

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4241	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/22/2020
NAME OF PROVIDER OR SUPPLIER A SUMMERDALE HOMES AT RIATA, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 14315 RIATA CIRCLE, RENO, NEVADA ,89521		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as the result of a State Licensure COVID-19 Focused Infection Control Survey conducted in your facility on 12/22/20. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was seven. There were no COVID-19 (COVID) positive residents in the facility at the time of the survey. There were no COVID positive staff members at the time of the survey. The facility was following the Centers for Disease Control and Prevention (CDC) symptom-based guidelines to determine when a staff member was able to return to work. The investigation of regulatory compliance for Infection Control and Prevention included: - Visitor screening practices; - Education, monitoring, and screening practices of staff; - Emergency staffing plan; - Infection control practices; - Personal protective equipment (PPE) inventory; - Observation of staff and residents wearing masks and social distancing; - Observation of PPE use by staff; - Review of facility in-service education and employee sign-in sheets for training on procedures related to disinfection, PPE use, and hand hygiene; - Review of screening and visitation policies; and - Interviews with the Administrator and Caregiver. The findings and conclusions of any investigation by the Health Division 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 deficiency was identified:			
0593 SS= F	Rights of Residents; Procedure for Filing - NAC 449.268 Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response. (NRS 449.0302) 1. The administrator of a residential facility shall	0593	0593 All seven residents are provided a safe environment. No Covid related death was reported and all seven residents were able to fully recover from the viral infection.	12/23/2020

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 Name: EUGENE GASATAYA Title: Administrator
REPRESENTATIVE'S SIGNATURE

Date: 01/13/2021

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	ensure that: (d) The facility is a safe and comfortable environment; Inspector Comments: Based on interview and document review, the facility failed to provide a safe environment for residents (and staff) by 1) failing to screen 7 of 7 residents for signs and symptoms of COVID-19 at regular intervals, 2) not having staff fit tested for the use of N95 respirator masks (N95s) for 1 of 3 employees, and 3) providing staff education on the appropriate procedure for the doffing of Personal Protective Equipment (PPE) for 3 of 3 employees. Findings include: On 12/22/20 at 9:37 AM, Employee #2 verbalized screening for signs and symptoms of COVID-19, including temperature measurements, had not been completed at regular intervals for 7 of 7 residents. Employee #2 confirmed the last documented temperature measurement was on 12/20/20. Employee #2 verbalized Employee #2 had sometimes forgotten to measure the resident's temperatures and confirmed Employee #2 had not been following the facility's COVID-19 policy to screen the residents three times a day for signs of coughing, shortness of breath, nausea, body aches, loss of smell or taste, sore throat, muscle pain, confusion, inability to wake up, diarrhea, and temperature measurements. On 12/22/02 at 9:37 AM, Employee #2 verbalized having had reviewed the facility's COVID-19 policy, "three or four months ago." The facility COVID-19 policy lacked documented evidence 3 of 3 employees had reviewed the policy. On 12/22/20 at 11:12 AM, the Administrator confirmed the facility had not been following the facility's COVID-19 policy to screen the residents three times a day. The Administrator verbalized, "when it happens, we'll deal with it," if a resident displayed signs and symptoms of COVID-19. The facility policy titled, "Coronavirus Disease 2019 (COVID-19) Response," updated 10/01/20, documented a resident was to be screened for cough, shortness of breath, nausea, body aches, loss of smell or taste, sore throat, muscle pain, confusion, inability to wake up, diarrhea, and temperature three times a		Despite the very laborious nature of the job, additional measures was implemented to ensure early detection of Covid 19. Daily temperature checks during meal times will be recorded. If other symptoms are observed, the new form will include a check mark section and the back page have additional space for writing the observation. This approach will assist other members of the staff including the administrator to screen the health of each resident and help with early detection from body aches, loss of smell, loss of taste, fever, diarrhea, or shortness of breath. The last Covid 19 symptom was recorded on December 23, 2020 for symptoms of coughing. Employee #2 was fit test using a 3M 8110S N95 mask. But during the Covid 19 breakout in the facility, we ran out of the 8110S N95 mask when we followed our Covid 19 policy to use only one N95 mask for a 24 hour period to exercise abundance of caution. Due to the high demand and shortage of supply for the 3M 8110S N95 masks, the facility ordered the only mask available online at the time which was the 3M 8160S N95 mask. It prevented employee #2 from getting the Covid 19 virus. The administrator ordered the 3M 8110S N95 mask from three vendors and the shipment will be arriving sometime in March 2021. Meanwhile, employee #2 had another successful fit test for a 3M 1860S N95 mask so she can use this N95 mask when needed. The facility have over 40 3M 8160S N95 mask in the lock medicine cabinet with an additional shipment of the 3M 8110S N 95 mask arriving in two months. Facility is in compliance to the education and appropriate doffing of PPE. The annual 8 hour of required training was completed. The training also included the review of Summerdale Covid 19 policy and procedures. Proper hand washing, use of nitrile gloves, use of the N95 mask, use of eye protection, using head covering, using shoe cover, wearing isolation gowns, and proper visitor screenings were covered during this training among other requirements from NAC and MSM Manual.	

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	day, prior to each meal. 2) A Qualitative (QLFT) Fit Test Record completed on 11/02/20, documented Employee #2 was fit test using a 3M 8110S N95 mask. On 12/22/20 at 9:18 AM, Employee #2 was observed donning a 3M 8160S N95 mask. Employee #2's record lacked documented evidence Employee #2 had been fit tested for the use of a 3M 8160S N95 mask. On 12/22/20 at 9:18 AM, Employee #2 confirmed Employee #2 was wearing a 3M 8160S N95 mask and had not been fit tested for the use of the 3M 8160S N95 mask. Employee #2 verbalized the facility had run out of stock of the 3M 8110S N95 masks. On 12/22/20 at 11:33 AM, the Administrator confirmed Employee #2 should not have been wearing an N95 mask Employee #2 had not been fit tested for the use of in the facility. 3) All staff records and the facility's COVID-19 policies and procedures binder lacked documented evidence 3 of 3 facility employees had education on the appropriate procedures for donning and doffing of PPE. On 12/22/20 at 9:37 AM, Employee #2 verbalized having had reviewed the facility's COVID-19 policy, "three or four months ago." On 12/22/20 at 10:51 AM, Employee #2 verbalized not having been trained on donning and doffing of PPE. Employee #2 verbalized having only been trained on donning and doffing of the N95 mask during the fit test. On 12/22/20 at 11:26 AM, the Administrator verbalized the Administrator had discussed with the facility employees in March 2020 the procedure for donning and doffing PPE but did not have any PPE at that time to demonstrate the appropriate procedure of donning and doffing PPE. The Administrator verbalized the discussion regarding the use of PPE had not been documented. The facility policy titled, "Coronavirus Disease 2019 (COVID-19) Response," updated 10/01/20, documented the appropriate procedure staff were to follow for donning and doffing PPE, including face shields, goggles, gowns, gloves, and respirators. The facility policy lacked documented language regarding a requirement of training of PPE. The facility COVID-19 policy lacked documented evidence 3 of 3 employees had reviewed the policy.		Documentation of new or additional training updates or any significant weekly safety standup will be recorded and kept in the employee files.	

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	Severity: 2 Scope: 3				