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
	9927	A. BUILDING _____ B. WING _____	10/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF HENDERSON MEMORY CARE	1000 GREENWAY RD BLDG 1, HENDERSON, NEVADA ,89002

(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 conducted at your facility on 10/28/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 20 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease with assisted living services, Category II residents. The census at the time of the survey was six. The facility had no residents or staff positive with COVID-19. The COVID-19 focused infection control survey included the following: Observations: - Signage was posted at the facility entrance prohibiting entry if individuals have experienced symptoms related to COVID-19, required visitors to wear a mask, and to wash or sanitize hands upon entry. - Facility staff checked the temperature of the health facility inspector upon 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. - Health facility inspector was asked to sanitize their hands prior to entry. - Hand sanitizer was located next to the front door, in the kitchen, manager, office, medication room, and laundry room. - All staff wore cloth and/or disposable masks. - The caregivers wore gloves during resident contact. - The caregivers washed hands and utilized alcohol-based hand sanitizers between tasks. - Residents were in the living room, at the kitchen table, and private bedrooms while practicing social distancing. - Staff cleaned high touch areas with Pine-Sol, disinfecting spray, and bleach. - The facility had one 12-ounce bottle of hand sanitizer, two 32-ounce bottles of hand sanitizer, five 24-ounce bottles of hand sanitizer, 3,000 gloves, 20 face shields, 150 gowns, 200 disposable masks, and 150 N95 masks. - One non-contact thermometer was available. Interview with the House Manager, Administrator, Medication	0000		

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	Technician, and the Housekeeper: - Visitors were limited to essential healthcare workers. - Temperature checks are completed for staff and essential visitors upon entrance to the facility. - All visitors and staff are asked COVID-19 screening questions related to symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. - Visitors are required to utilize hand sanitizer or wash hands upon entry. - Resident temperatures were checked every day. - Residents were spaced six feet apart for meals and activities. - Staff sanitized high touch areas throughout the day with Pine-Sol, disinfecting spray, and bleach. - 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. - Staff were not medically cleared and fit tested to wear an N95 mask. The facility was provided guidance telephonically on 09/30/20, to have at least one caregiver medically cleared and fitted for use of N95 masks once obtained. (See TAG #0050). 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. The following regulatory deficiencies were identified:			

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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 interview and record review, the facility failed to implement safe infection control practices for the protection of residents in response to the COVID-19 Pandemic. Findings include: On 10/28/20, the House Manager reported employees had not been medically cleared and fit tested to wear an N95 mask. On 09/30/20, the facility was provided telephonic guidance on proper infection control practices; and received an email outlining recommendations for infection control, which included recommendations for caregivers to be medically cleared and fit tested for N95 masks. Severity: 2 Scope: 3	0050	Inspector Comments: Based on interview and record review, the facility failed to implement safe infection control practices for the protection of residents in response to the COVID-19 Pandemic. Findings include: On 10/28/20, the House Manager reported employees had not been medically cleared and fit tested to wear an N95 mask. On 09/30/20, the facility was provided telephonic guidance on proper infection control practices; and received an email outlining recommendations for infection control, which included recommendations for caregivers to be medically cleared and fit tested for N95 masks. Severity: 2 Scope: 3 1. Facility has sent employees in caregiving, management, and nursing to be fit tested. See attached documents. 2.Administrator will ensure more timely response to forthcoming "recommendations" and clarify which are required v. recommended. 3. Email will be checked regularly. 4.Administrator / Owner 5. Fit testing completed 11/12/20	11/17/2020