

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3888	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2020
NAME OF PROVIDER OR SUPPLIER JOYFUL SENIOR CARE HAVEN 2		STREET ADDRESS, CITY, STATE, ZIP CODE 4353 JODI AVE, LAS VEGAS, NEVADA ,89120		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a FOCUSED COVID-19 infection control survey conducted at your facility on 10/26/20, 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 persons with Alzheimer's disease and/or Category II residents. The census at the time of the survey was nine. The investigation of regulatory compliance of Infection Control and Prevention included: The Administrator verbalized there were no residents and no employees with COVID-19 symptoms or positive results. Observations: - The caregiver checked the temperature of the health facilities inspector prior to entry to the facility. The health facilities inspector was required to answer a questionnaire about COVID-19 symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. - The caregiver wore a single use disposable mask and gloves. The caregiver was donning and doffing personal protective equipment (PPE) correctly. - Three residents were sitting in the living room, at least six feet apart from each other. - The caregivers washed hands with soap and water and used alcohol-based hand sanitizer between activities. - The caregiver disinfected common areas throughout the facility with Clorox bleach spray. High touch surfaces were disinfected between activities. - Hand sanitizer dispensers were located at the front entrance of the facility and in the kitchen. Four 1-liter containers of alcohol-based hand sanitizers were stored in a kitchen cabinet. - The facility stored their PPE in a container in the living room. The facility had a stock of gloves (500 pairs), single use disposable masks (100), gowns (20), disposable shoe covers (15), and N95 masks (10). - Instructions related to wearing a mask, washing hands, and social distancing were posted on the front door of the facility and in living room. Interview: The Administrator verbalized the following: - All			

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) four staff members were tested for COVID-19 on 09/23/20; all results were negative for COVID-19. Residents had not been tested. There were no residents and no employees with COVID-19 symptoms or positive results during the time of inspection. - No visitors were allowed into the facility, with exception to essential workers (social workers, hospice nurses, certified nursing assistants, physicians). Anyone entering the facility must have their temperature taken and be verbally screened with a questionnaire about COVID-19 symptoms and travel history. - The facility had two non-contact temporal thermometers. - The Administrator obtained PPE supplies weekly through online purchasing and home health agencies. - Temperature checks for residents were conducted once a day in the morning. Temperature logs were stored in resident files. - Meals are provided to residents at the dining table and in the living room maintaining social distancing practices of at least six feet. Some residents also received meal service in their rooms. All dishware was cleaned in the dishwasher. - Residents are encouraged to maintain at least six feet of distance between each other when they are in the common areas (backyard, living room, dining room) during any activities to adhere to social distancing recommendations. - The Administrator provided infection control trainings to staff members monthly. - High touch surfaces are disinfected three times a day, between activities, or more frequently if they were visibly soiled. Staff sanitized surfaces using Clorox spray. - Virtual facetime is offered to residents through cell phones. Family and friends can be contacted through virtual visitation whenever requested by the resident, or if requested by the families, friends, and essential healthcare providers. Cell phones were disinfected between each virtual visitation. - The facility would contact the Bureau of Health Care Quality and Compliance (HCQC) and Southern Nevada Health District (SNHD) of a suspected or positive case of COVID-19. - Four staff members were medically cleared and fitted for N95 masks. Record Review: - An infection control policy comprised of	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

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	recommendations from the Centers of Disease Control and Prevention (CDC), and local health authorities regarding isolation, quarantine, and aseptic areas in the scenario of a resident being identified as positive for COVID-19. The facility had a policy to cohort residents and assign dedicated staff member to residents who get tested and may be identified as positive for 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 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. - Temperature logs were observed in resident files. - Temperature logs were observed in employee temperature log binder. 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 regulatory deficiencies cited. No further action is needed.			