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
	9911	A. BUILDING _____ B. WING _____	11/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE QUAIL HOUSE	3695 E QUAIL AVE, LAS VEGAS, NEVADA ,89120

(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 State Licensure survey completed at your facility on 11/13/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, and/or persons with chronic illness, Category II residents. The census was two. The facility did not have any COVID-19 positive residents or staff. The COVID-19 focused infection control survey included the following: Observations: - Signage was posted at the facility entrance prohibiting non-essential visitors, requiring a mask before entry, and directing visitors to sanitize or wash hands when entering. - Facility checked the temperature of the health facility inspector prior to entry and asked questions about signs and symptoms of COVID-19. - The health facility inspector was asked to sanitize his hands prior to entry. - Hand sanitizer was placed throughout the facility. - Two caregivers wore disposable 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. - One resident was in her room and one was in the living room area listening to the radio. - The facility had 800 gloves, 150 disposable surgical style masks, three N-95 respirators and ten gowns. - The facility had four 18 ounce bottles of hand sanitizer. - One non-contact infra-red thermometer was available. - The facility had one large dining table. Interview with two caregivers revealed: - Visitors were limited to essential healthcare workers or family visitors who must wear masks and complete temperature checks and screening for COVID-19. Phone calls and virtual visits are allowed, and caregiver assistance is provided. - Temperature checks are completed for staff and essential visitors upon entrance to the facility. - Visitors are	0000		

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	required to utilize hand sanitizer or wash hands upon entry. - Staff are required to check resident's temperatures and monitor for signs and symptoms of COVID-19 daily. - During meals, one resident eats at the table and the second resident eats in her bedroom. - Staff sanitized high touch areas (hourly) throughout the day with disinfecting wipes and spray sanitizer. Bedrooms and other areas are cleaned and sanitized daily. - Training was held regarding proper donning and doffing of personal protective equipment (PPE). - The facility had a plan in place for isolation and quarantining residents. - Two rooms are set aside for isolation if needed. A single caregiver will be assigned to the affected resident and PPE will be provided. The caregiver will not be able to provide care to other residents and meals will be served with disposable plates and utensils that will be discarded in a trash can specific to the resident. - None of the employees were medically cleared and fitted for N95 respirators. The facility was provided guidance to have at least one caregiver medically cleared and fitted for an N95 respirator in the event a resident becomes positive for COVID-19. (See TAG #0050) Record Review: - The Quail House Policy and Procedure Manual included guidelines 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 facility Administrator received guidance on the required components of a comprehensive infection control policy and sample infection control plan via telephone on 10/01/20 and email on 10/06/20. 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			

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	to any party under applicable federal, state, or local laws. The following regulatory 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 and interview, the Administrator failed to obtain staff fit testing and medical clearance for use of N95 respirators as an infection control measure related to the COVID 19 pandemic. Findings include: Caregivers reported the facility staff were not fit-tested and medically cleared to wear N95 respirators. The facility was provided guidance to have at least one caregiver medically cleared and fitted for an N95 respirator in the event a resident becomes positive for COVID-19. The facility Administrator received guidance on the required components of a comprehensive infection control policy and sample infection control plan via telephone on 10/01/20 and email on 10/06/20. Severity: 2 Scope: 3	0050		