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
	7323	A. BUILDING _____ B. WING _____	10/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA NORTE GROUP HOME	4935 NORTH MILLER LN, LAS VEGAS, NEVADA ,89149

(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 focused Infection Control survey conducted at your facility on 10/27/20, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed as a Residential Facility for Groups for nine residents with endorsements for individuals with intellectual disabilities, mental illness, and chronic illness. The census at the time of the survey was eight. The Caregiver and the Administrator indicated there were no residents and no employees with COVID-19 symptoms or positive test results. The Infection Control Survey included the following: Observations: -The Health Facilities Inspector was screened at the front door with a temperature check using a non-contact temporal thermometer. -The Caregiver asked questions to the Inspector and two employees related to exposure to persons with COVID-19, COVID-19 symptoms, and out of state travel, and documented on the sign-in log. -The front entry table had a bottle of hand sanitizer, the sign-in log, and the COVID-19 binder. -Five Caregivers and the Administrator wore cloth face masks. -The Caregivers used alcohol-based hand sanitizer. -Residents were seated for lunch sitting six feet apart. Three residents ate at a table in the living room, two residents ate in their room, and three residents ate at a table in the dining room. -There were three pump bottles of hand sanitizer, and ten refill bottles of hand sanitizer. -There were two handheld non-contact temporal thermometers. -The Personal Protective Equipment (PPE) supply included 210 surgical face masks, 800 gloves, and 115 disposable gowns. -Five signs were posted on hallway walls throughout the facility to wear masks and stop the spread of germs. -Posted sign at the exterior front door: "Essential visitors only. Anyone entering this house must wear a face mask." -There was a vacant room with a bathroom designated as an isolation room. Interviews: -The Administrator verbalized the visiting policy was nobody	0000		

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	comes into the facility except for medical providers, Medicaid workers, and Health Facilities Inspectors from the Bureau of Public and Behavioral Health. -The facility regularly used Zoom Meet and Facetime for virtual visitations with visitors and caseworkers. -Three Caregivers reported they were trained and in-serviced in August 2020 regarding putting on and taking off masks, gloves, and gowns. -Three Caregivers reported they were trained in handwashing protocols: to use hand sanitizer or wash hands with soap and water for at least twenty seconds and dry before and after resident contact. -The Administrator verbalized all staff were in-serviced in August 2020 specifically regarding handwashing technique, donning and doffing PPE, signs and symptoms of COVID-19, and disinfection. The Supervisors monitored staff for correct PPE usage and handwashing. -The Caregivers verbalized they sanitized tabletops and high touch surfaces such as door handles and bathroom faucet handles after use with Clorox wipes. -The Administrator indicated if a resident had COVID-19 symptoms or a positive test result, the resident would be placed in the designated isolation room. Disposable dishware would be used. A designated cart with masks, gloves, gowns, and a bag for disposal of PPE would be available. -The Administrator and the Caregivers reported residents are checked twice a day for fever and document the temperature reading on the temperature log. Staff are screened at the start of shift, upon entry, and upon re-entry. -The Administrator indicated 20 N95 masks were on order from Amazon. She had an established account with Concentra for medical screening and FIT testing to be completed once the N95 masks were delivered. Document Review: -The facility had a comprehensive Infection Control and Prevention Plan. -COVID Binder. -Temperature logs. -Sign in sheet for employees and visitors. -Telephone numbers for the Office of Public Health Investigations and Epidemiology (OPHIE) and the Southern Nevada Health District (SNHD). The findings and conclusions of any investigation by the Division of Public			

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	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. There were no regulatory deficiencies identified. No further action is necessary at this time. Please retain a copy for your records.			