

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3228	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2020
NAME OF PROVIDER OR SUPPLIER DIGNIFIED CARE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 2915 EL CAMINO RD, LAS VEGAS, NEVADA ,89146		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 10/12/20 and completed on 10/14/20. This State Licensure Survey was conducted 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 Alzheimer's disease, Category II residents. The census at the time of the survey was five. The focused COVID-19 infection control survey included the following: Observations: - Facility staff checked the temperature of the health facility inspector prior to entry to the facility and sprayed the bottom of the inspector shoes with alcohol solution. - 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. - The health facility inspector was asked to use hand sanitizer and wear disposable gloves prior to entry to the facility. - A few residents were in the Livingroom watching television while social distancing. Other residents were in their bedroom. - The caregivers wore surgical masks and gloves while providing care. One caregiver was wearing and N-95 mask, gloves and gown. - The caregivers washed hands and utilized alcohol-based hand sanitizers before and after interacting with residents. - Hand sanitizer was located at the main entrance and throughout the facility. - The positive resident was isolated in their room. A sign was placed on the resident door noting PPE was required to enter the resident's room. - Facility had cohorting measures in place. - Facility had a designated caregiver assigned to provide care to the positive resident. Interview: The Owner verbalized the following: - Screening and temperature checks were completed for staff and healthcare workers upon entrance to the facility. - Temperature checks for residents were conducted twice a day in the	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

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: Title: Date:
REPRESENTATIVE'S SIGNATURE

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	morning and in the evening. - Medical professionals were the only visitors allowed entry to the facility. - Five residents and two staff have tested positive for COVID-19. One positive resident was still in the facility. - Residents were served meals in their rooms and the dining area with a chair removed between residents to adhere to social distancing practices. - Activities were provided in bedrooms and in common areas with social distancing between residents. - Staff sanitized all high touch areas two to three times a day with disinfectant spray. - The facility had 10 boxes of gloves; 90 surgical masks; 20 KN95 masks and one N95 masks; 25 gowns, three face shields; three electronic temporal thermometers; one gallons of hand sanitizer refill bottle and six 16-ounce bottles. - Training was held for staff on proper donning and doffing personal protective equipment (PPE) on 10/05/20 and monthly trainings are held. - Facility Administrator was informed an infection control registered nurse would be reaching out to the facility and provide guidance to obtain additional N95 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. - Separate area will house residents in the case of a positive resident in the facility. 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.			