

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3483	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2020
NAME OF PROVIDER OR SUPPLIER ANGELS CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1905 S 17TH STREET, LAS VEGAS, NEVADA ,89104		
(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: The Statement of Deficiencies was generated as a result of a FOCUSED COVID-19 Inspection conducted in your facility on 10/06/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons, with an endorsement for mental illness, nine Category II residents. The census at the time of the survey was seven. The facility had no residents or staff positive for COVID-19. The focused COVID-19 infection control survey included the following: Observations: - Facility 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. Inspector was given shoe covers and gloves upon entrance. - Visitor log documented temperatures, screening and dates of visits. - Two residents were in the living room watching television, one resident was at the kitchen table and four residents were in their bedrooms during inspection. - Staff disinfected kitchen counters and doorknobs with disinfecting wipes and Lysol. - Two caregivers wore surgical masks while providing care. - Facility had one 67.6 fluid ounce bottle of hand sanitizer in the kitchen, one 16.9 fluid ounce bottle at the entrance and one gallon bottle in kitchen cabinet. Interview: Two caregivers were interviewed and verbalized the following: - Screening and temperature checks are completed for staff and healthcare workers upon entrance to the facility. Logs are kept of each visitor's screening and temperature. - Temperature and signs and symptoms checks for COVID-19 are performed on residents daily by caregivers. - Medical professionals are the only persons allowed entry into the facility. - No residents or staff have tested positive or showed signs and symptoms of COVID-19. - Residents were served meals	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:
REPRESENTATIVE'S SIGNATURE

Title:

Date:

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	at three separate kitchen tables to promote social distancing. - Activities were limited to adhere to social distancing keeping residents six feet apart. - Staff sanitize all high touch areas three to four times a day with disinfecting wipes and Lysol. - The facility had two electronic temporal thermometers, four boxes of 100 gloves, two boxes of 50 surgical masks, two gowns and four face shields. 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.			