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
	3729	A. BUILDING _____ B. WING _____	07/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING VALLEY ALZHEIMERS CARE	5310 SHARON MARIE COURT, 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 a COVID-19 focused infection control survey and an annual State Licensure survey conducted in your facility on 07/28/20. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health and NAC 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was five. Five resident files and five employee files were reviewed. The facility received a grade of A. The focused COVID-19 infection control survey included the following: Observations: - Facility staff did not check the temperature of the health facility inspector prior to entry to the facility. (TAG 0050) - The health facility inspector was not 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. (TAG 0050) - The health facility inspector was required to use hand sanitizer prior to entry to the facility. - One resident was at the kitchen table; one resident was on the couch; three residents were in their bedrooms and maintained social distancing. - Staff disinfected kitchen counters, kitchen sink and door knobs with Lysol disinfectant spray. - Administrator and caregivers wore surgical masks while providing care. - Three 16 ounce bottles of hand sanitizer were located at the main entrance, living room and kitchen. Interview: The administrator and caregiver were interviewed and verbalized the following: - Screening and temperature checks were not being completed for staff or visitors. (TAG 0050) - Temperature checks for residents were conducted by hospice and home health nurses. Residents temperatures are checked five times a week. The facility does not do temperature checks for residents. - Medical professionals are the only persons allowed entry into the facility. - Residents	0000		

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	and staff have not been tested for COVID-19 and have not exhibited signs or symptoms. - Some residents were served meals in the dining room, while other residents were served meals in their rooms to promote social distancing. - Activities were provided in living room allowing space between residents to promote social distance. - Staff sanitized all high touch areas two times a day with Lysol. - The facility had two boxes of 100 surgical masks; five boxes of 100 gloves; and no electronic temporal thermometers. Facility had oral thermometers which currently are not being used. - Training was held for staff on proper personal protective equipment (PPE) in early March. Record Review: - Facility had no COVID-19 infection control policies and procedures. (TAG 0050) Infection control prevention plan provided to facility administrator. 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 deficiencies were identified:			

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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 did not ensure visitors of the facility were screened for COVID-19 according to CDC guidelines prior to entry to the facility and the facility lacked an infection control policy. Findings include: On 07/28/20 at approximately 9:00 AM, The Caregiver did not take the temperature or ask COVID-19 screening questions of the health facilities inspector prior to entry to the facility. The Caregiver verbalized that all visitors inside the facility and all nurses have personal protective equipment when they enter. The Administrator revealed the facility does not have a thermometer to take the temperature of visitors. On 07/28/20 at approximately 9:45 PM, the Administrator reported the facility lacked an COVID-19 infection control policy. Severity: 2 Scope: 3	0050	1) Upon entering facility , visitors will submit to a temperature check and asked the following question: 1. Do you have any of these symptoms that are not caused by another condition?• Fever or chills• Cough• Shortness of breath or difficulty breathing• Fatigue• Muscle or body aches• Headache• Recent loss of taste or smell• Sore throat• Congestion• Nausea or vomiting• Diarrhea 2. Within the past 14 days, have you had contact with anyone that you know had COVID-19or COVID-like symptoms? Contact is being 6 feet (2 meters) or closer for more than 15 minutes with a person, or having direct contact with fluids from a person with COVID-19(for example, being coughed or sneezed on). 3. Have you had a positive COVID-19 test for active virus in the past 10 days?4. Within the past 14 days, has a public health or medical professional told you to self-monitor,self-isolate, or self-quarantine because of concerns about COVID-19 infection? temperature results are then logged in sign in sheet. 2) A thermometer has been obtained to do temperature checks. Attachment #1 (jpeg) Attachment #2 (PNG) 3) Administrator will ensure there is a working thermometer and results logged in sign in book. 4) Corrections on Deficiency completed on July 31,2020	07/31/2020