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
	7545	A. BUILDING _____ B. WING _____	10/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HASTINGS HOUSE	**3253 HASTINGS AVENUE, LAS VEGAS, NEVADA ,89107**

(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 Infection Control Survey conducted at your facility on 10/22/20, in accordance with Nevada Administrative Code Chapter 449, Residential Facilities for Groups. The facility is licensed as a Residential Facility for Groups for ten persons, with endorsements for Alzheimer's disease or related dementia, mental illness, and mental retardation. The census was six. The Caregiver and the Manager verbalized there were no residents and no employees with COVID-19 signs or symptoms or positive test results. The focused Infection Control Survey included the following: Observations: -The Health Facilities Inspector was screened prior to entering the facility with a temperature check and screening symptoms questionnaire. -There was a large Purell dispenser at the front entryway. There was a case of pump hand sanitizer containers in the Office. -Posted sign at the front entry: "Essential visitors only"; and "Visitors must wear mask". -Posted signs on walls throughout the facility to wash hands and wear masks. -A Caregiver was spraying and wiping countertops and tabletops with Sani-Zide, an ammonia based disinfectant. -The Caregiver and Manager wore cloth face masks. -The Manager was screened upon entry with temperature check and questions for screening symptoms. The Manager washed her hands with soap and water. -Personal Protective Equipment (PPE) supply included 275 surgical face masks, 2,100 gloves, 12 eye goggles, 30 disposable gowns, 20 shoe covers, and 20 K95 masks. Interviews: -The Manager indicated there were no visitors allowed inside the facility. Visitation could be arranged in advance and was available outside in the back yard. Visitors must wear a face mask and sitting six feet apart. -The Administrator verified there were no N95 masks available; However, there were 50 N95 masks on order which were expected to arrive in seven days. The Administrator established an account with a medical clinic	0000		

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	for Caregiving staff to get medically screened and FIT tested for the N95 masks. -The Caregiver reported staff were trained by supervisors to wash hands thoroughly before and after cares, contact with residents, cleaning, food service, and touching wheelchairs or equipment. -The Caregiver stated staff were trained in infection control practices, donning and doffing PPE, cleaning and disinfection, and the signs and symptoms of COVID-19. -The Caregiver and the Manager indicated the Caregivers monitor the residents for COVID-19 symptoms take their temperatures at least twice daily. Five of the six residents who are transported to their daily program via the facility van are also screened for COVID-19 symptoms and have their temperatures taken upon return to the facility. -The Manager indicated there are surgical face masks, a box of gloves, hand sanitizer, and Clorox wipes on the facility van. Staff have been trained to wipe down seats and grab bars thoroughly after each transport. Residents are seated in the van at least six feet apart and wear masks. -The Manager verbalized if a resident developed COVID-19 symptoms or positive test results, the resident would be isolated in a private room in the back of the facility with a private bathroom. A separate cart with PPE and hand sanitizer would be available. -The Manager and the Administrator were aware of the agencies to notify in the event a resident or an employee had COVID-19 or positive test results. Document Review: -The facility maintained a comprehensive Infection Control and Prevention Plan. -Sign in log for employees and visitors, with screening questionnaires. -COVID Binder with resident temperatures taken twice daily. 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 investigation, 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 identified. No further action is necessary at this time. Please retain a copy of this Statement for your records.			

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