

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4409	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OR SUPPLIER L & J GROUP HOMECARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1604 WILDWOOD DRIVE, LAS VEGAS, NEVADA ,89108		
(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 and state licensure annual survey initiated at your facility on 07/21/20. This State Licensure Survey was conducted 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 elderly and disabled persons and/or persons with mental illness Category II residents. The census at the time of the survey was eight. The facility received a Grade of A The focused COVID-19 infection control survey included the following: Observations: - Facility staff checked the temperature of the health facility inspector prior to entry to the facility using an infra-red thermometer. The facility had two thermometers. - The health facility inspector was required to answer screening questions about COVID-19. This included questions about symptoms and travel history. - Social distancing was practiced throughout facility during the survey, residents were in their rooms. - Staff disinfected common areas throughout the facility with disinfectant. - Staff wore surgical masks throughout the facility. - The facility had two staff members on duty. - Staff washed their hands and utilized alcohol-based hand sanitizers. - Residents wore masks of various styles when moving throughout the facility and did not wear masks when in their bedrooms. - Instructions related to COVID-19 were posted on the wall and on a table and on the wall near the entry. - Ten 128-ounce bottles of hand sanitizer were observed. One bottle was placed in each of the resident's room, and one bottle was near the front door and one was in the kitchen. Interview with the owner: - The facility had four staff members. - Except for medical personnel from hospice and home health, visitors were not allowed in the facility. Residents communicate with family and friends using face time and Zoom. - Residents watch television in the living room while practicing social distancing. -			

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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	Residents and staff were tested for COVID-19 on 07/13/20 and everyone tested negative. No residents or staff have been tested positive for COVID-19. - Meals were served at three separate dining tables located in the dining room and living room area to maintain social distancing. Interview with the caregiver: - High touch areas and furniture are sanitized at least three times a day. - The facility had three boxes of gloves. One located at the front door and two located in a closet storage area. - The facility had five boxes of surgical masks and two boxes of N-95 masks. - The caregiver produced a temperature log which showed resident temperatures were checked daily, and the caregiver reported residents are monitored for signs and symptoms of COVID-19 several times a day. - The facility utilized disposable dishes and utensils, and utilized glass dishes which are sanitized in the dishwasher immediately after meals are served. - Activities included watching television, checkers, bingo, and other activities while practicing social distancing. Documentation: - The facility documented temperature checks for residents daily and also checked for signs and symptoms of COVID-19. - Infection control/COVID-19 prevention guidelines were posted on the entry way wall. - The facility had infection control policies and procedures provided by Centers for Disease Control (CDC) and State of Nevada Department of Health and Human Services. - Staff were trained on COVID-19 procedures by the owner and manager of the facility. 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. .			