

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5432	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2020
NAME OF PROVIDER OR SUPPLIER RAINBOW CONNECTIONS GROUP CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 820 ANTIGUA ST, LAS VEGAS, NEVADA ,89145		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a COVID 19 focused infection control, State Licensure survey initiated at your facility on 10/15/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds to provide care for elderly or disabled persons, and/or persons with Alzheimer's disease or related dementia. The census at the time of the survey was six. 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 infrared thermometers. - Signs were posted on the front door requiring essential visitors to wear masks, gloves, and gowns and to not enter the facility if sick. - The facility was conducting COVID-19 training for staff. - 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. Residents were in their rooms, or in the living room watching television. - Staff wore surgical masks throughout the facility, washed hands and donned gloves when assisting residents. - The facility had two caregivers on duty. - Staff washed their hands and utilized alcohol-based hand sanitizers. - The facility had five gallons of hand sanitizer available. Sanitizer was located at the front door, in the kitchen, and each caregiver had their own small bottle. - Personal Protective Equipment (PPE) included: 250 surgical masks, 10 cloth masks, four N-95 respirators, 24 gowns, 600 gloves, and 24 face shields. The facility was advised to have a caregiver fit tested for the N-95 respirators. Interviews: A caregiver/owner reported: - No residents or staff were COVID-19 positive and the facility has not had any positive cases of COVID-19 during the pandemic. - The facility had four caregivers. - Only essential medical personnel wearing proper personal protective equipment could visit residents.	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

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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	Other visitors were not allowed. Residents can communicate with family and friends by phone with caregiver assistance. - Window visits with proper social distancing and masks are also allowed by appointment. - Residents watch television in the living room while practicing social distancing. - Meals are served two residents at a time with two dining tables available to ensure social distancing. - Essential visitors are required to complete temperature checks and a questionnaire about symptoms of COVID-19. Employees are also required to complete temperature and COVID-19 symptom checks when returning to work. - High touch areas and furniture are sanitized six times a day and as needed with bleach and water solution or Lysol disinfectant. - Resident temperatures are checked and they are observed and questioned about COVID-19 symptoms every morning. - If a resident test for COVID-19 is positive, the resident will be isolated in a separate room and isolation signs will be placed on the door. The resident would be assisted by a single caregiver wearing proper PPE. The caregiver would not be allowed to assist other residents. Meals would be served with disposable plates and utensils. A separate garbage can would also be utilized. - Dishes are sanitized in the dishwasher immediately after meals are served. - Caregivers are always required to wear masks and gloves. - There were two residents per bedroom. - Caregivers have COVID-19 related training weekly. Documentation: - Infection control/COVID-19 prevention guidelines were posted on a hallway wall. - The staff were trained on COVID-19 procedures by the owner/caregiver using video training tools. - The facility had comprehensive COVID-19 policies and procedures which were maintained in a 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 identified. Please retain a copy for your records.			

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