DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**09/23/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AT NIGHTINGALES	**813 FAIRWAY DRIVE, LAS VEGAS, NEVADA ,89107**

(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 and complaint State Licensure survey completed at your facility on 09/23/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Groups beds for elderly and disabled persons and/or persons with mental illness and/or persons with chronic illness, Category II residents. The census at the time of the survey was ten. The sample size was five. One complaint was investigated. Complaint #61906 with three allegations was unsubstantiated. Allegation #1 - The caregiver and the resident had sexual relations was unsubstantiated based on interviews with the resident and the caregiver which revealed they denied the allegation occurred. Interviews with residents revealed no other related allegations or observation of inappropriate relations between staff and residents. Allegation #2 - The caregiver paid the resident money for sex and then played poker to win the money back was unsubstantiated based on interviews with the resident and caregiver which revealed they denied the allegation occurred. Allegation #3 - The facility owner was pushy towards the behavioral hospital for the resident to return to his group home instead of another one was unsubstantiated based on interview with the resident revealed a preference to return to the facility. The investigation into the allegations included: Observations of staff to resident interactions. Interviews with four residents, two caregivers, and the owner. Record review of five resident files including the resident of concern and two staff files. Document review of incident reports. The COVID-19 focused infection control survey included the following: The facility had no	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	residents or staff positive with COVID-19. Observations: - Signage was posted at the facility entrance prohibiting non-essential visitors, requiring a mask before entry, and directing visitors to sanitize hands prior to entering. - Facility checked the temperature of the health facility inspector prior to entry. - Health facility inspector was asked COVID-19 screening questions related to: symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. - A shelf containing gloves and hand sanitizer was on the front porch with a sign posted for all visitors to sanitize hands before entering. - Hand sanitizer was located in the kitchen, the entry way, and in the living room on the desk. - Four staff members wore cloth masks. - The caregivers wore gloves with resident contact and washed hands after providing care. - The caregivers washed hands and utilized alcohol-based hand sanitizers between tasks. - Nine residents were in their private and shared bedrooms spaced six feet apart. - Staff cleaned high touch areas with a Lysol bleach spray. - The facility had 1,200 gloves, 100 disposable masks, one 12-ounce bottle of hand sanitizer, two 32-ounce bottles of hand sanitizer, one 33-ounce bottle of hand sanitizer, and one 34-ounce bottle of hand sanitizer. - One non-contact forehead thermometer and one thermometer probe were available. Interview with a caregiver and the owner: - Visitors were limited to essential healthcare workers. - Temperature checks are completed for staff and essential visitors upon entrance to the facility. - Screening questions were asked to all visitors and staff upon entry. - Visitors are required to utilize hand sanitizer upon entry. - Resident temperatures were checked every morning. - Residents were spaced six feet apart for meals and activities. - Staff sanitized high touch areas throughout the day with a Lysol bleach spray. - Training was held regarding proper donning and doffing of personal protective equipment			

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	(PPE). - The facility had a plan in place for isolation and quarantining residents. Record Review: - Infection Control Program policies and procedures documented measures to ensure isolation and prevention of COVID-19. - Standard and transmission-based precautions for COVID-19. - Visitor entry and facility screening practices including screening questions, hand sanitization and temperature checks. - 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. 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. No regulatory deficiencies were identified. No further action necessary. Please retain a copy for your records.			