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
	7699	A. BUILDING _____ B. WING _____	11/25/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIGNITY CARE HOME, LLC	3740 LA JUNTA DRIVE, LAS VEGAS, NEVADA ,89120

(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 survey conducted in your facility on 11/25/20. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facilities for Group beds for elderly and disabled persons and/or persons with chronic illness, and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. No residents or staff have tested positive for COVID-19. The focused COVID-19 infection control survey included the following: Observations: - Facility staff checked the temperature of the health facility inspector prior to entry to the facility. - The health facility inspector was required to answer COVID-19 screening questions related to symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. - All residents were in their bedrooms and maintained social distancing during inspection. - Staff disinfected kitchen counters with Lysol disinfectant spray. - Caregivers wore surgical masks while providing care. - A 67.6 fluid ounce bottle of hand sanitizer at entrance and four 67.7 fluid ounce bottles of hand sanitizer was in the kitchen cabinet. - The facility had two electronic temporal thermometers, one box of 100 gloves, three boxes of 50 surgical masks, thee boxes of ten N-95 masks, ten face shields and 15 gowns. Interview: The Caregiver was interviewed and verbalized the following: - Temperature checks were completed for all staff and essential visitors; and COVID screening questions are asked for all staff and visitors prior to entry. - Temperature checks for residents are conducted daily by caregivers. - Medical professionals are the only visitors allowed entry into the facility. - No residents or staff have tested positive for COVID-19. - Residents were served meals on two separate tables to promote social distancing. - Activities are limited to adhere to social distancing and keeping residents	0000		

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	at least six feet apart. - Staff sanitizes all high touch areas three times a day with Lysol disinfectant spray. - Training was held for staff on proper personal protective equipment (PPE) usage in March by Administrator. - Staff were not fit-tested to wear N95 respirators. (See TAG 0050). On 09/30/20, the facility received telephonic infection control guidance and an email outlining infection control recommendations. The recommendations included having N95 masks in the facility's PPE inventory and staff medically cleared and fit tested for N95 masks. - The facility was provided guidance to obtain N95 masks and have at least one caregiver medically cleared and fitted for use of N95 masks in the event a resident becomes positive for COVID-19. Record Review: - 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 personal protective equipment (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. The following regulatory deficiencies were identified:			

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0050	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 Administrator failed to ensure safe infection control practices were implemented for the protection of the residents in response to the COVID-19 pandemic and the facility lacked an infection control policy. Findings include: On 11/25/20 at approximately 10:00 AM, the Caregiver reported staff were not fit-tested and medically cleared for N95 respirators. On 09/30/20, the facility received telephonic infection control guidance and an email outlining infection control recommendations. The recommendations included having staff medically cleared and fit tested for N95 masks. Severity: 2 Scope: 3	0050	Y 050 1. The facility administrator will provide oversight and direction for the caregivers to ensure that residents receive needed services and protective supervision and that the facility will comply with the regulations NAC 449.194, and NAC 449.156 to 449.27706, inclusive, and Chapter 449 of NRS. Additionally, the administrator have implemented a safe infection control policy and procedures for the protection of the residents in response to the COVID-19 pandemic. (See Attachments: Policy and Procedures and N95 respirators fit-tested for caregivers). The facility caregiver's are now fit-tested and medically cleared for N95 respirators. 2. The administrator of the facility will ensure the deficient practice does not recur. On a weekly basis the administrator will review to ensure that the facility policies and procedures are updated and rely any changes to the facility caregiver's and staff. 3. The corrective actions will be monitored daily to ensure the deficient practice does not recur. 4. The administrator of the facility will be responsible for ensuring the plan of correction is implemented. Residents files and policy and procedures manual will be reviewed for accuracy and new updates will be rely to caregivers and documented 5. The corrective action completed on 12/14/2020	12/14/2020