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
	10202	A. BUILDING _____ B. WING _____	05/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TENDER LOVING MEMORY CARE & ASSISTED LIVING HOME L	3429 WEST LONE MOUNTAIN ROAD, NORTH LAS VEGAS, NEVADA ,89031

(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 an initial State licensure and COVID-19 focused infection control survey initiated at your facility on 05/17/21 and completed on 06/07/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility requested licensure for ten Residential Facility for Group beds for Assisted Living services and persons with Alzheimer's disease Category II residents. One sample resident file and one employee file were reviewed. The census at the time of the survey was 0. The facility had no residents or staff positive with COVID-19. The COVID-19 focused infection control survey included the following: Observations: - Signage was posted at front entrance, "Face mask required, all employees or visitors must wear a face mask or protective face covering." - Facility staff checked the temperature of the health facility inspector upon entry. - Health facility inspector was 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 inspector was asked to sanitize their hands prior to entry. - Hand sanitizer was located in the entry way, dining room and employee restroom. - The Owner and Consultant wore a disposable face mask. - Facility had five shared bedrooms and five shared bathrooms with full a shower. - The facility had two (one liter) bottles of hand sanitizer, two boxes of gloves, 20 KN95 masks, 25 N95 masks, four face shields, 20 gowns, and 200 disposable masks. - Two contact-less thermometers were available. Interview the Owner and Consultant revealed: - Facility has private residence attached which will be kept inaccessible to all residents. - Visitors will be limited to essential healthcare workers. - Temperature checks will be completed for staff and essential visitors upon entrance to the facility. -All staff will be required to wear a face mask. - All visitors and staff are asked COVID-19 screening questions related to	0000		

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	symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. - Visitors are required to utilize hand sanitizer or wash hands upon entry. - Temperature checks will be conducted twice a day. Residents will be monitored for signs and symptoms of cough, fever, shortness of breath and muscle pain daily. - Non-essential visitors are not permitted in the facility. The facility will use virtual visitation for all non-essential visitors. - Facility will practice social distancing by encouraging residents to stay spaced six feet apart for meals and activities. - Staff will sanitized high touch areas twice a day with a bleach/water solution. - Training was held regarding proper donning and doffing of personal protective equipment (PPE) for the Administrator. All employees hired will receive this training. - The facility had a plan in place for isolation and quarantining residents and employees. - One employee was medically cleared and fitted for use of N95 masks. Record Review: - Infection Control Program policies and procedures documented measures to ensure isolation and prevention of 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, monitoring and screening practices of staff including proper PPE use, temperature checks, hand washing and sanitization. - Staff Fit Testing for N-95 masks. - Respirator Program. - Identification and response to residents with suspected or confirmed COVID-19. - An Emergency Staffing Plan if a staff member tests positive. - New Admissions or Readmissions with an unknown COVID-19 status. - Required notifications. 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. No regulatory deficiencies were identified. No further action necessary. Please retain a copy for your records.			