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
	110	A. BUILDING _____ B. WING _____	01/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH LIFE LLC	5220 RANCHER AVE, LAS VEGAS, NEVADA ,89108

(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 COVID-19 focused Infection Control Survey conducted at your facility on 01/05/21, in accordance with Nevada Administrative Code Chapter 449, Residential Facilities for Groups. The facility is licensed for eight Residential Facility for Group beds with an endorsement for persons with Alzheimer's disease or related dementia, Category II. The census at the time of the survey was six. The Manager verbalized upon entry there were no residents and no employees with COVID-19 symptoms or positive test results. The focused COVID-19 Infection Control Survey included the following: Observations: -The Health Facilities Inspector (Inspector) was screened by the Caregiver at the front door prior to entry with a COVID-19 symptoms questionnaire and a temperature check using a no-contact temporal thermometer. -The Inspector was directed to use hand sanitizer to sanitize hands. -The front entry table had a binder with COVID-19 questionnaires and visitor logs, and a temporal thermometer. -Sign at exterior front door: "Attention: Due to COVID-19 visitors are restricted until further notice. Allowed visitors must wear a face mask prior to entry." -The Personal Protective Equipment (PPE) supply included 100 disposable face masks, 5000 gloves, 20 N95 masks, and 20 disposable gowns. -The facility had nine pump bottles of hand sanitizer and a 32-ounce refill bottle of hand sanitizer. -The facility had two noncontact temporal thermometers. -The employees wore face masks. -The employees washed hands with soap and water and hand sanitizer. -Two residents were in the living room seated six feet apart. Four residents were resting in their rooms. -Cleaning supplies included several containers of Lysol wipes, ammonia-based disinfectant, spray disinfectant, and bleach products. Interviews: -The Manager verbalized the visiting policy was one visitor allowed at a time, with temperature and COVID-19 screening completed. The visitor must wear	0000		

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	a mask. Pre-arranged outside visitation was encouraged if weather permitted. -The Administrator and the Manager indicated they had a COVID-19 outbreak in October 2020 which had resolved. -The Administrator, Manager, and the Caregivers were knowledgeable in appropriate infection control practices such as cleaning, disinfecting, use of PPE, and identifying COVID-19 symptoms. -The Manager and Caregivers indicated they clean high touch areas after use and three times daily with ammonia-based spray disinfectant and Lysol wipes. -The Administrator, the Manager, and the Caregivers reported and demonstrated how they were trained in donning and doffing PPE. -The Administrator and the Manager stated in the event of a resident with COVID-19 symptoms or positive test results, the resident would be moved to a private room with a separate supply of PPE, a dedicated bathroom, use of disposable dishware, and a dedicated caregiver (the Manager, who was medically cleared and FIT tested to wear the N95 mask.). -The Administrator and the Manager verified they would contact the Office of Public Health Investigations and Epidemiology (OPHIE) if a resident or employee had COVID-19 symptoms or positive test results. The resident's physician and family members would be notified. Document Review: -The facility had a comprehensive Infection Control and Prevention Plan. -N95 mask FIT testing and medical clearance for the Manager. -Screening and visitor logs. -COVID-19 visitation policy provided to resident family members. 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.			