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
	5679	A. BUILDING _____ B. WING _____	09/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
V N SENIOR CARE INC AT WINERY ROAD	3281 WINERY RD, PAHRUMP, NEVADA ,89048

(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 initiated at your facility on 09/03/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category 2 residents. 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. - The health facility inspector was required to sign in and answer screening questions about COVID-19. This included questions about symptoms and travel history. - Signs were posted on the front door requiring essential visitors to wear masks, gloves, and gowns. - 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 staff members on duty. - Staff washed their hands and utilized alcohol-based hand sanitizers. - Instructions related to COVID-19 were posted on the on the front door of the facility. - The facility had ten one-liter bottles of hand sanitizer available. One bottle at the front door, one in the kitchen, and each caregiver had their own small bottle of sanitizer. Interviews: A caregiver 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. 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. -	0000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5679	A. BUILDING _____ B. WING _____	09/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
V N SENIOR CARE INC AT WINERY ROAD	3281 WINERY RD, PAHRUMP, NEVADA ,89048

(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
	Residents watch television in the living room while practicing social distancing. - Meals are served to four residents at a time with two large dining tables available to ensure social distancing. - Activities include music and exercise and watching television while practicing 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 daily and as needed with bleach and water solution. - Resident temperatures are checked and they are observed and questioned about COVID-19 symptoms every morning. - If a resident tests positive for COVID-19, 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 dedicated caregiver wearing proper PPE and 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. - Residents have their own individual rooms. Documentation: - Infection control/COVID-19 prevention guidelines were posted on a hallway wall. - The staff were trained on COVID-19 procedures by the owner and manager of the facility in March. - The administrator reported using the Nevada Recommended Prevention and Control Plans for Group Homes and provided a copy to the inspector. 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.			