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
	7273	A. BUILDING _____ B. WING _____	08/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ROYAL PLACE, INC	3644 MOUNTCREST DRIVE, 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 FOCUSED COVID-19 infection control survey conducted at your facility on 08/07/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for persons with chronic illness, mental illness, residential facility for elderly/disabled persons and /or Category II residents. The census at the time of the survey was six. The investigation of regulatory compliance of Infection Control and Prevention included: Observations: - A caregiver did not check the temperature of the health facilities inspector prior to entry to the facility. The caregiver did not screen the health facilities inspector with a questionnaire about COVID-19 symptoms and travel history. (See TAG 0050) - Caregivers and the owner were observed wearing N95 respirators, and gloves, and gowns. - Caregivers and the owner were observed washing hands with soap and water and using alcohol-based hand sanitizer between activities. - Caregivers were observed donning and doffing personal protective equipment (PPE) correctly. - Hand sanitizer dispensers were observed at the front entrance of the facility, in the kitchen, and in the bathrooms. Five containers of alcohol-based hand sanitizers were stored in the kitchen. - Caregivers were observed disinfecting common areas throughout the facility with Clorox wipes and a bleach-water solution. High touch surfaces were disinfected between any activities. - Residents were wearing N95 respirators when moving throughout the facility. -The facility stored their PPE in the kitchen. The facility had a stock of gloves (five boxes, 100 pairs each), N95 respirators (two boxes, 20 pairs each), 20 gowns, and face shields (one per caregiver). - Instructions related to wearing a mask and social distancing were posted on the front door of the facility. Caregivers were observed reminding residents to keep their facemasks over their nose and mouth	0000		

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	when walking around the facility. -Signage was not observed on the bedroom door for one resident identified as positive for COVID-19. (See TAG 0050) Interviews: - The caregiver reported there were no visitors 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 owner reported all residents were tested for COVID-19, one resident received a positive result and is isolated to her bedroom. The facility staff were tested for COVID-19 the week of 07/26/20, results are currently pending. - The owner reported all staff received temperature checks prior to their shift and are screened with a questionnaire about COVID-19 symptoms and travel history. - The caregiver reported resident temperatures are checked in the morning, afternoon, and evening with a non-contact temporal thermometer. Temperature logs are stored in resident files. Residents temperatures are also taken when their hospice healthcare workers visit them and take vitals. - The caregiver reported the facility had two non-contact temporal thermometers. - The owner reported the facility had 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 has a policy to cohort residents and assign dedicated staff member to residents who get tested and may be identified as positive for COVID-19. The owner reported the staff were not being assigned and dedicated to providing care to residents identified as positive for COVID-19. (See TAG 0050) - The owner reported staff and residents utilize N95 respirators. The owner reported staff and residents are not fit-tested to wear N95 respirators. (See TAG 0050) - The caregiver reported residents are to maintain at least 6 feet of distance between each other when			

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	they are in the common areas (kitchen, living room, dining room, backyard). - The caregiver reported meals are provided to residents at different times of the day to maintain social distancing practices of at least six feet. Some residents also receive meal service in their rooms. All dishware is either handwashed with dish soap and warm water or placed in the dishwasher. - The caregiver reported the facility had six caregivers employed and they have staff to meet the needs of their current census of six residents. - The caregiver reported the owner provided infection control training on a monthly basis and through daily reminders. The training is documented in the employee files. - The caregiver reported high touch surfaces and common areas are disinfected more than five times a day, between activities, at the beginning of their shift, and at the end of their shift. - The caregiver reported activities are provided in resident rooms, in the living room, or in the backyard, with appropriate spacing of six feet apart. - The owner reported virtual facetime is provided to residents whenever it is requested, through electronic tablet, or cell phone. Family, friends, and healthcare workers can be contacted through virtual visitation. - The owner reported they would notify the administrator of a suspect or positive case of COVID-19, who would then notify Office of Public Health Investigations and Epidemiology (OPHIE). Record Review: - Infection control policy (CDC and Southern Nevada Health District guidelines on COVID-19 outbreak prevention, screening, monitoring, testing, cohorting, isolation, PPE usage, and disinfecting high-touch surfaces) - Visitation policies - Staff infection control training documents - Outbreak notification process - Emergency staffing shortage policies 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:			

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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 interview and document review, the Administrator failed to follow the facility's infection control plan related to the COVID-19 pandemic. Findings include: -A caregiver did not check the temperature of the health facilities inspector prior to entry to the facility or conduct a questionnaire about COVID-19 symptoms and travel history. -Signage was not observed to be placed on the bedroom door for one resident identified as positive for COVID-19 -The owner verbalized staff were not assigned and dedicated to providing care to residents identified as positive for COVID-19. -Residents and staff were observed wearing N95 respirators. The owner revealed staff and residents who wore N95 respirators were not properly fit-tested, medically cleared, and approved to wear N95 respirators. Severity: 2 Scope: 3	0050	Tag 0050 1. A new visitor questionnaire was put into place. The caregivers will use and check visitors temperature prior to entry to the facility. The caregiver will ask them the Covid-19 questions about symptoms and travel history prior to entry to the facility (See attachment) Signage was placed on the bedroom doors for the positive Covid- 19 residents. Staff is assigned and dedicated to providing care to residents identified as positive for Covid-19. The staff will be properly fit-tested, medically cleared and approved to wear N95 respirators. 2. The visitor questionnaire put into place with ensure the deficient practice do not recur. 3. The administrator will monitor the above at visits to the facility to ensure the deficient will not recur. 4. The administrator will be responsible for ensuring the plan of correction is implemented. 5. Date of Compliance: 8/14/2020	08/14/2020