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
	9545	A. BUILDING _____ B. WING _____	08/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALOHA PARADISE CARE, LLC	1809 WESTWIND ROAD, 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 an annual State Licensure survey and focused COVID-19 Infection Control Survey conducted in your facility on 8/10/20. 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 and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was five. Five resident files and four employee files were reviewed. The facility received a grade of A. The investigation of regulatory compliance of Infection Control and Prevention included: Observations: - The inspector and a home health nurse were screened at the front door with temperature checks and a written screening form/questionnaire. The facility had two temporal thermometers that were sanitized with alcohol between uses. All information was documented on the screening questionnaire. - Staff were wearing surgical style masks while working and moving about the facility. Prior to assisting residents, staff washed and sanitized their hands, donned gloves. After providing assistance, the staff member removed gloves and discarded them in the garbage and washed her hands. - The facility had the following personal protective equipment (PPE) and sanitation supplies secured in the laundry room: Isolation gowns - 20, Face shields-30, Surgical Masks - 700, KN95 Masks- 130, Gloves - 1450, 12 ounce hand sanitizer - 14, Hand sanitizer eight ounce bottles - 33. - Caregivers carried eight-ounce hand sanitizer bottles with them to ensure they were readily available but not accessible to the Alzheimer's residents. - A sign-in sheet documented the administrator provided training in donning and doffing PPE. - The facility is utilizing a temporal thermometer that is sanitized between uses. The facility had one temporal thermometer and one oral thermometer. - Residents were maintaining	0000		

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	a distance of at least six feet from other residents in the living room or in their rooms. Caregivers were monitoring residents to encourage proper social distancing. Interviews with Administrator and Caregiver/Owner: - The facility monitors residents for signs and symptoms and elevated temperature/fever every morning. - The residents were encouraged to maintain social distancing of at least six feet. - The facility was utilizing Clorox wipes, bleach and water, and Lysol spray to disinfect high touch areas, common areas at least three times a day. Resident bedrooms were cleaned and sanitized daily. - The facility did not have any residents or staff that were positive for COVID-19. If a resident becomes positive, the facility will quarantine the resident in a room and assign a dedicated caregiver to assist that resident. - Residents are assisted with conducting virtual visits with family and friends by phone using Facebook or Zoom. - Caregivers were required to wash hands before and after resident contact, before preparing and serving meals, after using the restroom, and after cleaning. - Meals were served in the dining room and living room while requiring residents to maintain six feet of social distancing. - Activities included watching television and individual puzzles while maintaining social distancing. The following documents were reviewed: The facility did not have a comprehensive written COVID-19 Infection Control Policy and Procedure and was utilizing the following documents to guide its procedures (See Tag 50): - "COVID 19 SCREENING TOOL" This tool included: questions about COVID-19 symptoms, the name of staff or visitors, the name of the resident the visitor was there to see, the date and time, and the visitor's temperature. - Facility guidelines included: Your 5 moments for HAND HYGIENE, Cover your Cough, How to Hand rub?, Clean Your Hands, The 4 Principles of Hand Awareness, Should I wear a mask to protect myself from COVID-19?, Coronavirus Disease 2019 by Southern Nevada Health District, Centers for Disease Control (CDC)- What you need to know about coronavirus disease 2019, and CDC - What to do if you are sick with coronavirus			

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	disease 2019. 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 deficiency was 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 document review and interview, the facility failed to have a comprehensive infection control policy that addressed COVID-19 infection control and prevention. Findings include: On 08/10/20, The facility did not have a comprehensive written COVID-19 Infection Control Policy and Procedure and was utilizing the following documents to guide its procedures: - "COVID 19 SCREENING TOOL" This tool included: questions about COVID-19 symptoms, the name of staff or visitors, the name of the resident the visitor was there to see, the date and time, and the visitor's temperature. - Facility guidelines included: Your 5 moments for HAND HYGIENE, Cover your Cough, How to Hand rub?, Clean Your Hands, The 4 Principles of Hand Awareness, Should I wear a mask to protect myself from COVID-19?, Coronavirus Disease 2019 by Southern Nevada Health District, Centers for Disease Control (CDC)- What you need to know about coronavirus disease 2019, and CDC - What to do if you are sick with coronavirus disease 2019. The Administrator and Owner were unable to provide written policies and procedures addressing the following topics: - Standard and transmission-based precautions for COVID-19. - Visitor entry and facility screening practices. - Cohorting	0050	1) Written policy placed in master file 2) Period review, continue training of staff 3) Constant review of the policy 4) Administrator, owner 5) 8/10/2020 6) see attached	08/10/2020

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	measures for negative, exposed, and infected residents including a plan if a resident tests positive. - Identification and response to residents with suspected or confirmed positive for COVID-19. - Required notifications if staff or residents test positive for Covid-19. - Education, monitoring and screening practices of staff including proper PPE use, temperature checks, hand washing and sanitization. - Facility policies and procedures to address staffing issues during emergencies, such as the transmission of COVID-19. Severity: 2 Scope: 3			