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
	5954	A. BUILDING _____ B. WING _____	11/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRUCE OAK RESIDENTIAL CARE FACILITY	4618 SPRUCE OAK DR, NORTH LAS VEGAS, NEVADA ,89031

(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 FOCUSED COVID-19 infection control survey conducted at your facility on 11/03/20, 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 or disabled persons and/or mental illness, Category II residents. The census at the time of the survey was four. The investigation of regulatory compliance of Infection Control and Prevention included: The caregiver verbalized there were no residents and no employees with COVID-19 symptoms or positive results. Observations: - The manager checked the temperature of the health facilities inspector prior to entry to the facility. The health facilities inspector was required to answer a questionnaire about COVID-19 symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. - The manager was not wearing a mask, and then proceeded to wear a mask improperly, pulling the mask down exposing her nose. (See TAG 0050) - The caregiver washed hands with soap and water and used alcohol-based hand sanitizer between activities. - The caregiver disinfected common areas throughout the facility with Clorox wipes and spray. High touch surfaces were disinfected between activities. - Hand sanitizer dispensers were located at the front entrance of the facility and in the bathrooms. Three gallon-containers of alcohol-based hand sanitizers were stored in the garage. - The facility stored their personal protective equipment (PPE) in a cabinet at the front entrance. The facility had a stock of gloves (500 pairs), cloth masks (3000), gowns (100), and disposable shoe coverings (50). The facility had no N95 masks. (See TAG 0050) - Instructions related to wearing a mask and social distancing were posted on the front door of the facility and in the living room. Interview: The manager verbalized the following: - Testing for COVID-19 was	0000		

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	conducted for staff and residents on 06/11/20. Everyone tested negative for COVID-19. No employee or residents had exhibited signs or symptoms for COVID-19 during the time of inspection. - No visitors were allowed into the facility, with exception to essential workers (social workers, hospice nurses, certified nursing assistants, and physicians). Anyone entering the facility must have their temperature taken and be screened with a questionnaire about COVID-19 symptoms and travel history. - The facility had two non-contact temporal thermometers. - The administrator obtains PPE supplies two times a month. - Temperature checks for residents were conducted three times a day before meals. Temperature logs were stored in resident files. - Meals were provided to residents at different times of the day to maintain social distancing practices of at least six feet. All dishware was handwashed with dish soap and warm water. - Residents were to maintain at least six feet of distance between each other when they are in the common areas (backyard, living room, dining room) and during any activities to adhere to social distancing. - Infection control training is provided to staff by the administrator two times a month. - High touch surfaces are disinfected between activities, at the beginning of their shift, and at the end of their shift. Staff sanitized all high touch areas twice a day with Clorox wipes and spray. - Virtual facetime is offered to residents through cell phones at least two times a week. Family and friends can be contacted through virtual visitation whenever requested by the resident, or if requested by the families, friends, and essential healthcare providers. Cell phones were disinfected between each virtual visitation. - None of the employees were medically cleared and fitted for N95 masks. (See TAG 0050) Record Review: - An infection control policy comprised of recommendations from the Centers of Disease Control and Prevention (CDC), and local health authorities regarding isolation, quarantine, and aseptic areas in the scenario of a resident being identified as positive for COVID-19. The facility had a policy to cohort residents and assign			

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	dedicated staff member to residents who get tested and may be identified as positive for 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 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. - Temperature logs were observed in resident files. The following topics were not addressed in the facility's infection control policy (See TAG 0050): - Staff fit testing for N95 masks and respirator program. - The procedure to report suspected and positive cases of COVID-19 to local health officials 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 09/30/20. 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 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:			
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, interview, and record review, the facility failed to ensure employees were wearing masks, the facility had N95 masks with at least one employee medically cleared and fit tested for an N95 mask, and	0050	1) The Administrator and Managing Director of the facility have corrected all issues associated with this inspection. N95 masks are present and being worn by the staff 100% of the time. 2) Staff training in CDC protocol. This includes a review of guidelines, procedures in reporting and personal hygiene regarding Covid 19. Staff measured for proper N95 sizing. 3) The administrator and Managing Director will monitor daily 4) Administrator and Managing director 5) 11/07/2020	11/07/2020

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	the facility lacked comprehensive infection control policies and procedures related to the COVID-19 pandemic. Findings include: On 11/03/20 at approximately 10:30 AM, the manager was observed not wearing a mask. The manager was later observed improperly wearing a mask; she pulled the mask down exposing her nose. The manager verbalized lunch was being prepared and was not aware she needed to wear a mask. On 11/03/20 at approximately 10:45 AM, during a review of personal protective equipment (PPE), the facility did not have any N95 masks available on site. The manager reported none of the employees were medically cleared to wear a N95 mask. The manager verbalized she was not aware at least one employee should be medically cleared and fit to wear the N95 mask. On 11/03/20 at approximately 10:50 AM, the manager acknowledged the facility's infection control policies and procedures did not address who they would contact to report suspected and positive cases of COVID-19. Review of the facility's infection control policies and procedures revealed the following topics were not addressed: - Staff fit testing for N95 masks and respirator program. - The procedure to report suspected and positive cases of COVID-19 to local health officials. 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 09/30/20. Severity: 2 Scope: 3			