

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 9975	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2021
NAME OF PROVIDER OR SUPPLIER SOUTH MEADOWS RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 13495 STONEY BROOK DR, RENO, NEVADA ,89511		
(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	<p>Initial Comments</p> <p>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 03/03/21. 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 was licensed for 10 Residential Facility for Group beds for elderly or disabled persons and/or Alzheimer's disease, Category II residents. The census was eight. Upon entry COVID-19 infection control screening was conducted by a caregiver and included temperature and completion of a screening tool. The screening tool included questions regarding recent travel and exposure to COVID-19 and signs and symptoms of COVID-19 such as fever, cough, sneezing, shortness of breath. The facility owner verbalized the census was eight and included three residents who tested positive for COVID-19 and five residents with negative COVID-19 test results. The owner reported the residents who tested positive were asymptomatic for greater than 10 days and none of the staff had tested positive for COVID-19. The following were observed: - Staff were wearing NIOSH N-95 respirators covered with a surgical mask. Staff wore face shields, gowns and gloves when providing patient care. -Alcohol based hand rub (ABHR) was available at the entry way. All sink areas were stocked with soap and paper towels. Soap, ABHR and hand towels were available in the kitchen. -Staff washed hands and/or used hand sanitizer before and after providing care and wore appropriate PPE including N95 mask with surgical mask for source control. Gown, gloves, and face shields were worn when caring for residents. The facility had the following infection control supplies: -NIOSH N95: 11-boxes -Mask: 5 boxes -Gloves: 10 boxes of 200 each -Gowns: 600 -Face shields: 16 -Goggles: 6 -Thermometers: 1 infrared thermometer -Three 1-gallon bottles of 80% alcohol-based hand sanitizer (ABHR) Record review included eight</p>	0000		

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 REPRESENTATIVE'S SIGNATURE	Name:	Title:	Date:
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	resident files and three employee files. Residents were tested for COVID-19 using a polymerase chain reaction (PCR) testing method as follows: - Resident #1 was tested for COVID-19 on 02/15/21 with positive results returned on 02/16/21. - Resident #2 was tested for COVID-19 on 02/15/21 with positive results returned on 02/16/21. - Resident #3 was admitted at hospital on 02/08/21 and was diagnosed with COVID-19 pneumonia requiring supplemental oxygen. Resident #3 was discharged from Hospital on 02/19/21. The discharge summary documented the resident was asymptomatic for 72 hours at time of discharge. -Resident #4, #5, #6, #7, and #8 were tested for COVID-19 by PCR testing on 02/15/21 with negative results returned on 02/16/21 and on 02/25/21 with negative results returned on 02/26/21. The three employees and the Owner were tested for COVID-19 using a PCR test on 02/15/21 and on 02/25/21 with negative test results returned on 02/16/21 and 02/26/21. All employees and the Owner will be tested for COVID-19 again on 03/04/21 and 03/11/21. Employee files documented an Infection and Control Training Webinar titled, "Sparkling Surfaces; Clean Hands; Closely Monitor; Keep COVID out; Use PPE's correctly: donning and Doffing" was completed by 3 of 3 employees as follows: - Employee #1 completed the module on 02/27/21 - Employee #2 completed the module on 08/30/20 - Employee #3 completed the module on 08/30/20 A policy titled Infection Control-COVID-19: Policy and Procedure Manual with an effective date of 09/19/20 documented the following: - Symptomatic and asymptomatic residents were quarantined - New admissions or readmissions with an unknown COVID-19 status were required to provide negative COVID-19 test results prior to admission and were quarantined and observed for fever and symptoms of COVID-19 for 14 days. - Visitation was restricted to essential health care workers. Visitors were screened using a screening tool and temperatures were taken. Visitation was allowed in private resident rooms and was not allowed in common areas. - The policy required resident temperatures to be taken and			

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	<p>logged twice daily, residents were to be monitored for signs and symptoms of COVID-19 including fever, cough, and sore throat. The medications technician was responsible for reviewing and signing the log. - Cleaning and disinfecting of high touch areas included desks, tables, doorknobs, light switches, handles, refrigerators, counter tops, and electronics. High touch areas were cleaned three times a day using Clorox wipes. - Bathrooms, the laundry room, and the kitchen were cleaned twice daily using Clorox germicidal bleach. - Cleaning supplies used were as follows: Clorox Disinfecting Wipes, Sani-cloth, Clorox Pro-Clorox germicidal bleach and alcohol-based hand rub (ABHR) - Staff were required to receive training for use of PPE, PPE selection, don and doff of PPE, how to maintain, disinfect and dispose of PPE, and limitations of PPE. Education was provided using an infection prevention and control training webinar titled, "Sparkling Surfaces; Clean Hands; Closely monitor; Keep COVID out; Use PPE correctly: Donning and Doffing" and was required upon hire and annually. - Staffing solutions included utilizing staff from a sister facility. Outside staffing from other facilities was prohibited. - Staff with signs and symptoms of COVID were sent home and not allowed to work. - Staff with suspected or confirmed COVID-19 were required to quarantine for 3 weeks and test negative for COVID-19 prior to returning to work. - Notification to local health departments was required for suspected and confirmed cases of COVID-19 in residents and/or staff if a resident developed a severe respiratory infection or if more than 2 residents or staff members developed a fever or respiratory symptoms within 72 hours of each other. Local health departments included the Nevada Division of Public and Behavioral Health and the Washoe County Health District. Interview was conducted with Owner and one employee. On 03/03/21 at 1:00 PM, the Owner reported the five COVID-19 negative residents would be re-tested for COVID-19 on 03/04/21 and 03/11/21 utilizing PCR testing. The Nevada State Public Health Laboratory will process the test. On 03/03/21 at 1:50 PM, the Owner</p>			

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	verbalized employees were required to complete an Infection and Control Training Webinar titled, "Sparkling Surfaces; Clean Hands; Closely Monitor; Keep COVID out; Use PPE's correctly: donning and Doffing". On 03/03/21 at 3:15 PM, Employee # 3 communicated hand hygiene was done before and after resident care and mask, face shields, gown and gloves were required. Employee #2 verbalized residents were assisted or cued to wash their hands after using the restroom and before eating. On 03/03/21 at 3:30 PM, the Owner informed high touch surfaces, such as doorknobs and light switches were cleaned three times a day and as needed using Clorox wipes. The kitchen, dining area, and shared bathrooms were cleaned three times per day and as needed using Clorox products and bleach. On 03/03/21 at 3:35, the Owner verbalized staff were required to wash their hands or use ABHR after patient care and residents were assisted to wash their hands after using the restroom and before eating. On 03/03/21 at 3:35 PM, the owner verbalized COVID-19 positive residents were cohorted in room #2 and room #3. COVID negative residents were cohorted in common areas and in their rooms. No regulatory deficiencies were identified.			