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
	10193	A. BUILDING _____ B. WING _____	04/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANIKEHA RESIDENTIAL	465 EAST ROBINDALE ROAD, LAS VEGAS, NEVADA ,89123

(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 State Licensure Change of Ownership full survey and a focused COVID-19 Infection Control Survey conducted at your facility on 04/30/21, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility has requested to be licensed for ten Residential Facility for Group beds for elderly or disabled persons, with endorsements for chronic illness and Alzheimer's disease, Category II. The census at the time of the survey was 0. One sample resident file was reviewed and two employee records were reviewed. The facility had no staff positive with COVID-19. The COVID-19 focused infection control survey included the following: Observations: - Signage was clearly posted near the front entrance. The signage prohibited entry of individuals who had experienced symptoms related to COVID-19, required visitors to utilize personal protective equipment (PPE), limited visitors to essential healthcare workers, and directed visitors to wash or sanitize hands prior to entry to the facility. - Facility administrator checked the temperature of the health facility inspectors prior to entry to the facility. - Health facility inspectors were asked COVID-19 screening questions related to symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. - Health facility inspectors were asked to sanitize their hands prior to entry to the facility. - Hand sanitizer was located next to the front door. - The facility owner and Administrator wore surgical masks. - Personal Protective Equipment (PPE) was secured in a locked storage room. - The facility had a supply of no-touch temporal thermometers (two), N95 masks (160), disposable single-use masks (500), disposable gloves (1000), disposable gowns (500), and face shields (20). - The facility had a stock of Clorox brand sanitizing wipes (six containers) and Purell brand hand sanitizer (one 128-ounce, seven 32-ounce). Interview with the Director: The Director verbalized when residents were	0000		

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	admitted, the following procedures were followed: - No visitors will be allowed into the facility, except for essential healthcare personnel. Essential healthcare personnel entering the facility must have their temperature taken and be verbally screened with a questionnaire about COVID-19 symptoms and travel history. - Temperature checks for residents would be conducted in the morning and evening, and the results written in the logbooks. Residents will be monitored for signs and symptoms of COVID-19 and general changes each shift throughout the day. - High touch surfaces (restrooms, light switches, doorknobs) would be disinfected throughout the day with sanitizing spray and wipes. - Residents would be instructed to maintain at least six feet of distance between each other when they are in the common areas (backyard, living room, dining area). - All meals will be provided in the dining area on sanitized dishware. Disposable dishware is available for quarantined residents. - Virtual FaceTime is offered to residents through an electronic tablet. Family and friends can be contacted through virtual visitation when requested by the resident or families, friends, and essential healthcare providers. The electronic tablet will be disinfected between each virtual visitation. - The Owner obtains PPE supplies weekly. - The facility would contact the Bureau of Health Care Quality and Compliance (HCQC) or the Office of Public Health Investigations and Epidemiology (OPHIE) of a suspect or positive case of COVID-19 Record Review: - An infection control policy of comprised guidance from the Centers for Disease Control and Prevention and local health authorities regarding isolation, quarantine, and aseptic areas in the event a resident was identified as positive for COVID-19. The policy had a component to cohort residents and assign dedicated staff members to residents who were tested and identified as positive for COVID-19. - Standard and transmission-based precautions for COVID-19. - Visitor entry and facility screening practices, including screening questions, hand sanitization, and temperature checks. - Education and			

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	monitoring of the screening practices of staff, proper PPE use, temperature checks, hand washing and sanitization. - Documentation for medical clearance and fit-testing for one staff member was provided. - Documentation of PPE donning and doffing training provided. 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. There were no regulatory deficiencies identified. No further action is required. Please retain a copy of this report for your records.			