DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**01/05/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FERNLEY ESTATES	**1130 CHISHOLM TRAIL, FERNLEY, NEVADA ,89408**

(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 complaint investigation conducted in your facility on 01/05/21 and concluded on 01/07/21. This investigation was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility is licensed for 72 Residential Facility for Group beds for elderly and disabled persons, 56 Category II residents, and 16 Alzheimer's disease Category II residents. The facility census was 43. There were six COVID-19 positive residents in the facility. There had been eight staff members diagnosed with COVID 19. There were two complaints investigated. Complaint #NV00062864 with the following allegations could not be substantiated based on interviews, observations, and document reviews. Allegation #1: the facility staff was not following COVID-19 guidelines. Allegation #2: Personal Protective Equipment (PPE) was not accessible to staff when management was not on shift. Complaint #NV00062867 with the allegation a resident assistant who tested positive for COVID-19 was attending to residents that tested negative for COVID-19 could not be substantiated based on interviews, observations, and document reviews. Investigations into the complaints included the following: Observations When the surveyors entered the facility, a screening for signs and symptoms of COVID-19 was conducted by a staff member, temperatures were taken with an infrared touch-free thermometer, and the surveyors were instructed to sanitize hands with an alcohol-based hand sanitizer (ABHS). The surveyors were offered face shields and masks to wear during the visit. The front entrance area had a large storage cabinet which contained a stock of gowns, gloves, masks, N95's, ABHS, and face shields. Gowns, gloves, masks, sanitizing wipes,	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	and ABHS were in the hallways of the facility in plastic 3-drawer storage containers. ABHS wall dispensers were located on the walls in the hallways. Room #110 was designated as the storage area for personal protective equipment (PPE) and COVID-19 supplies. Room #110 had multiple cases each of gowns, gloves, masks, goggles, face shields, ABHS, sanitizing wipes, and disinfectant cleaner. All staff wore masks and face shields during the survey. Staff entering resident rooms wore masks, face shields, gloves, and gowns. Two staff members entering and exiting resident rooms completed hand sanitizing with ABHS. Interviews The Vice President of Operations (VPO) verbalized the following: -All residents in the facility were quarantined due to a COVID-19 outbreak. -The memory care unit was considered a COVID-19 positive unit. -Weekly COVID-19 testing was conducted with all staff members. -COVID-19 testing was planned for 01/05/21 at 2:00 PM for all Memory Care residents, residents with signs and symptoms of COVID-19 and all residents that previously tested positive for COVID-19. -Dedicated teams were used to provide services to COVID-19 positive residents. -COVID-19 non-symptomatic positive staff do not work with COVID-19 negative residents. -COVID-19 non-symptomatic positive staff who choose to work, use room #107 for the duration of their shift for charting, breaks, meals, and donning or doffing PPE before re-entering the hallway. The staff does not enter the hallways without full PPE and use a walkie-talkie to notify all staff members in the building when they need to leave room #107 to attend to a resident or deliver meals. The announcement allowed all other staff members to leave the hallway to reduce exposure. -N95 respirator fit testing had not been completed on all employees. The facility had a stock of KN95 National Institute for Occupational Safety and Health (NIOSH) approved masks. The masks did			

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	not require fit testing and were being used by all staff in conjunction with face shields. -PPE is available to all staff 24-hours a day. -PPE storage cabinets were restocked daily or more frequently if needed. -Room #110 was accessible to all staff 24-hours a day to restock cabinets in the hallways or entryway. The facility Manager verbalized the following: -PPE was available to staff 24-hours a day, seven days a week. -If staff were unable to obtain PPE they were instructed to contact management immediately. -Staff were instructed to never enter the facility or a resident's room without appropriate PPE. -COVID-19 non-symptomatic positive staff were educated to never enter a non-positive resident room, use the walkie talkie to announce to all staff when they were leaving room #107 and when they exited the hallways. -The facility and corporation base all COVID-19 policies on the Centers for Disease Control (CDC) guidelines. A Resident Assistant (RA) verbalized they worked both weekdays and weekends. The RA confirmed PPE was available throughout the facility, and they never had difficulty getting any PPE or ABHS needed. Document Review: The facility's "PPE Inventory Sheet", dated 01/01/21, documented 133,300 pairs of gloves; 237 reusable gowns; 2,060 disposable gowns; 13,714 aprons; 400 ponchos; 18,540 surgical masks; 3,320 KN95 masks; 880 NIOSH KN95 masks; 940 Hair covers; 20 goggles; 1200 shoe covers; 482 face shields; 82 safety glasses; 288 containers of disinfectant wipes; and 163 gallons of Hand Sanitizer. The facility COVID-19 Guideline Manual The facility COVID-19 employee and resident testing logs. The facility COVID-19 team schedules dated 12/17/20 through 01/01/21 The facility Daily Assignment sheets dated 12/01/20 through 12/31/20 The facility COVID-19 Respiratory Protection Program, dated 11/13/20 NIOSH approval for L-188 KN95 filtering facepiece respirator Facility handwashing and infection control staff in-			

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	service records. 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 required at this time. Please retain this Statement for your records.			