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 _____	**01/25/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAPPY ADULT CARE	**1905 QUAIL POINT COURT, LAS VEGAS, NEVADA ,89117**

(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 FOCUSED COVID-19 infection control survey conducted on 01/14/21 and a complaint investigation conducted at your facility from 01/14/20 through 01/25/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was six. The sample size was one. The facility received a grade of A. One complaint was investigated. Complaint # NV00060799 with one allegation was unsubstantiated. Allegation #1: Injury (Broken Hip) of unknown origin was unsubstantiated based on observations, interviews and record review. The investigation into the allegation included: Observations of residents for possible injury. Interviews with a caregiver and the complainant. Review of incident reports and resident files. The investigation of regulatory compliance of Infection Control and Prevention included: The Caregiver verbalized there were: No staff members or residents were positive for COVID-19. Observations: - Signs were posted on the front door of the facility requiring visitors to wear personal protective equipment (PPE). - The caregiver on duty checked the temperature of the inspector and completed a COVID-19 Questionnaire about signs and symptoms of COVID-19, travel history and close contacts. - The facility had three infra-red thermometers. - Two caregivers were observed wearing masks and gloves while caring for residents and conducting housekeeping duties. - The facility had 200 disposable masks, three N-95 masks, 500 gloves, and ten disposable gowns. - Residents were in their rooms and were social distancing. Interviews with caregiver: - One caregiver was fit tested for the N-95 mask on 12/11/20 . - PPE training was provided by the administrator. - Most residents take their meals in their bedrooms	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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	because they have limited mobility. - A room is set aside if needed for isolation or quarantine for a resident infected or exposed to COVID-19. The facility has isolation signs prepared if needed and a positive resident would be provided assistance by a dedicated staff member. - Residents can communicate with family by phone or they can make video calls (Facetime) with assistance from a caregiver. - The phone numbers to report COVID-19 are kept in a binder. - High touch areas are cleaned and sanitized at least three times a day and after essential visitors leave the facility. - Residents and staff are checked for signs and symptoms of COVID-19 daily. This includes temperature checks that are logged. Document Review: - N-95 fit testing results dated 12/11/20. - PPE and COVID-19 training rosters dated 09/15/20, 11/15/20 and 12/15/20. - Contacting Health Authorities - Summary of Important COVID-19 Protocols - Recommended Infection Prevention and Control Plans for Group Homes, Coronavirus 2019 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 regulatory deficiencies were identified. No further action necessary. Please retain a copy for your records.			