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
	7213	A. BUILDING _____ B. WING _____	11/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VEGAS CHATEAU FOR SENIORS	4175 N TOMSIK ST, LAS VEGAS, NEVADA ,89129

(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 survey conducted at your facility on 11/19/20, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for ten Residential Facility for persons with Alzheimer's Disease and/or persons with mental illness, five Category I and five Category II residents. The census at the beginning of the survey was four. The Caregiver verbalized there were no residents and no employees with COVID-19 symptoms or positive results. The focused COVID-19 infection control survey included the following: Observations: - Signage posted at front entrance door "No Visitors allowed". - The Health Facility Inspector was not required to answer COVID-19 screening questions related to symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. (See Tag 0050) - The facility staff checked the temperature of the Health Facility Inspector prior to entry to the facility. -The Health Facility Inspector was not required to immediately use hand sanitizer. - The Caregiver wore a surgical masks and gloves. - Hand sanitizer was located at the main entrance, kitchen and common area of the facility. - The facility had one box of gloves; three bottles of hand sanitizer; and one electronic temporal thermometer. -All residents had a private bedroom. - A bedroom and bathroom were dedicated for isolation in the event a resident tests positive for COVI-19. Interview: The Caregivers verbalized the following: -The Administrator was unavailable for the interview. - No residents or employees had COVID-19 signs and symptoms or positive test results. - Temperature checks were completed for staff and healthcare workers upon entrance to the facility. -Screening questions were not completed for healthcare workers and state employees prior to entering the facility. (See Tag 0050) - Temperature checks for residents were completed once a day and they are	0000		

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	monitored for symptoms of cough and fever. - Only medical professionals were allowed entry to the facility. - Two residents ate at the dining room table, and all other residents ate in their rooms. - Activities are arranged on a voluntary basis. - Staff sanitized all high touch areas (doorknobs kitchen, dining tables and counter tops) and they clean at least twice a day with disinfectant wipes and isopropyl. - The facility had one box of gloves; three bottles of hand sanitizer; and one electronic temporal thermometer. - None of the employees were medically cleared or fitted for N95 masks. The facility was provided guidance to obtain N95 masks and have at least one caregiver medically cleared and fitted for use of N95 masks in the event a resident becomes positive for COVID-19. (See Tag 0050) - The facility did provide COVID-19 infection control training to employees. -The facility did not have a comprehensive infection control plan specific to the facility available for review. (See Tag 0050). -In the event of a positive COVID-19 diagnosis, cohorting measures will be put in place with the positive resident moved to the isolation room away from non-infected residents. 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. 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, interview and document review, the Administrator did not ensure visitors of the facility were screened for COVID-19 according to CDC guidelines prior to entry to the facility; the facility lacked comprehensive policies for the protection of residents in response to the COVID-19 Pandemic; and failed to ensure one employee was medically cleared and fit tested to wear N95 mask. Finding include: On 11/19/20 at 9:00 AM, the Health Facility Inspector arrived at the facility and was greeted by a Caregiver. The Caregiver did not require the Health Facility Inspector to answer COVID-19 screening questions prior to entry to the facility. On 11/19/20 at 9:45 AM, during an inventory of personal protective equipment (PPE), there were no N95 masks available. The Caregiver and Administrator verbalized staff were not medically cleared or fitted for N95 masks. On 11/19/20 at 10:00 AM, the Caregiver provided a copy of the sample Recommended Infection Prevention and Control Plan for Group Homes. On 10/01/20, the facility received telephonic infection control guidance and an email outlining infection control recommendations. Severity: 2 Scope: 3	0050	1) Administrator trained caregivers to insure all significant measures about COVID 19. 2) COVID 19 Personnel Questionnaire ready at the main entrance for future visitors. 3) Administrator and lead caregiver will monitor weekly to avoid recurring this practice. 4) Administrator and Lead caregiver are responsible for ensuring the implementation. 5) Date completed 11/30/2020. 6) All specific documents intact and filed.	11/30/2020