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
	4126	A. BUILDING _____ B. WING _____	09/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT CARE GROUP HOME	**639 K STREET, SPARKS, NEVADA ,89431**

(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 the result of a State Licensure COVID-19 Infection Control and Prevention Plan Survey conducted in your facility on 09/03/20. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility is licensed for Five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. A review of the facility's Infection Control and Prevention Plan revealed the facility had the following components documented and ready for implementation: -A verbal interview with a caregiver describing implementation of the plan. -Visitor entry and facility screening practices -An Emergency Staffing Plan if a staff member tested positive -Access to or inventory of Personal Protective Equipment (PPE) -Staff training on the proper use of PPE to include donning and doffing -Staff Fit Tests for N-95 masks -Respirator Program -New Admissions or Readmissions with an unknown COVID-19 status - Required notifications The plan lacked the following components: - A cohort plan for the facility in the event any residents tested positive or had known exposure to COVID-19. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified.	0000		

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: FREDA CASTRO Title: Administrator Date: 09/27/2020

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0593 SS= C	Rights of Residents; Procedure for Filing - NAC 449.268 Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that: (d) The facility is a safe and comfortable environment; Inspector Comments: Based on observation, interview, and record review, the facility failed to provide a safe environment for residents by not having a cohort plan ready to be implemented if a resident tested positive or was exposed to COVID-19. Findings include: On 07/30/20, the Administrator verbalized an Infection Control and Prevention Plan would be completed for the facility on 08/27/20. A follow-up survey conducted on 09/03/20 revealed the following components lacking from the facility's plan and availability to implement: The facility policy titled "Policies and Procedures During COVID-19 Pandemic," dated 09/03/20, documented the facility would be unable to care for a COVID positive resident and positive residents would be sent to the hospital. On 09/03/20 at 5:30 PM, the Administrator was unable to provide a cohort plan for residents to remain in the facility in the event a resident tested positive or was exposed to COVID-19. Severity: 1 Scope: 3	0593	TAG 0593 The facility will ensure the safety and comfortable environment for all residents. The cohort plan was implemented during this COVID-19 pandemic in the event one resident is tested positive or exposed to C0vid -19 virus. See Attachment Pleasant Care Group Home LLC,COHORTING POLICY.	09/27/2020