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
	3363	A. BUILDING _____ B. WING _____	11/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING VALLEY ALZ CARE CENTER	6428 CRYSTAL DEW DRIVE, LAS VEGAS, NEVADA ,89118

(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 Statement of Deficiencies was generated as a result of the focused Infection Control survey conducted at your facility on 11/10/20, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed as a Residential Facility for Groups for ten elderly or disabled persons with Alzheimer's disease or related dementia, Category II. The census at the time of the survey was nine. The Managers verbalized there were no residents and no employees with COVID-19 symptoms or positive test results. The Infection Control Survey included the following: Observations: -The Health Facilities Inspector (Inspector) was screened prior to entry with a temperature check using a non-contact temporal thermometer. The Caregiver asked the Inspector questions about exposure to persons with COVID-19, COVID-19 symptoms, and travel out of state, and completed a questionnaire next to the visitor's log. -The Inspector was asked to use hand sanitizer before proceeding into the facility. There was an automatic hand sanitizer dispenser at the front entry table. There were ten large refill bottles, twelve pocket size containers, and 30 pump bottles of hand sanitizer. -The Managers and Caregiver washed hands with soap and water and used hand sanitizer. -The Managers and Caregiver wore surgical face masks. -The Personal Protective Equipment (PPE) supply included 20 N95 masks, 1,200 gloves, 200 surgical face masks, 20 disposable gowns, and 20 shoe covers. -Nine gallon bottles of Clorox bleach, 40 tubs of Clorox wipes, and ammonia based cleaner were stored in the kitchen. -There were two non-contact temporal thermometers. -Posted sign at exterior front door: "...If you are not feeling well, and in particular, if you have a fever, a cough, or are having difficulty or shortness of breath, we kindly ask that you do not visit until you are certain you are not contagious." -Posted sign with handwashing, coughing, and disinfecting diagram at exterior front door:	0000		

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	"Stop the spread of germs." -Signs in the living room and kitchen directed to wear masks and wash hands. -The Caregiver wiped the dining room table with Clorox wipes. Interviews: -The Manager indicated the facility's policy regarding visitation was no visiting except for health providers. Virtual visitation (FaceTime) was made available. -The Managers verbalized employees had training in monitoring COVID-19 symptoms, thorough handwashing, how to don and doff PPE, and disinfecting surfaces. -The Managers and Caregiver indicated employees wash hands throughout the day and wear gloves when serving food, helping residents in the bathroom, taking care of residents, and administering medication. -The Manager indicated employees sanitize door handles and faucets two times a day and after use. Tabletops and countertops are cleaned at least three times a day. Ammonia based cleaners were used for disinfecting the kitchen, bathrooms, and floors. -The Manager reported all employees were recently tested for COVID-19, with negative results. -The Manager verbalized residents' temperatures are taken twice daily. -The Manager indicated if a resident developed COVID-19 symptoms or has positive test results, the resident would be transferred to a licensed Home for Individual Residential Care (HIRC) with a private room and bathroom. The resident would be provided with disposable dishware, and have a separate cart with face masks, gloves, hand sanitizer, and gowns. If the HIRC did not have bed availability, the resident would be transferred to a nearby rehabilitation facility with a designated COVID unit. -The Manager indicated she provides meals in the dining room and on trays in the living room to ensure residents are seated at least six feet apart. Two residents eat in their rooms. -The Manager reported the telephone number for the Office of Public Health Investigations and Epidemiology was located in the COVID-19 Binder at the front table to contact if a resident or an employee developed COVID-19 symptoms or had positive test results. -The Manager indicated the facility contracted with a physician to conduct medical clearance and			

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	fit tests for all employees, who is scheduled to come to the facility on 11/16/20. Document Review: -The facility had a comprehensive Infection Control and Prevention Plan in a binder by the front door. -Visitor's logs with COVID-19 questionnaires. 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 identified. No further action is required at this time. Please retain this statement for your records.			