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
	339	A. BUILDING _____ B. WING _____	11/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIME CARE FACILITY	4920 RONAN DRIVE, LAS VEGAS, NEVADA ,89110

(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, State Licensure survey conducted at your facility on 11/09/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category 1 residents. The census at the time of the survey was six. No residents or staff tested positive, nor had signs or symptoms of COVID-19. Testing was completed in June 2020. The 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 using an infra-red thermometer. The facility had one infrared thermometer. - Signs were posted on the front door requiring essential visitors to wear masks, sanitize their hands and not to enter if they had signs and symptoms for COVID-19. - The health facility inspector was required fill out a screening questionnaire about COVID-19 and signs, symptoms and travel history. Questionnaires were placed in a binder. - Two caregivers were wearing masks and gloves during the survey. - Social distancing was practiced throughout facility. Residents were in their rooms or in living room chairs during the survey. - Staff washed their hands and utilized alcohol-based hand sanitizers. - The facility had 11-60 ounce bottles of hand sanitizer and numerous small bottles of hand sanitizer. One bottle of hand sanitizer was at the front door and bottles were also placed throughout the facility. - The facility had 400 gloves, 100 surgical style masks, 20 KN95 masks, ten N95 masks, four disposable gowns, four plastic face shields and four large bottles of isopropyl alcohol Interview The caregiver reported: - No residents or staff were COVID-19 positive and the facility has not had any positive cases of COVID-19 during the pandemic. All caregivers and residents tested negative in June 2020. - Only	0000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	339	A. BUILDING _____ B. WING _____	11/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIME CARE FACILITY	4920 RONAN DRIVE, LAS VEGAS, NEVADA ,89110

(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
	essential medical personnel wearing proper personal protective equipment (PPE) could visit residents. Other visitors were not allowed. Residents can communicate with family and friends by phone with caregiver assistance. - COVID-19 update training including donning and doffing PPE was conducted on 10/21/20 and 11/08/20. - Residents watch television in the living room while practicing social distancing or they stay in their individual rooms. - Meals are served at the dining table to three residents at a time to maintain social distancing. - Essential visitors are required to complete temperature checks and answer questions about symptoms of COVID-19. Employees are required to complete temperature and COVID-19 symptom checks when returning to work. Results are maintained in a binder. - High touch areas and furniture are sanitized three times a day and as needed with Lysol disinfectant spray or alcohol. - Resident bedrooms are cleaned daily and sanitized three times a day. - Resident's temperatures are checked daily and they are observed and questioned about COVID-19 symptoms and results are logged. - If a resident were to test positive for COVID-19, the resident will be isolated in a separate room and isolation signs will be placed on the door. The resident would be assisted by a single caregiver wearing proper PPE. The caregiver would not be allowed to assist other residents. Meals would be served with disposable plates and utensils. A separate garbage can would also be utilized for doffed PPE. - Caregivers are required to wear masks and must wear gloves when assisting residents. - None of the employees were medically cleared and fitted for N95 masks. The facility was provided guidance to have at least one caregiver medically cleared and fitted for an N95 mask in the event a resident becomes positive for COVID-19. (See TAG: 0050) - Two bedrooms have two residents each and one bedroom has one resident. One bedroom is set aside for isolation if needed. - Staff are required to wash their hands before donning gloves to assist residents and after doffing gloves. They are also required to wash hands when handling			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	339	A. BUILDING _____ B. WING _____	11/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIME CARE FACILITY	4920 RONAN DRIVE, LAS VEGAS, NEVADA ,89110

(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
	food, using the restroom, and upon starting the work shift. Documentation: - Infection control/COVID-19 prevention guidelines were posted on the front door. - The staff were trained on COVID-19 procedures by the administrator the facility. - Recommended Infection Control and Prevention Procedures for Group Homes and numerous CDC guidelines for COVID-19 were kept in a binder. The facility Administrator received guidance on the required components of a comprehensive infection control plan and sample infection control plan via telephone and email on 09/29/20. 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. The following regulatory deficiency was identified:			
0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation and interview, the Administrator failed to implement safe infection control practices for the protection of residents in response to the COVID-19 Pandemic. Findings include: The Caregiver reported none of the facility's staff were medically cleared or fit tested for use of N95 masks. The facility was provided guidance to have at least one caregiver medically cleared and fitted for use of N95 masks in the event a resident becomes positive for COVID-19. The facility received guidance on the required components of a comprehensive infection control policy and sample infection control plan via telephone and email on 09/29/20. Severity: 2 Scope: 3	0050	Completed the N-95 fitting training 12/10/2020	12/10/2020