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
	79	A. BUILDING _____ B. WING _____	11/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BECKY'S HOME CARE	**4055 CLOUD NINE LANE, LAS VEGAS, NEVADA ,89115**

(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 State Licensure survey completed at your facility on 11/02/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness and/or persons with chronic illness, three Category I, three Category II residents. The census at the time of the survey was six. The facility had no residents or staff positive with COVID-19. The COVID-19 focused infection control survey included the following: Observations: - Signage posted at front entrance door. - 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. - Facility staff checked the temperature of the Health Facility Inspector prior to entry to the facility. - The Health Facility Inspector was required to immediately use hand sanitizer. - One resident was in the common area asleep. - One Caregiver was not wearing a mask. (See Tag 0050) - Hand sanitizer and rubbing alcohol was located at the main entrance in the facility. -The facility had five boxes of gloves; 50 surgical masks, ten KN95 masks; eight ponchos; eight face shields; four goggles; five bottles of hand sanitizer and shoe protectors and one electronic contact-less thermometer. Interview: The Owner verbalized the following: -No residents or staff were confirmed positive for COVID-19. - Temperature checks were completed for staff and healthcare workers upon entrance to the facility. - Resident temperatures were checked once a day and they are monitored for symptoms of cough, shortness of breath and fever. - Medical professionals were only allowed entry to the facility. - During meals two residents ate at the dining room table while practicing social distancing. All other residents ate in their bedroom. - Activities are set up on a voluntary basis. - Staff	0000		

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	sanitized all high touch areas (doorknobs, light switches, television remote, chairs and counter tops) at least three times a day with Rubbing alcohol and disinfectant spray. - The facility had zero N95 masks and 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 once obtained. (The facility was not notified and provided infection control recommendations prior to the survey. The facility was provided infection control guidance. - The facility provided COVID-19 infection control training to employees. The training was not documented. Record Review: - Infection Control Program policies and procedures documented measures to ensure isolation and prevention of COVID-19. - Visitor entry and facility screening practices including screening questions, hand sanitization and temperature checks. Infection Control Program policies and procedures did not address the following topics: - Staff fit testing and medical clearance for N-95 masks. - Respirator program. - Emergency staffing plan if a staff member tests positive. - - Staff training on the proper use of PPE to include donning and doffing - New Admissions or Readmissions with an unknown COVID-19 status -Required Notifications. 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 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 observation and interview, the facility failed to implement safe infection control practices related to the pandemic. Findings include: On 11/02/20 at 10:30 AM, a Caregiver was in the kitchen washing dishes. The Caregiver was not wearing a mask. The Owner reported the Caregiver was preparing to eat. The Owner verbalized the Caregiver should of continued wearing the mask until she was ready to eat her meal. Severity: 2 Scope: 3	0050	1. Administrator and Owner warned caregiver to wear mask at all times when assisting residents. (please see copy of Mask Memo) 2. Caregiver is reminded by Owner to keep the mask on everyday during working hour, from 6 AM to 6 PM, to take off mask only after working hours. 3. It will be monitored by the Owner because she stays in the facility. Owner makes sure that it will not re-occur. 4. Owner and Admistrator work together to make sure that this plan of correction is implemented. 5. Date of correction is 11-18-2020. 6. Please see attached document (Mask Memo)	11/18/2020