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
	3275	A. BUILDING _____ B. WING _____	10/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN RESIDENCE	**1305 KINGS COURT, RENO, NEVADA ,89503**

(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 survey was generated as the result of a State Licensure COVID-19 Infection Control (IC) and Prevention Plan review conducted with your facility Administrator on 10/13/20. This review was conducted by the Division of Public and Behavioral Health for Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness and/or persons with chronic illness and/or persons with intellectual disabilities, three Category I and five Category II residents. Based on our review, your facility has a written infection control plan in accordance with the Centers for Disease Control and Prevention (CDC) guidance. The facility plan included the following components: - Visitor entry and facility screening practices; - An Emergency Staffing Plan if a staff member tested positive - A plan in the event a staff member or resident tested positive - Access to or inventory of Personal Protective Equipment (PPE) - Staff training on the proper use of PPE to include donning and doffing - Staff Fit Testing for N-95 masks - Respirator Program - Identification and response to residents with suspected or confirmed COVID-19 - New Admissions or Readmissions with an unknown COVID-19 status - Required notifications 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 investigation, 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 is necessary. Please retain a copy of this report for your records.	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: