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
	8683	A. BUILDING _____ B. WING _____	11/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASTER CARE GROUP HOMES, LLC	**6562 W. MESA VISTA, LAS VEGAS, NEVADA ,89118**

(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 the focused Infection Control Survey conducted at your facility on 11/17/20, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed as a Residential Facility for Groups for five residents, with an endorsement to provide care for persons with Alzheimer's disease or related dementia, Category II. The census at the time of the survey was five. The Facility Manager verbalized there were no residents and no employees with COVID-19 symptoms or positive test results. The focused Infection Control Survey included the following: Observations: -Posted signs at the exterior front door: "Please wear a face mask or covering". -The Health Facilities Inspector (Inspector) was screened prior to entering the facility with a COVID-19 symptoms sign-in questionnaire and a temperature check using a no-contact temporal thermometer. The Inspector was directed to sanitize hands with hand sanitizer. -The table at the front entry way displayed the facility's Infection Control and Prevention Plan, the visitors' log, and COVID-19 questionnaires. -There was an automatic hand sanitizing dispenser, a box of gloves, Lysol spray, Clorox wipes, and a hand held temporal thermometer on the front entry way table. -Posted signs to stop the spread of germs, cover your cough, and wear a mask. -There were two hand held non-contact temporal thermometers. -There were eight bottles of Isopropyl alcohol, three gallons of bleach, and a humidifier. -There were five pump bottles of hand sanitizer and two gallons of hand sanitizer refill. -The Facility Manager wore a surgical face mask. -The Personal Protective Equipment (PPE) supply included 21 N95 masks, 1,400 surgical face masks, 700 gloves, 50 shoe covers, and ten disposable gowns. -Two residents were seated at the dining room table seated six feet apart. The Living Room and the Dining Room furniture was taped off with posted signs "Do not use", so that a six feet seating	0000		

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	distance was accommodated. -The Facility Manager sanitized her hands with hand sanitizer and used soap and water to wash her hands. -Posted sign designating a vacant resident room "Isolation Room". Interviews: -The Facility Manager verbalized the facility's visiting policy was no visiting except for essential healthcare workers. Every person who entered the facility was screened with a COVID-19 symptoms questionnaire and a temperature check. -The Facility Manager verified the residents are checked every morning at 7:00 AM for temperature checks and symptom monitoring. In the case a resident developed a fever or COVID-19 symptoms, the Facility Manager reported she would notify the Office of Public Health Investigations and Epidemiology (OPHIE), and ensure the resident was moved to the designated private Isolation Room. The designated Isolation Room had a separate supply of PPE and PPE disposal bag. -The Facility Manager indicated staff disinfect the common area surfaces (doorknobs, faucets, table surfaces, counter surfaces, and light switches) with Clorox wipes before and after every meal. Floors are disinfected with ammonia based cleaner or bleach every night. -The Facility Manager reported she was trained in safe infection control practices, identifying COVID-19 symptoms, putting on and taking off PPE, thorough handwashing, and disinfecting per the Center for Disease Control (CDC) Guidelines. -The Facility Manager stated the residents are physically separated at least six feet during activities and meals. Two residents sit at the dining room table and three residents prefer to eat in their rooms. Activities are encouraged in the back yard when the weather is nice, with the tables and chairs spread out more than six feet apart. -The Facility Manager indicated she uses the electric humidifier in the front room continually to absorb airborne germs. -The Facility Manager reported all residents and employees were tested for COVID-19 three weeks prior, with negative results. -The Administrator verbalized he was familiar with CDC Guidelines and safe infection control practices. Document Review: -The facility			

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	had a comprehensive Infection Control and Prevention Plan in place. -Medical clearance and FIT testing for the N95 mask for the Facility Manager. -Infection Control Training Certificates for three employees. -Visitors Logs. -COVID-19 Questionnaires / Logs. -Disinfecting & Cleaning Logs. 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 necessary at this time. Please retain a copy for your records.			