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
	3091	A. BUILDING _____ B. WING _____	03/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BRIDGE AT PARADISE VALLEY ASSISTED LIVING	2205 EAST HARMON AVE, LAS VEGAS, NEVADA ,89119

(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 03/04/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 91 Residential Facility for Group beds which provide assisted living services for elderly and disabled persons, and/or persons with mental illnesses, and/or persons with chronic illnesses, 81 Category I and 10 Category II residents. The census at the time of the survey was 47. The Administrator verbalized there were no residents and no employees with COVID-19 symptoms or positive test results. The COVID-19 Focused infection control survey included the following: Observations: - The Health Facilities Inspectors (Inspectors) were screened upon entry with a no-contact temporal thermometer. The Inspectors were required to log into the Accushield device. The device had a questionnaire relating to COVID-19 symptoms, travel, and exposure to the virus. - The Inspectors were directed to sanitize hands with hand sanitizer located by the front entry. - Signs requiring a mask, social distancing, and handwashing were posted at the front entrance door, the front desk, next to the elevators, on walls in hallways throughout the facility, in the employee breakroom, next to the bathrooms, in the dining room, and in activities rooms. - Administration and staff wore KN95 and disposable surgical face masks. - Residents in the Assisted Living section wore re-usable cloth and disposable surgical face masks while out of their rooms. - Staff sanitized hands with alcohol-based hand sanitizer. - Personal protective equipment (PPE) was secured in a storage room. - The facility had a supply of N95 masks (235), disposable single-use masks (4,800), disposable gloves (4,000), face shields (105), and gowns (200). - Hand sanitizer dispensers were located throughout the facility. Twenty 32-ounce containers of alcohol-based hand sanitizer was available. - Tables in the dining room	0000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3091	A. BUILDING _____ B. WING _____	03/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BRIDGE AT PARADISE VALLEY ASSISTED LIVING	2205 EAST HARMON AVE, LAS VEGAS, NEVADA ,89119

(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
	were placed between six and ten feet apart. The dining room is currently not being used. Interview: The Executive Director and the Resident Care Director were interviewed and verbalized the following: - The Executive Director verbalized they performed an in-service training to all staff members regarding handwashing, donning and doffing PPE, infection control practices, and disinfecting. The Resident Care Director monitored staff daily for safe infection control practices, wearing of PPE, and handwashing. - The staff has been medically cleared and fit-tested for the use of N95 masks. - Except for essential personnel (hospice nurses, certified nursing assistants, physicians), no visitors are allowed into the facility. Visitors are allowed in the courtyard by appointment, with the visitor requiring screening, masks, and social distance of at least 6 feet from resident. - The Resident Care Director stated that the kitchen staff was expected to wear face masks, gloves, disinfect surfaces with bleach based cleaner, and wash hands with soap and water after taking off gloves. - The Executive Director reported that the staff was trained in disinfecting high touch surfaces and used a disinfectant fogger throughout the day. The fogger used a solution that contained Purtabs brand disinfectant. High-touch surfaces are cleaned with disinfecting wipes, Lysol brand spray, and Clorox bleach brand germicidal cleaner. - Activities were limited to adhere to social distancing guidelines by keeping residents at least six feet apart. - The Executive Director indicated in the event of a symptomatic or positive resident, the resident would be isolated in their private room. Designated staff would be assigned to the isolated resident. The facility would provide a separate supply of PPE on an isolation cart. - The Executive Director verbalized that meals were provided in the residents' rooms. Disposable dishware was available in the event of a quarantined or isolated resident. - Virtual visitation was available and is encouraged. Tablets are available for use and are cleaned and sanitized after each use. - The facility would contact the Bureau of Health Care Quality and Compliance (HCQC) or the Office of			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3091	A. BUILDING _____ B. WING _____	03/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BRIDGE AT PARADISE VALLEY ASSISTED LIVING	2205 EAST HARMON AVE, LAS VEGAS, NEVADA ,89119

(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
	Public Health Investigations and Epidemiology (OPHIE) regarding a suspected or positive case of COVID-19. Record Review: - An infection control policy of comprised recommendations from the CDC and local health authorities regarding isolation, quarantine, and aseptic areas in the scenario of a resident being identified as positive for COVID-19. - The facility had a policy to cohort residents and assigned dedicated staff members to residents who tested and identified as positive for 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. - Procedures for contacting OPHIE regarding a suspected or positive case of COVID-19. - Documentation of staff medical clearance and fit-test for use of an N95 mask. - Documentation of training for donning and doffing of PPE. 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 regulatory deficiencies cited. No further action is needed.			