DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**10/08/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEARL CARE HOME LLC	**1012 PARADISE VIEW ST., HENDERSON, NEVADA ,89052**

(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 the Complaint Investigation survey and COVID-19 focused Infection Control survey conducted at your facility on 10/08/20, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for ten Residential Facility for Group beds to provide care for elderly or disabled persons with Alzheimer's disease or related dementia, Category II. The census at the beginning of the survey was seven. One discharged resident file was reviewed. The Lead Caregiver verbalized there were no residents and no employees with COVID-19 symptoms or positive test results. Complaint #NV00061971 with three allegations was not substantiated: Allegation #1: The facility staff did not provide gauze to clean up a resident's wound was not substantiated based on interview with two Caregivers and the Owner and review of a facility incident report documenting first aid with wrapping of the wound was provided. Allegation #2: A hospice staff requested assistance with transferring a resident to bed and was told it was not their responsibility was not substantiated based on interview with two Caregivers and the Owner, and the facility incident report documenting appropriate transfer assistance was provided. Allegation #3: A Caregiver threw the used wrapping supplies at the hospice staff in the resident's room was not substantiated based on interview with two Caregivers and the Owner, and the incident report documenting the used wrapping supplies were emptied by facility staff. The investigation into the allegations included: Observations of residents and the first aid kit. Interviews with two Caregivers and the Owner. Review of one resident file, including incident report. The focused COVID-19 infection control survey included	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	the following: Observations: -Upon entry the Inspector was screened with COVID-19 symptom questioning and temperature check using a no-contact handheld temporal thermometer. The Inspector was directed to use hand sanitizer and put on gloves. -There were signs posted at the exterior front entrance indicating visitation was canceled, essential visitors only. Essential visitors must pass screening with temperature check, must wear gloves and mask, and must go directly to the resident's room. -The front entry table had a binder with sign in logs and two hand sanitizer bottles. The sign in logs documented temperature and the name of the staff who screened the visitor. -Posted guidelines from the Centers for Disease Control (CDC) indicating handwashing is required, how to disinfect surfaces, and how to recognize symptoms of COVID-19. -Three employees were wearing cloth face masks and face shields. One Caregiver who performed hands on resident care wore a cloth face mask and a face shield and donned gloves and a disposable gown prior to entering the room. After the care was provided, the Caregiver doffed the gown and gloves, then washed hands with hand sanitizer and soap and water. -A Caregiver was observed spraying disinfectant and wiping doorways, door handles, and counter surfaces with ammonia based disinfectant. -The Personal Protective Equipment (PPE) supply included 150 surgical face masks, 12 face shields, 800 gloves, and eight disposable gowns. Ten containers of hand sanitizer and two handheld non-contact temporal thermometers were available. Interview: -The Owner and the Lead Caregiver reported all residents and all employees were tested for COVID-19 two weeks prior and all tested negative. -Two Caregivers and the Owner verbalized how to safely disinfect commonly touched surfaces. The Caregivers indicated they were trained to spray and disinfect surfaces with ammonia based cleaner throughout the facility at			

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	least every four hours and as needed. -The Owner verbalized the visiting policy was no visitors inside the facility, except essential visitors. In-person visitation was set up at the large front window with a ten foot separation, using a cell phone to talk. The Owner indicated they also provided cell phones with virtual visitation using Facetime and Skype. -The Lead Caregiver indicated residents were assessed for COVID-19 symptoms and fever every morning and showed the Inspector the resident log. - Meals and activities were provided to residents with the residents seated at least six feet apart. -The Owner indicated if an employee had signs and symptoms of COVID-19 and/or positive test results they were sent home immediately for quarantine and were not allowed to work. -The Owner reported he would contact the State Office of Public Health Investigations and Epidemiology in case of a resident and/or employee with positive COVID-19 symptoms and/or test results. -The Owner provided a co-horting plan indicating a resident with symptoms of COVID-19 and/or positive test results was to isolate a resident in a designated room, which had a private bathroom. Paper plates and plastic forks would be provided for meals. A separate PPE cart with gloves, masks, disposable gowns, and hand sanitizer would be available inside the room and Caregivers would be trained to don and doff PPE, and then dispose of the PPE in a covered trash can in the designated room. - Telephone interview conducted with Administrator on 10/15/20. The Administrator reported the facility is working to obtain N95 masks and was advised to have caregivers fit tested and medically cleared to use once obtained. Document review: -The front entry table had step by step instructions for Caregivers to screen visitors and employees. -The Administrator had a COVID-19 binder available with all policies and procedures and education for employee review. -The facility's Infection Control & Prevention Plan			

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	was a thorough and complete plan addressing screening, co-horting, notification, social distancing, PPE, training of employees, infection control practices, identifying COVID-19 symptoms, staffing issues, and disinfection. 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 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 of this statement for your records.			