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
	4405	A. BUILDING _____ B. WING _____	11/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARVEL MANOR	**4935 N DURANGO, LAS VEGAS, NEVADA ,89149**

(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 conducted at your facility on 11/19/20, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for ten Residential Facility beds for elderly and disabled persons, Category II residents. The census at the beginning of survey was ten. The Caregiver verbalized there were no residents and no employees with COVID-19 symptoms or positive results. The focused COVID-19 infection control survey included the following: Observations: - Signage posted at front entrance door "Masks are required to enter this facility; Attention family and friends due to current situation and the wellbeing of our residents and staff, the facility is limiting outside visitation. Only medical staff will be allowed to enter the facility". - 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. - Facility staff checked the temperature of the Health Facility Inspector prior to entry into the facility. - Health Facility Inspector was required to use hand sanitizer after entering the facility. -Health Facility Inspector was required to sign in after entering the facility. - Three Caregivers wore face masks. - Hand sanitizer was located on front porch, the main entrance, kitchen, and hallway. - The facility had 48 boxes of gloves; five face shields; five KN95 masks; three bottles of disinfectant spray and one bottle of bleach; five gowns and one electronic temporal thermometer. -Two dining room tables were located in the kitchen to help social distance during staggered meals. Interview: The Owner and Caregivers verbalized the following: - Temperature checks were completed for staff and healthcare workers upon entrance to the facility. - Temperature checks for residents were conducted twice a day. - Medical professionals were the only visitors allowed entry to the facility unless a resident was	0000		

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	imminent or at the end of life. - Meal times were adjusted to promote social distancing. - Staff sanitized all high touch areas (doorknobs, light switches, bathrooms, counter tops, chairs, and pens) at least three-five times a day with a disinfectant spray and bleach. - The facility had one N95 respirator masks. The Administrator provided documentation by email of two employees medically cleared and fitted to wear N95 masks. - The facility provided COVID-19 infection control training to employees on donning and doffing of personal protection equipment (PPE) in the months of March and September 2020. - Eight residents have private rooms. Two residents have a shared room. -If outbreak occurs, a COVID positive resident would be placed in isolation away from COVID negative residents. Record Review: - Infection Control Program policies and procedures documented measures to ensure isolation and prevention of COVID-19. - Visitor entry and facility screening practices including screening questions, hand sanitization and temperature checks. Infection Control Program policies and procedures addressed the following topics: -Visitor protocols -New and Re-admissions - Education and monitoring -Hand Hygiene 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. No regulatory deficiencies identified. Please retain a copy for your records.			