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 |
|---|---|---|---|
| | 9789 | A. BUILDING _____ B. WING _____ | 11/02/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| D' CAESAR'S CARE HOME | 3856 JEWEL AVENUE, LAS VEGAS, NEVADA ,89121 |

| (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<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of a COVID-19 focused infection control, State Licensure survey initiated at your facility on 11/02/20, 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, with endorsements for chronic illness and mental illness, Category II residents. The census at the time of the survey was six. No residents or staff were reported positive for COVID-19 at the time of this survey. The COVID-19 Infection Control Survey included the following: Observations: - The Inspector was required to complete a COVID-19 questionnaire and temperature checked prior to entering the facility. The facility had one infra-red thermometer. - Signs requiring gloves, masks and other COVID-19 precautions were posted on the front door. - Staff were wearing facemask and gloves. - The facility had one N-95 respirator, 50 surgical style masks, 400 gloves, and ten gowns. - One bedroom was set aside for isolation if needed. - Residents were observed in their rooms or watching television in the living room. The residents were social distancing in individual chairs. Interview: The owner/caregiver reported: - One N95 respirator was available and none of the facility's staff were medically cleared or fit tested for an N95 mask. have completed respirator fit testing. The facility received telephonic infection control guidance and an email with infection control guidance on 09/30/20. - Residents and staff tested negative for COVID-19 in April, 2020. - Staff wash their hands before passing medications, before serving meals, after providing care, upon arrival to work, after using the restroom and whenever necessary. Handwashing signs were posted in the bathrooms. - All common areas are cleaned and sanitized every morning and evening and after essential visitors come and go with Lysol spray and wipes and Clorox wipes or bleach and water. - All | 0000 | | |

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| | bedrooms are cleaned and sanitized daily. - Residents and staff are monitored for signs and symptoms of COVID-19 and temperature checked every morning. Results are logged on a spreadsheet which is kept in a binder. - Meals are served in the dining room and living room with staggered meal times; and three residents are allowed at the dining table at a time. - A bedroom is set aside for Isolation if needed. PPE would be placed outside the door and a sign would be posted to remind other residents and staff to stay out of the bedroom. A single caregiver would be assigned to the resident that is isolated. The resident would be served meals with paper plates and disposable utensils. A covered trash can would be provided. - Residents can make phone calls and they use smart phones for virtual visitation with friends and family. Documentation: - Recommended Infection Prevention and Control Plans for Group Homes as well as CDC Guidelines were in a binder with sign off sheets documenting employees have read them. The following regulatory deficiencies were identified: 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. | | | |

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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.<br><br>Inspector Comments: Based on observation, interview and document review, the Administrator failed to ensure infection control recommendations were implemented to protect resident and staff safe during the COVID-19 pandemic. Findings include: One N95 respirator was available and none of the facility's staff were medically cleared or fit tested for an N95 mask. have completed respirator fit testing. The facility received telephonic infection control guidance and an email with infection control guidance on 09/30/20. Severity: 2 Scope: 3 | 0050 | a) The facility had a hard time finding where to get fitted of N95 respiratory mask. One of the surveyor give me the address of Southern Nevada Occupational Health. b) 3 days after the survey 2 caregivers got fitted, Attachment 1-2-3-4. c) The Owner and the Administrator will monitor for compliance. d) 11-05-20 | 11/20/2020 |