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
	3382	A. BUILDING _____ B. WING _____	12/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN MEADOWS RESIDENTIAL	4119 MEADOWGLEN CIRCLE, LAS VEGAS, NEVADA ,89121

(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 a COVID-19 focused infection control survey conducted in your facility on 12/09/20. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses, Category II residents. The census at the time of the survey was eight. No residents or staff have tested positive for COVID-19. 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. - 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. - Residents were in their bedrooms during the inspection. - Staff disinfected kitchen counters, tables and bathroom with Lysol disinfectant spray. - Caregivers wore surgical masks and gloves. - A 67.6 fluid ounce bottle of hand sanitizer was located at the facility entrance, 32 fluid ounce bottle of hand sanitizer in the living room and two 67.6 fluid ounce bottles of hand sanitizer in kitchen cabinet. - The facility had two electronic temporal thermometers, two boxes of 100 gloves, 70 surgical masks, three N-95 masks, five KN-95 masks, 20 gowns and 14 face shields. Interview: The Care Manager was interviewed and verbalized the following: - Temperature checks were completed for all staff and essential visitors, as well as asking COVID screening questions prior to entry to the facility. - Temperature checks for residents and monitoring of residents for signs or symptoms are conducted daily by caregivers. - Medical professionals are the only visitors allowed entry into the facility. - No residents or staff have tested positive for COVID-19. - Residents are served meals two at a time at dining room table to promote social distancing. - Activities are	0000		

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	limited to adhere to social distancing of six feet separation. - Staff sanitizes all high touch areas three times a day and after each visit from medical professionals with Lysol disinfectant spray. - Training was held for staff on proper personal protective equipment (PPE) usage in April by Administrator. - Three caregivers have been fit-tested and medically cleared for N-95 use. 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 personal protective equipment (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.			