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
	5460	A. BUILDING _____ B. WING _____	09/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN SUNSHINE HOME	8333 JEREMIAH LODGE AVENUE, LAS VEGAS, NEVADA ,89131

(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 State Licensure survey conducted initiated at your facility on 09/24/20, 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 elderly and disabled persons and/or persons with Alzheimer's disease and/or persons with chronic illness, Category II residents. The census at the time of the survey was ten. The facility had no residents or staff positive with COVID-19. The COVID-19 focused infection control survey included the following: Observations: - Signage was posted at the facility entrance prohibiting non-essential visitors, requiring a mask before entry, and directing visitors to sanitize hands when entering. - Facility staff checked the temperature of the health facility inspector upon entry. - Health facility inspector was asked COVID-19 screening questions related to: symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. - Health facility inspector was asked to sanitize their hands prior to entry. - Hand sanitizer was located in the entry way near the front door and on the kitchen counter. - Three caregivers wore disposable masks. - The caregivers wore gloves with resident contact. - The caregivers washed hands and utilized alcohol-based hand sanitizers between tasks. - Residents were in the living room and in their private and shared bedrooms distanced six feet a part. - Staff cleaned high touch areas with a disinfecting multi-purpose cleaner. - The facility had two 8-ounce bottles of hand sanitizer, 4, 000 gloves, 30 gowns, 12 shoe coverings, 7 face shields, and 100 disposable masks. - One non-contact forehead thermometer and one temporal thermometer was available. Interview with two caregivers revealed: - Visitors were limited to essential healthcare workers. - Temperature checks are completed for staff and essential visitors upon entrance to the facility. - All visitors	0000		

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	and staff are asked COVID-19 screening questions related to: symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. - Visitors are required to utilize hand sanitizer or wash hands upon entry. - Resident temperatures were checked three times a day in the morning, in the afternoon, and before bed. - Residents were spaced six feet apart for meals and activities. - Staff sanitized high touch areas throughout the day and after every visitor left with a disinfecting multi-purpose cleaner. - Training was held regarding proper donning and doffing of personal protective equipment (PPE). - The facility had a plan in place for isolation and quarantining residents. Record Review: - Infection Control Program policies and procedures documented measures to ensure isolation and prevention of 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. 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. No regulatory deficiencies were identified. No further action necessary. Please retain a copy for your records.			