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
	6035	A. BUILDING _____ B. WING _____	12/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EUROPEAN HOME CARE	**3212 EL CAMINO RD, LAS VEGAS, NEVADA ,89146**

(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 in your facility on 12/01/20. 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 with chronic illness and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was eight. No residents or staff have tested positive for COVID-19. 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. - The 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. - Residents were in their bedrooms during the inspection. - Staff disinfected kitchen counters, doorknobs and bathrooms with Lysol disinfectant spray. - Caregivers wore surgical mask. - A 34 fluid ounce bottle of hand sanitizer was located at the facility entrance, 16 fluid ounce bottle of hand sanitizer in the kitchen and 16 fluid ounce bottles of hand sanitizer in each bathroom. - The facility had one electronic temporal thermometer, three boxes of 100 gloves, two boxes of 50 surgical masks, two N-95 masks, four gowns and four face shields. Interview: The Administrator and Caregiver were interviewed and verbalized the following: - Temperature checks were completed for all staff and essential visitors; and COVID screening questions are being completed for staff and visitors. - Temperature checks for residents are conducted daily by caregivers. - Medical professionals are the only persons allowed entry into the facility. - No residents or staff have tested positive for COVID-19. - Four residents were served meals at the dining room table, and four residents are served meals in their bedrooms to promote social	0000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6035	A. BUILDING _____ B. WING _____	12/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EUROPEAN HOME CARE	**3212 EL CAMINO RD, LAS VEGAS, NEVADA ,89146**

(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
	distancing. - Activities are limited to adhere to social distancing and keeping residents six feet apart. - Staff sanitizes all high touch areas four times a day with Lysol disinfectant spray. - Training was held for staff on proper personal protective equipment (PPE) usage in March and April by Administrator. - The administrator has set up appointments for staff members to be medically cleared for N-95 respirators by medical professional on 12/07/20. And the administrator has plans to administer OSHA approved home fit-tests for N-95 respirators on 12/08/20. 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 personal protective equipment (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 investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. There were no deficiencies identified. No further action is necessary on your part. Please retain this report for your records.			