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
	6261	A. BUILDING _____ B. WING _____	10/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE OF MONACO - SECTION 10	**7460 PALMYRA AVE, LAS VEGAS, NEVADA ,89117**

(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 10/13/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for persons with Alzheimer's Disease, Category II residents. The census at the time of the survey was nine. 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 caregiver 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 caregiver wore a single use disposable mask and gloves. The caregiver was donning and doffing personal protective equipment (PPE) correctly. - The caregivers 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. High touch surfaces were disinfected between activities. - Hand sanitizer dispensers were located at the front entrance of the facility, and in the hallways. Ten 12-ounce containers of alcohol-based hand sanitizers were stored in the medication room. - The facility stored their PPE in the medication room and in a storage closet. The facility had a stock of gloves (1,000 pairs), single use disposable masks (50), N95 masks (20), gowns (50), and face shields (20). The administrator obtains PPE supplies three times a month through online purchasing. - 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 caregiver verbalized the following: - Testing for COVID-19 has not been	0000		

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	conducted for staff or residents. No employee or residents had exhibited signs or symptoms for COVID-19. - No visitors were allowed into the facility, with exception to essential workers (social workers, hospice nurses and certified nursing assistants, physicians). Anyone entering the facility must have their temperature taken and be verbally screened with a questionnaire about COVID-19 symptoms and travel history. - The facility had two non-contact temporal thermometers. - Temperature checks for residents were conducted twice a day. Temperature logs were stored in resident files. Temperature logs were observed in resident files. - Employees were screened prior to their shift with a temperature check and verbal questionnaire about COVID-19 symptoms and travel history. Temperature logs were observed employee temperature log binder. - Meals are provided to residents at different times of the day to maintain social distancing practices of at least six feet. Some residents also received meal service in their rooms. All dishware was handwashed with dish soap and warm water. If there is an outbreak of COVID-19, the facility would transition to single-use dishware that can be disposed after meal service. - Residents are to maintain at least six feet of distance between each other when they are in the common areas (backyard, living room, dining room) during any activities to adhere to social distancing. - Infection control training is provided to staff by the administrator monthly using trainings from state and local health authorities. - High touch surfaces are disinfected between activities, at the beginning of their shift, and at the end of their shift. Surfaces may also be disinfected more frequently if they were visibly soiled. Staff sanitized all high touch areas more than five times a day with Clorox wipes and bleach 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			

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	visitation. - The facility would contact the Bureau of Health Care Quality and Compliance (HCQC) of a suspect or positive case of COVID-19. 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 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. 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 were no regulatory deficiencies cited. No further action is needed.			