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
	409	A. BUILDING _____ B. WING _____	11/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORGET ME NOT HOME CARE	5513 FLORA SPRAY ST, LAS VEGAS, NEVADA ,89130

(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 11/09/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was seven. 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 prior to 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, and in both bathrooms. - 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 bleach and disinfecting spray. - The facility had two 16-ounce bottles hand sanitizer, one 12-ounce bottles of hand sanitizer, two 12-ounce bottles of spray hand sanitizer, five 24-ounce bottles of hand sanitizer, 55 re-usable masks, two gowns, and 50 shoe coverings. - Two non-contact thermometers were available. Interview with the manager and caregiver: - Visitors were limited to essential healthcare workers. - Temperature checks are completed for staff and essential	0000		

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	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 twice a day. - Residents were spaced six feet apart during meals and activities. - Staff sanitized high touch areas throughout the day with 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. - The facility did not have a supply of N95 masks and was unable to show proof an order for N95 masks was attempted. Staff were not medically cleared and fit tested to wear an N95 mask. On 09/30/20, the facility was provided telephonic infection control guidance and an email with infection control recommendations, which included the recommendation to have at least one caregiver medically cleared and fit tested for an N95 mask (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 observation and interview, the facility failed to implement safe infection control practices for the protection of residents in response to the COVID-19 Pandemic. Findings include: On 11/09/20, the facility inventory of personal protective equipment (PPE) revealed no N95 masks. The facility manager reported the facility did not have N95 masks and employees had not been medically cleared and fit tested to wear an N95 mask. On 09/30/20, the facility was provided telephonic infection control guidance and an email with infection control recommendations on 09/30/20, which included the recommendation to have at least one caregiver medically cleared and fit tested for an N95 mask. Severity: 2 Scope: 3	0050	1) Order a sufficient supply of N95 masks 2) Make certain the there are enough N95 masks and other PPE on hand and that staff is properly fitted for them per OSHA 1910.134 3) Administrator and head caregiver to monitor 4) Administrator and head caregiver 5) 11/11/2020	11/11/2020