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
	7739	A. BUILDING _____ B. WING _____	10/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANTA FE CARE HOME I	4621 EXPOSITION AVE, LAS VEGAS, NEVADA ,89102

(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 at your facility on 10/28/20, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for ten Residential Facility for persons with elderly and disabled and/or chronic illness and/or persons with mental illness, five Category I and five Category II residents. The census at the beginning of the survey was five. The Caregiver verbalized there were no residents and no employees with COVID-19 symptoms or positive results. The focused COVID-19 infection control survey included the following: Observations: - Signage posted at front entrance door "All Visitors Mask, Gloves, Gown is required". - The Health Facility Inspector was not 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. (See Tag 0050) - The facility staff did not check the temperature of the Health Facility Inspector prior to entry to the facility. (See Tag 0050) -The Health Facility Inspector was not required to immediately use hand sanitizer. - One resident was in the common area watching television. - The caregivers wore a surgical masks and gloves. - Hand sanitizer was located at the main entrance and prior to entering the facility. Interview: The Caregivers verbalized the following: -The Administrator was unavailable for the interview. - No residents or employees had COVID-19 signs and symptoms or positive test results. - Temperature checks were completed for staff and healthcare workers upon entrance to the facility. -Screening questions were not completed for healthcare workers and state employees prior to entering the facility. (See Tag 0050) - Temperature checks for residents were completed once a day and they are monitored for symptoms of cough and fever. - Medical professionals were only allowed entry to the facility. - Three residents ate at the dining room table. All other residents	0000		

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	ate in their rooms. - Activities are set up on a voluntary basis. - Staff sanitized all high touch areas (doorknobs, bathrooms and counter tops) and they were cleaned at least three times a day with disinfectant spray, ammonia and Fabuloso. - The facility had one box of gloves; two bottles of hand sanitizer; and one electronic temporal thermometer. - None of the employees were medically cleared or fitted 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. (See Tag 0050) - The facility did not provide COVID-19 infection control training to employees. -The Caregiver was unable to answer questions regarding proper hand hygiene. -The facility did not have a comprehensive infection control plan specific to the facility available for review. (See Tag 0050). Recommendations: - Facility to increase personal protective equipment (PPE) supply for transmission based precautions, including gowns, surgical masks, face shields and N95 respirators. 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.			
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, interview and document review, the Administrator did not ensure visitors of the facility were screened for	0050	Tag 0050 Administrator's Responsibilities NAC 449.194 details the Responsibilities of Administrator shall 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 449.277706, inclusive, and chapter 449 of the NRS. 1). Prior entrance to the Care Facility there were restrictions posted at Front Entrance Door that "All Visitors are required to wear Masks, Gown and Gloves". That "Medical Professionals like Registered Nurses, Hospice Doctors, CNAs and other Medical	11/18/2020

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	COVID-19 according to CDC guidelines prior to entry to the facility; and the facility lacked comprehensive policies for the protection of residents in response to the COVID-19 Pandemic. Finding include: On 10/28/20 at 11:00 AM, the Health Facility Inspector arrived at the facility and was greeted by a Caregiver. The Caregiver did not require the Health Facility Inspector to answer COVID-19 screening questions prior to entry to the facility. The Caregiver called the Owner to report the Health Facilities Inspector was at the facility. A few minutes later the Caregiver brought a questionnaire to the Health Facility Inspector and checked the Health Facilities Inspector's temperature. On 10/28/20 at 11:10 AM, during a count of personal protective equipment (PPE), there were no N95 masks available on site. The Caregiver verbalized staff was not medically cleared or fitted for N95 masks. On 10/28/20 at 11:30 PM, the Caregiver was not able to find the facility's specifically developed infection control policies and procedures. The Caregiver had a copy of the sample Recommended Infection Prevention and Control Plan for Group Homes. The Caregiver indicated that was all the only documents the facility had on COVID-19. The Caregiver reported he did not have any COVID-19 training. The facility Administrator received guidance on the required components of a facility specific comprehensive infection control policy and sample infection control plan via telephone and email on 09/30/20 Severity: 2 Scope: 3		Professionals are only to be allowed to enter at the Facility until this pandemia is clear and over. then family members can visit their loved ones. Hand sanitizers, alcohol and other protective stuffs are at the entrance door prior entering the Main Entry Facility Door. Caregivers must wear protective gloves and surgical masks at all times. Temperature checks for all employees and residents were completed once a day and they are monitored for signs and symptoms of cough and fever at all times. All Facility Guests including Medical professionals must be checked for their temperature upon arrival and the caregiver was able to obtain the Health Facility Inspector's temperature and provided the questionnaires for her to see regarding the Recommended Infection Prevention and Control Plan against this dreadful sudden Covid-19 for Group Homes. A Memo to Restrict All Visitors with Limited Exceptions must be shown to All. That all Visitors must log in book provided in the front entrance; That Visitors and personal NOT to enter the building if they have FEVER or SYMPTOMS of Covid-19; Covid-19 Symptoms are identified and indicated. Resident with suspected or confirmed Covid-19 must be immediately isolated or quarantined and should wear cloth face covering and notify the Patients' Physician, Operator and Administrator. (See Tag 0050 Attachment #2) PPE products are obtained and provided for the Caregivers by the Facility Operators. 2). As the Corona Virus disease 2019 (Covid-19) outbreak continues to evolve and spreads globally, Santa Fe Care Home I is continued monitoring the situation closely and will periodically update Company guidance based on current recommendations from the CDC or Center for Disease Control and the WHO - World Health Organization. Covid-19 Visitor Questionnaire was added for the safety of the Facility employees/staff, residents families and	

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			visitors, Only business critical visitors/medical staff are permitted at the Facility at this time. (See Tag 0050 Attachment #2). A notice was posted at the entry door (See Tag 0050 Attachment #3) 3). With the implementation of new guidelines and added products, Corrective action must be monitored by Facility Operators, Facility Administrator and the Facility Manager to ensure the deficient practice will not recur. 4) The Facility Administrator is responsible with the help of the Facility Operators and the responsible Staff/Caregivers will work together to ensure the Plan of Correction is implemented and that Residents and Staff alike are safe and be free from this pandemia. 5). The corrective date for added information for the completion of the Statement of Deficiencies is November 1, 2020. The Plan of Correction is corrected on November 18, 2020. A RESPIRATOR FIT TEST RECORD was added to the numerous necessary information to satisfy the Bureau. Both of the Caregivers for Santa Fe Care Home I has been tested by an RN who has satsifactorily answered Part A Section 1 (Mandatory) the information provided by an employee who has been selected to use any type of respirator; and Part A Section 2 (Mandatory) questions 1 through 9 who has been selected to use any type of respirator. Done : December 8, 2020	

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