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 _____	04/19/2021

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 an annual state licensure and infection control survey conducted at your facility on 04/19/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for eight Residential Facility for Group beds for elderly or 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 three employee files were reviewed. The facility received a grade of A. 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.	0000		
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 interview, and document review the facility failed to implement safe infection control practices for the protection of residents and staff in response to the COVID-19 Pandemic. Findings include: On 4/19/21 review of employee files lacked documented evidence staff had completed a fit test and obtained medical clearance for use of N95 masks. On 4/19/21 in the morning, the Administrator reported none of the employees have been fit tested or medically cleared for the use of N95 masks. Severity: 2 Scope: 3	0050	1) One employee had been given a fit test and obtained a medical clearance for use of N95 mask. (Attached document) 2) a yearly check of mask fitting will be performed at medical center. 3) The administrator will take responsibility of yearly compliance. 4) Completed on April 28,2021	04/28/2021

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 REPRESENTATIVE'S SIGNATURE Name: PAUL AQUINO Title: Administrator Date: 05/01/2021

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0102 SS= F	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on interview and record review, the facility failed to ensure 3 of 3 employees met the requirements concerning tuberculosis (TB) testing. (Employee #1, #2, and #3 lacked evidence an annual TB test had been completed). On 4/19/21 in the morning, the Administrator acknowledged the annual TB tests for employees had not been completed as required. Severity: 2 Scope: 3	0102	1) All 3 employees have taken a TB Quantiferon Testing. (3 attachments) 2) An employee checklist will be posted in employee file showing due dates of TB testing, continuing education certificates. 3) The administrator will be responsible for the employee checklist. 4) Results for Employee #2 TB Quantiferon testing will be coming in , possibly on Monday May 3rd 2021. 5) Completed on April 28,2021.	04/28/2021