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
	9189	A. BUILDING _____ B. WING _____	10/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL PALACE	**3131 ROSANNA ST, LAS VEGAS, NEVADA ,89117**

(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 10/19/20, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for ten Residential Facility for persons with Alzheimer's Disease and/or persons with chronic illness and/or assisted living services, Category II residents. The census at the beginning of the survey was nine. 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 "Notice to visitors, If your visit is deemed absolutely essential and you are showing no symptoms of illness (fever, cough, difficulty in breathing or other cold/flu), have not been within 14 days of someone sick and you yourself have not been sick please follow excellent hand washing and hand sanitization protocol, if you feel you want to use a mask, please bring one with you". (See Tag 0050) - Health Facility Inspector was not asked if she exhibited any symptoms after reading the signage on front door. The facility allowed the health inspector to enter without screening for signs and symptoms of COVID-19. (See Tag 0050) - Facility staff checked the temperature of the Health Facility Inspector prior to entry to the facility. - Health Facility Inspector was not required to wash hands or use hand sanitizer after entering the facility. - Two residents were outside in patio area practicing social distancing. All other residents were in their rooms. - Caregivers wore surgical masks. - The Owner was not wearing a mask. The Health Facilities Inspector asked Owner to wear a mask. (See Tag 0050) - Caregivers wore gloves and utilized alcohol-based hand sanitizers before and after interacting with residents. - Caregivers were cleaning high touch areas. - Hand sanitizer was located at the main entrance and kitchen. - Chairs and	0000		

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	tables observed set up to adhere to social distancing. - No signage was posted inside of facility related to COVID-19 signs and symptoms. COVID-19 information was found in a binder. Interview: The Caregiver and Administrator 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 twice a day and they are monitored for symptoms of cough and fever. - Medical professionals were only allowed entry to the facility. - During meals residents ate at the dining room table practicing social distancing. - Activities are set up on a voluntary basis. Activities are provided in bedrooms and in the common area while practicing social distancing. - Staff sanitized all high touch areas (doorknobs, light switches and counter tops) at least three times a day with a bleach solution and Lysol. - The facility had 12 boxes of gloves; 40 surgical masks; 3 bottles of hand sanitizer; 39 gowns and two electronic temporal thermometers. - 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 in the event a resident becomes positive for COVID-19 - The facility did not provide COVID-19 infection control training to employees on donning and doffing of personal protection equipment (PPE). 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): - Visitation protocols. - Emergency Staffing Plan if a staff member tests positive. - A plan in the event a staff member or resident tests positive. - Staff training on the proper use of PPE to include donning and doffing. - Staff Fit Testing for N-95 masks. - Respirator Program.			

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	Recommendations: -Facility to increase supply of PPE for transmission based precautions 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 facility failed to implement safe infection control practices and the facility lacked comprehensive policies for the protection of residents in response to the COVID-19 Pandemic. Finding include: On 10/19/20 at 9:35 AM, the Health Facility Inspector arrived at the facility and was greeted by the Owner/Caregiver. The Owner was not wearing a mask. The Health Facility Inspector was not screened for COVID-19 symptoms prior to being allowed to enter the facility. At 10:00 AM, the Owner was observed walking around the facility interacting with employees. The Health Facilities Inspector asked the Owner to wear a mask. Signage posted at front entrance door "Notice to visitors, If your visit is deemed absolutely essential and you are showing no symptoms of illness (fever, cough, difficulty in breathing or other cold/flu), have not been within 14 days of someone sick and you yourself have not been sick please follow excellent hand washing and hand sanitization protocol, if you feel you want to use a mask, please bring one with you". The Owner was reminded of State and local guidelines to	0050	The facility has implemented Infection Prevention Control Plan. Backyard/patio family visit included in the Infection Prevention Control Plan Caregivers/staff were giving instructions for health care workers visit to the facility and adhere to the CDC/DPH guidance, i.e., temperature check, COVID-19 Health Screening form filled. employee# 1 has been assigned caregiver if a positive COVID19 identified and has gone through the fit test, OSHA protocol. Administrator will monitor for compliance and review CDC/OSHA/State/local blogs guidelines for COVID-19 guidance. Administrator will ensure N95 OSHA self-test protocol is adhere yearly i.e., OSHA N95 test protocol.	12/14/2020

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	wear a face mask. Review of the facility infection control policies and procedures revealed the following topics were not addressed: - Visitation protocols (backyard visitation plan). - An Emergency Staffing Plan if a staff member tests positive. - A plan in the event a staff member or resident tests positive. - Staff education including proper use of personal protection equipment (PPE); gowns. - Staff Fit Testing for N-95 masks. - Respirator Program. The facility Administrator received guidance on the required components of a comprehensive infection control policy and sample infection control plan via email and telephone on 09/29/20. Severity: 2 Scope: 3			