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
	61	A. BUILDING _____ B. WING _____	11/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAYHILL MANOR	3855 MAYHILL AVE, LAS VEGAS, NEVADA ,89121

(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 conducted at your facility on 11/19/20, 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 and disabled persons and/or persons with Alzheimer's disease and/or persons with intellectual disability, Category II residents. The census at the time of the survey was four. The facility had no residents or staff positive with COVID-19. The COVID-19 focused infection control survey included the following: Observations: - Signage was posted at the facility entrance prohibiting entry if individuals have experienced symptoms related to COVID-19; required visitors to wear a mask, limited visitors to essential healthcare workers, and to wash or sanitize hands upon entry. - Facility staff checked the temperature of the health facility inspector prior to entry. - Health facility inspector was asked COVID-19 screening questions 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 next to the front door and throughout the facility. - One staff member wore a cloth mask and one caregiver did not wear a mask (See TAG 0050). - Caregivers wore gloves during resident contact. - Caregivers washed hands and utilized alcohol-based hand sanitizers between tasks. - Residents were in the living room and shared/private bedrooms while practicing social distancing. - Staff cleaned high touch areas with Odo-Ban disinfecting solution. - The facility had one 8-ounce bottle of hand sanitizer, one 30-ounce bottle of hand sanitizer, one gallon of hand sanitizer, 600 gloves and one only disposable mask and no N95 masks (See TAG 0050). - Two non-contact thermometers were available. Interview with two caregivers: - Visitors were limited to	0000		

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	essential healthcare workers. Visitation for family is conducted outside; with strict guidelines to screen visitors for COVID-19 and adhering to social distancing recommendations. - Temperature checks are completed for staff and essential visitors prior to entrance to the facility. - All visitors and staff are asked COVID-19 screening questions related to symptoms, travel history, and exposure to the virus at other facilities prior to entry 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 during meals and activities. - Staff sanitized high touch areas throughout the day with Odo-Ban disinfecting solution. - Staff were not trained regarding proper donning and doffing of personal protective equipment (PPE) (See TAG 0050). - The facility had a plan in place for isolation and quarantining residents. - The facility did not have a supply of N95 masks, and was unable to show proof an attempt to obtain N95 masks was made. No staff were medically cleared and fit tested to wear an N95 mask. On 10/01/20, the facility was provided telephonic infection control guidance and an email with infection control recommendations; which included the recommendation to have at least one caregiver medically cleared and fit tested for an N95 mask (See TAG 0050). Record Review: - The facility did not have a policy regarding COVID-19 to include (See TAG 0050): - 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 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			

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	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. 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 and interview, the facility failed to implement safe infection control practices for the protection of residents in response to the COVID-19 Pandemic. Findings include: The facility only had one disposable mask available and no N95 masks available in the inventory of personal protective equipment (PPE). The caregiver revealed they were unaware the facility should have N95 masks and obtain medical clearance and fit testing; claimed they weren't aware of N95 recommendations; nor did they have an infection control policy. The caregivers were not provided training in proper donning and doffing of PPE. The facility did not have a policy regarding COVID-19 procedures regarding measures to ensure isolation and prevention, standard and transmission-based precautions, 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 and staffing measures in the event a resident or staff tested positive for COVID-19. On 10/01/20, the facility was provided telephonic infection control guidance and an email with infection control recommendations, which included the recommendation to have at least one caregiver medically cleared and fit tested for an N95 mask. Severity: 2 Scope: 3	0050	There are 100 face masks at the facility. The employee had their training in N95,we have enough PPE 3pcs, caps, masks and face shield. We have 4 gallons of hand sanitizer and disinfectant for the entire facility. The employees are trained how to handle anyone infected with the virus. The facility does not accept visitors at this time but only medical personnel. Upon arrival at the facility, they check their temperature at entry, hand sanitizer are given and they are required to wear face masks all the time while in the facility. We have virtual meeting everyday to ensure that the employee are able to handle all emergency. Ill make sure that the facility have all the necessary thing they needed such as face masks, gloves, face shield, sanitizer and disinfectant. Administrator is in charge for compliance. Please see attach copy of Protocol on how to handle covid-19 in group home and emergency plan at the facility regarding covid-19	12/28/2020