

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2769	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2020
NAME OF PROVIDER OR SUPPLIER HONEYBEE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 E AMBUSH ST, PAHRUMP, NEVADA ,89041		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a COVID-19 focused infection control, State Licensure survey initiated at your facility on 10/29/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons, and/or persons with chronic illnesses, Category II residents. The census at the time of the survey was seven. No residents or staff tested positive for COVID-19. The COVID-19 Infection Control Survey included the following: Observations: - The Inspector was required to complete a COVID-19 questionnaire and temperature checked prior to entering the facility. The facility had two infra-red thermometers. - Signs requiring gloves, masks and other COVID-19 precautions were posted on the front door. - Staff were wearing facemasks and gloves. - The facility had 20 N-95 respirators, one 7700 series respirator, 2000 gloves, 45 surgical style masks, 15 gowns, 30 face shields, and 1.5 gallons of hand sanitizer with eight-ounce bottles provided at the front door, kitchen, bathrooms and each bedroom. - One bedroom was set aside for isolation if needed. - Residents were observed in their rooms or were outside. The living room and kitchen area was under renovation. The ability of the residents to move around the facility was not impeded. Interview: A caregiver reported: - Seven residents tested negative for COVID-19 on 10/15/20. Staff were not tested. - Staff received training on donning and doffing personal protective equipment (PPE). N-95 and 7700 series respirator fit testing was scheduled with the Nye County Fire Department. - Staff wash their hands "all the time" including before passing medications, before serving meals, after providing assistance to residents, upon arrival to work, after using the restroom and whenever necessary. Handwashing signs were posted in the bathrooms. - All common areas are cleaned and sanitized every two hours with			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name:
REPRESENTATIVE'S SIGNATURE

Title:

Date:

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	disinfectant. - All bedrooms are cleaned and sanitized daily. - Residents and staff are monitored for signs and symptoms of COVID-19 and temperature checked every morning. - Resident's conduct activities in the dining area while social distancing. Four residents eat at two separate dining tables for social distancing. Three residents eat in their bedrooms. All residents have a private bedroom. - A bedroom is set aside for Isolation if needed. PPE would be placed outside the door and a sign would be posted to remind other residents and staff to stay out of the bedroom. A single caregiver would be assigned to the resident that is isolated. The resident would be served meals with paper plates and disposable utensils. A covered trash can would be provided. - Residents are able to make phone calls and they use smart phones for virtual visitation with friends and family. Documentation: - The facility had a COVID-19 Policy Book with CDC Guidelines and an "Infection and Prevention Control Plan for Honeybee Home Coronavirus Disease 2019." No regulatory deficiencies were identified. 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. 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.			