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
	9662	A. BUILDING _____ B. WING _____	08/11/2022

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 annual State Licensure survey completed at your facility on 07/19/22 and 08/11/22, 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. Ten resident files and five employee files were reviewed. The facility received a grade of A. 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. The following deficiencies were identified:	0000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: ANNE ESPINUEVA Title: Managing Member Date: 08/17/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 ensure COVID-19 protocols were followed in response to a COVID-19 outbreak. Findings include: On 07/19/22 at 8:45 AM, the Owner reported that 10 out of 10 residents and 1 of 2 staff were COVID-19 positive. There was no signage present to indicate the facility had COVID-19 positive residents and neither Southern Nevada Health District (SNHD) nor the Office of Health Infomatics and Epidemiology (OPHIE) had been notified of the facility outbreak. On 07/19/22 at 9:00 AM, the Owner indicated none of the staff members had been medically cleared and fit tested to wear an N95 mask. The facility had no N95 masks available for staff use. Review of the facility infection control policy on COVID-19 dated 07/02/20, documented the facility would notify SNHD and OPHIE in the event of any staff or residents being COVID-19 positive. On 07/19/22 at 9:15 AM, the Owner confirmed the facility did not have proper COVID-19 notification signage on the door of the facility and had not notified SNHD or OPHIE of the facility outbreak. The Owner acknowledged there were no staff fit-tested and medically cleared to wear an N-95 mask and there were no N-95 masks on site. Severity: 2 Scope: 3	0050	1. The facility administrator or managing member will ensure compliance of Policy and Procedure for Covid-19 Infection or outbreak in the facility Southern Nevada Health district (SNHD), Office of Health Informatics and Epidemiology (OPHIE) and Division of Public and Behavioral Health (DPBH) will be notified of any positive Covid-19 cases as per Policy and Procedure. 2. Signage will be posted on the front door to indicate the facility have Covid-19 positive residents. 3. Covid-19 Policy and procedure will be updated accordingly to any changes on Covid-19 protocols as recommended by SNHD or CDC (see attached Covid-19 Policy and Procedure). 4. Employees were fit tested and medically cleared to wear N-95 mask (see attachments for Fit testing certificates). 5. N-95 mask will be available at all times in the facility. Corrected 08/16/22.	07/27/2022