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
	2175	A. BUILDING _____ B. WING _____	08/25/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSS SENIOR RESIDENCE	**5935 W SADDLE AVE, LAS VEGAS, NEVADA ,89103**

(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 annual State Licensure Survey and Focused COVID-19 Infection Control Survey conducted at your facility on 08/25/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was four. Four resident files and three employee files were reviewed. The facility received a grade of A. The focused COVID-19 infection control survey included the following: Observations: - Facility staff checked and logged the temperature of the health facility inspector prior to entry to the facility using a temporal thermometer and conducted a Visitor/Employee COVID-19 evaluation for signs, symptoms, and travel history. - Social distancing was practiced throughout facility as during the survey, residents were in their rooms. - Staff wore surgical masks throughout the facility, washed hands and donned gloves when assisting residents. - The facility had one staff member on duty. - Staff washed their hands and utilized alcohol-based hand sanitizers. - Residents wore surgical style masks when moving throughout the facility and did not wear masks when in their bedrooms. - Instructions related to COVID-19 were posted on the on the front door of the facility and on the wall in the facility entry way area. - The facility had one case of gloves, 200 masks, two gowns, five large containers of hand sanitizer, six gallons of bleach and Lysol sanitizer. Interviews: The facility owner reported: - The facility had three caregivers. - Except for medical personnel from hospice and home health, visitors were not allowed in the facility. Residents can communicate with family and friends by phone or zoom and facetime. - Residents watch television in the living room while practicing social distancing. - All residents and staff tested negative for	0000		

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	COVID-19 on 06/25/20 and and the facility has not had any positive cases of COVID-19 during the pandemic. - Staff disinfect high touch surfaces every two hours and document in a log. - Meals are served in resident's bedrooms or at the dining table for two residents at a time to ensure social distancing. - Activities include watching movies, playing games, listening to music, and throwing balls for exercise while maintaining social distancing requirements. - Staff checks resident temperatures and monitors daily for signs and symptoms of COVID-19. Documentation: - The facility policy on monitoring residents for signs and symptoms of COVID-19 included temperature checks and monitoring for coughing, sneezing, and difficulty with breathing. - Policy on infection control measures including requirements for the use of personal protective equipment, cleaning schedules, and documenting the training of staff. - Policy to notify a resident's family and physician if a resident has signs and symptoms of COVID-19. - Quarantine/Isolation policy. - Policy and procedures included the State of Nevada DHHS Recommended Infection Prevention and Control Plans for Group Homes. 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. No deficiencies were identified.			