donning gloves to assist residents and after doffing gloves. They are also required to wash hands when handling food, using the restroom, and upon starting the work shift. Documentation: - Infection control/COVID-19 prevention guidelines were posted on the front door. - The staff were trained on COVID-19 procedures by the administrator the facility. - The facility did not have written COVID-19 Prevention and Control Plans. A copy of the Nevada Recommended COVID-19 Prevention and Control plan was provided to the facility. (See TAG Y0050) The facility was provided guidance to ensure at least one caregiver be medically cleared and fit tested in the event a resident were to test positive for COVID-19. The following regulatory deficiencies were identified: 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.			

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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 observation and interview, the facility staff did not did not follow proper infection controls to ensure safety of residents and staff by Administrator did not ensure staff wore face masks for COVID-19 according to CDC guidelines and the facility lacked an infection control policy. Findings include: The facility Administrator, and a caregiver were observed not wearing a face mask during the infection control survey. The Administrator reported the facility lacked a COVID-19 infection control policy. A sample COVID-19 Infection control prevention plan was provided to the facility. Severity: 2 Scope: 3	0050	A plan for covid 19 /prevention and control protocol has been devoloped by administrator including proper infection control to ensure safety for both patients and staff with mask being worn continuously whilr on duty. Including n95 mask for each staff member with fitting to be provided on Friday 11\06\2020 the first available appointment by Best In The West Safety Company 820 S Valley View Las Vegas NV 89107, 702-897-4901	11/03/2020