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
	9297	A. BUILDING _____ B. WING _____	10/15/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CECE GROUP HOME LLC	**5417 IRELAND ST., 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 COVID-19 focused infection control survey conducted at your facility on 10/15/20, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness and/or persons with chronic illness, Category II residents. The census at the beginning of the survey was seven. 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 included COVID protocol, COVID-19 assessment of signs/symptoms and instructions to adhere to before entering the facility. - Facility staff checked the temperature of the health facility inspector prior to entry into the facility. - The health facility inspector was 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. - Five residents were in their private bedrooms. Two remaining residents were in their shared bedroom. - Two caregivers wore a surgical mask and gloves. - One caregiver washed hands and utilized alcohol-based hand sanitizers before and after interacting with residents. - Hand sanitizer, Lysol disinfectant spray and an alcohol-based solution were located at the main entrance in the facility. - Signage was posted inside of facility related to Covid-19 signs and symptoms and how to prevent the spread by hand hygiene and wearing a mask. Interview: The Caregivers verbalized the following: - No residents or staff members tested positive for COVID-19. - Temperature checks are completed for staff and healthcare workers upon entrance to the facility. - Residents were monitored for symptoms of cough, fever, shortness of breath, loss of taste/smell and body aches and temperature checked twice a day. -	0000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9297	A. BUILDING _____ B. WING _____	10/15/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CECE GROUP HOME LLC	**5417 IRELAND ST., 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
	Medical professionals were allowed entry to the facility. The facility stopped all non-essential visitors until further notice. - During meals three residents, are served meals in the dining room while practicing social distancing. All remaining residents preferred to eat in their private rooms. - Group activities were stopped in March 2020. The facility was conducting activities on a voluntary basis, usually in the resident's private rooms. - Staff sanitized all high touch areas (doorknobs, light switches, and counter tops) were cleaned twice a day. - The facility had 11 boxes of gloves; 200 surgical masks, three N95 masks; four bottles of hand sanitizer; three face shields; one electronic temporal thermometer, one forehead thermometer and one electronic ear thermometer. - The facility provided Covid-19 infection control training to staff members in September 2020. - Two employees were medically cleared and fit tested for an N95 mask. Record Review: - Infection Control Program policies and procedures documented measures to ensure isolation and prevention of COVID-19. - Visitor entry and facility screening practices including screening questions, hand sanitization and temperature checks. 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. No regulatory deficiencies identified. Please retain a copy for your records.			