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
	8455	A. BUILDING _____ B. WING _____	11/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA OLIVA	3209 CEDAR STREET, LAS VEGAS, NEVADA ,89104

(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 11/12/20, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for nine Residential Facility for persons with mental illness and/or persons with chronic illness and/or persons with intellectual disabilities, five Category I, four Category II residents. The census at the beginning of 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 "Mandatory social distance and face mask covering must be worn to enter. Please be prepared to have your temperature checked along with a few COVID-19 questions". - Health Facility Inspector was asked if she exhibited any symptoms, after reading the signage on front door related to sore throat, fever, cough, muscle pain and chills. - Facility staff checked the temperature of the Health Facility Inspector prior to entry to the facility. - Health Facility Inspector was required to use hand sanitizer after entering the facility. - Three Caregivers wore a face mask. - Hand sanitizer was located at the main entrance, upstairs hallway and medication room. - The facility had 13 boxes of gloves; two N95 masks, 20 KN95 masks, 30 face shields; 20 gowns; five bottles of hand sanitizer; one bottle of alcohol; 50 shoe protectors; two electronic temporal thermometers. -All residents had private rooms and private bathrooms. Interview: The Direct Support Staff verbalized the following: - No residents or staff members tested positive for COVID-19. - Temperature checks were completed for staff and healthcare workers upon entrance to the facility. - Temperature checks for residents were conducted on every shift change. Staff monitored residents for cough, fatigue, and fever. - Medical professionals were only allowed entry to the	0000		

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	facility. - Residents ate all meals in their private bedrooms. - Activities are set up on a voluntary basis in resident rooms. - Staff sanitized all high touch areas (doorknobs, counter tops, refrigerator handles, light fixtures, stairwell, and bathrooms) after every shift with Lysol disinfectant spray and Clorox. - The facility provided COVID-19 infection control training to employees on donning and doffing of personal protection equipment (PPE). 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 (See Tag 0050): - Emergency Staffing Plan if a staff member tests positive. - Staff Fit Testing for N-95 masks. - Respirator Program. On 10/02/20, the facility received telephonic guidance and an email with infection control recommendations, which included the necessity of staff cleared and fitted for an N95 mask in the event a resident tests positive. 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 document review and interview, the facility lacked infection control measure for the protection of residents in response to the COVID-19 Pandemic. Findings include: The facility COVID-19 infection control policy lacked standards to staff fit testing for N-95 masks and respirator program, and an emergency staffing plan if a staff member tests positive. On 11/12/20 at 9:40 AM, the Services Specialist could not locate the components in the facility's infection control plan. On 10/02/20, the facility received telephonic guidance and an email with infection control recommendations. Severity: 2 Scope: 3	0050	ASI has completed revisions to the COVID 19 Infection Control Policy. This was completed 11/15/2020 in response to the compliance review. Standards are now in place for certifying and fitting staff for the use of N-95 Respirator Masks. Standards were also included to address emergency staffing procedures should shortages occur due to staff testing positive for COVID-19. The Administrator will regularly review all recommendations regarding COVID and will update policies and procedures as required. Site Supervisors will be required to assure that a minimum of 50% of all available staff complete the N-95 Fit Test and physical. Stock in N-95 Respirator Masks has been obtained. Copies of N-95 Respirator Physicals and Fit Test are being maintained on site for compliance review as necessary. Copies of the revised COVID-19 Infection Control Policy is located on site in the Policy and Procedure manual as well as in the staff's Daily Communication Log for easy access.	