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
	8548	A. BUILDING _____ B. WING _____	08/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANQUIL BREEZES CARE HOME, LLC	237 PALMETTO POINTE DRIVE, HENDERSON, NEVADA ,89012

(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 Focused COVID-19 Infection Control Survey completed at your facility on 08/05/20. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with chronic illness, five Category I and five Category II residents. The census at the time of the survey was five. The COVID-19 Infection Control Survey included: Observations: - A sign on the door stated: "No Non-Essential Visitors" - The facility had one infrared thermometer. - The facility did not immediately check the inspector's temperature upon arrival. The caregiver checked the inspector's temperature after entering the kitchen. The caregiver did not ask the inspector about signs and symptoms of COVID 19. See Tag 50. - The facility had four caregivers on site. - A caregiver who tested positive for COVID 19 was observed moving around the facility, wearing a cloth mask and interacting with residents and caregivers. See Tag 50. - The facility did not have any N-95 masks. See Tag 50. - A resident tested positive for COVID 19 and another resident was exhibiting signs and symptoms of COVID 19 including a fever of 100.1 and a cough. Both residents were isolated in their rooms. - The facility was utilizing bleach and water as a disinfectant. - The facility had 50 surgical masks, six gowns, 440 pairs of gloves, and approximately 24 ounces of hand sanitizer. - Social distancing was being practiced for the residents who were observed in the living room watching television while seated in reclining chairs. Interviews with caregivers: - The caregiver reported resident's temperatures were taken and they were checked for signs and symptoms two times a day. - The caregiver explained residents social distance when dining. One resident eats at the kitchen counter, one at the dining table, and one	0000		

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	eats in the living room. - The caregiver indicated activities include watching television and playing bingo while social distancing. - The caregiver reported residents and staff who test positive were reported to the State of Nevada Department of Public and Behavioral Health. - The caregiver advised the facility had one resident and one caregiver on site that tested positive for COVID 19 on 8/3/20. One caregiver was assigned to attend exclusively to the positive resident. - All residents and staff were tested the previous weekend and results were pending. - Three residents tested positive after they were admitted to hospitals. They remain hospitalized at this time. - The caregiver reported the facility was not allowing non-essential visitors. - The positive caregiver stated that she was staying at the facility because she did not want to go home and give COVID 19 to her family Document review: - The facility lacked a plan for safe and complete infection control measures related to the COVID 19 pandemic. See Tag 50. - A copy of the Nevada Recommended Infection Prevention and Control Plan for Group Homes was emailed to the facility. 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.			
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 failed to establish	0050	0050 SS=F 1. To correct the following specific findings: a. The facility is lacked of written plan for safe and complete infection control measures related to COVID-19 pandemic. A written infection control plan will be created, established and implemented to guide and used as a reference for the staff of the facility.	09/04/2020

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	a plan for safe and complete infection control measures related to the COVID 19 pandemic. Findings include: - The facility lacked written plans for safe and complete infection control measures related to the COVID 19 pandemic. - The facility did not check the inspector's temperature immediately upon arrival. The caregiver checked the inspector's temperature after entering the kitchen. The caregiver did not ask the inspector about signs and symptoms of COVID 19. - A caregiver who tested positive for COVID 19 was observed walking around the facility interacting with negative residents and staff while wearing a cloth mask. The caregiver acknowledged staff was not fit tested and N95 masks were not available. Severity: 2 Scope: 3		b. Facility did not check the inspector's temperature immediately upon arrival. There will be an assigned staff by the door to take inspector or any visitor's temperature before entering the facility. A laser no-touch temperature check device will be placed by the door. c. The caregiver did not ask the inspector about signs and symptoms of COVID19. A screening questionnaire will be placed by the door for any visitor to fill out before entering the facility. d. Caregiver who tested positive for COVID 19 was observed walking around the facility interacting with negative residents and staff wearing cloth mask. A staff tested positive for COVID19 will be placed in isolation in a room or will be interacting only with positive residents or staff, if necessary. A safe and medically approved mask such as N95 recommended by CDC will be worn. e. The caregiver acknowledged staff was not fit tested and N95 masks were not available. A fit tested will be taken from an approved vendor and N95 masks will be made available for staff use. 2. What measures or systematic changes will be put in place to ensure the deficient practice will not recur? Administrator /manager along with the caregivers must be proactive in everything, practice the implemented plan and guidelines of the facility. 3. How do the corrective actions will be monitored to ensure the deficient practice doesn't recur? Administrator/manager will have a schedule and checklist to be followed, observed and practiced to keep it away from recurring. A daily reminder is also important too. 4. The title of the person responsible ensuring the POC is implemented. Administrator along with the	

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			managers/owners are responsible to ensure these plans are implemented. Cooperation/ teamwork with all the staff must be practiced. 5. Infection Control Plan - 9/02/2020 Screening Questionnaire - 9/02/2020 Thermometer - 8/05/2020 Fit tested - 8/31/2020 N-95 masks - 8/15/2020	