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
	7942	A. BUILDING _____ B. WING _____	11/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSARIO'S GROUP HOME	2885 RED ROCK STREET, LAS VEGAS, NEVADA ,89146

(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 11/03/20. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, three Category I residents and five Category II. The census at the time of the survey was five. 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. - Caregiver wore surgical mask while providing care. - One-gallon bottle of hand sanitizer was in the kitchen. Interview: The Caregiver was interviewed and verbalized the following: - Temperature checks were completed for all staff and essential visitors; screening questions are being completed for staff and visitors. - Temperature checks for residents are conducted daily by caregivers. - Medical professionals are the only persons 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 six feet apart. - Staff sanitizes all high touch areas two times a day with Lysol disinfectant spray. - The facility had one electronic temporal thermometer, one box of 100 gloves, one box of 50 surgical masks and ten gowns. The facility did not have a supply of N95 respirators. (See TAG 0050) -	0000		

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	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) - 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: - Facility lacked COVID-19 infection control policies and procedures. (TAG 0050) - COVID-19 infection control prevention plan provided to the Administrator. The facility Owner/Administrator received guidance on the required components of a comprehensive infection control policy and sample infection control plan via telephone and email on 09/29/20. 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 11/03/20 at approximately 9:00 AM, the Caregiver reported the facility does not have any N95 respirators. The caregiver reported staff were not fit-tested and medically cleared to wear N95 respirators. 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 On 11/03/20 at approximately 9:15 AM, the Caregiver reported the facility lacked an COVID-19 infection control policy. Sample COVID-19 Infection control prevention plan provided to facility Administrator. The facility Owner/Administrator received guidance on the required components of a comprehensive infection control policy and sample infection control plan via telephone and email on 09/29/20. Severity: 2 Scope: 3	0050	It will be correct the specific deficient by finding the proper equipment (N95 mask The proper equipment would be available all the time in the group home so this wont happen again The administrator would be in charge to monitor the deficient so it wont recur again The administrator would be in charge for insuring the plan of correction In the next 3 weeks the corrective action would be completing. already contacted the people that the N95 Maks and fiting will be provide them.	11/24/2020