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
	305	A. BUILDING ____________________ B. WING ______________________	09/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOTHER'S BEST CARE FOR ELDERLY	**1225 S 8TH STREET, LAS VEGAS, NEVADA ,89104**

(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: The Statement of Deficiencies was generated as a result of a FOCUSED COVID-19 Inspection conducted in your facility on 09/11/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for persons with mental illnesses, Category II residents. The census at the time of the survey was nine. The facility had no residents or staff positive for COVID-19. The focused COVID-19 infection control survey included the following: Observations: - Facility checked the temperature of the health facility inspector prior to entry to the facility. - The health facility inspector was required to answer COVID-19 screening questions related to symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. Inspector was given shoe covers and gloves upon entrance. - Visitor log documented temperatures, screening and dates of visits. - Residents were in their own bedrooms during inspection. - Staff disinfected kitchen counters, doorknobs, bathrooms and floors with Lysol. - Administrator wore cloth mask and two caregivers wore surgical masks while providing care. - Hand sanitizer was located at the main entrance and living room. Facility had one 67.7 fluid ounce bottle at the entrance and one 67.7 fluid ounce bottle in the living room. Interview: The administrator and a caregiver were interviewed and verbalized the following: - Screening and temperature checks are completed for staff and healthcare workers upon entrance to the facility. Logs are kept of each visitor's screening and temperature. - Temperature checks and signs and symptoms checks for COVID-19 are performed on residents daily by caregivers. - Medical professionals are the only persons allowed entry into the facility. - No residents or staff have tested positive or showed signs and symptoms of COVID-19. - Four residents were tested for COVID-19 in the past three weeks and all results were	0000		

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 REPRESENTATIVE'S SIGNATURE	Name:	Title:	Date:

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	negative. - Staff had not been tested for COVID-19 and have not shown signs or symptoms. - Some residents were served meals at dining room table and some residents were served meals in their bedroom to promote social distancing. - Activities were limited to adhere to social distancing keeping residents six feet apart. - Staff sanitize all high touch areas four times a day with Lysol. - The facility had two electronic temporal thermometers, four boxes of 100 gloves and two boxes of 100 surgical 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. - Facility policies and procedures to address staffing issues during emergencies, such as the transmission of COVID-19. 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. There were no deficiencies identified. No further action is necessary on your part. Please retain this report for your records.			