

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6324	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2020
NAME OF PROVIDER OR SUPPLIER NEVADA MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2299 MONTESSOURI ST, LAS VEGAS, NEVADA ,89117		
(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: Statement of Deficiencies was generated as a result of a FOCUSED COVID-19 infection control survey conducted at your facility on 10/21/20, 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 with an endorsement for Alzheimer's Disease, Category II residents. The census at the time of the survey was six. The investigation of regulatory compliance of Infection Control and Prevention included: The caregiver verbalized there were no residents and no employees with COVID-19 symptoms or positive results. Observations: - The general manager checked the temperature of the health facilities inspector prior to entry to the facility. The health facilities inspector was required to answer a questionnaire about COVID-19 symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. - Facility staff members wore single use disposable masks, gloves, and were donning and doffing personal protective equipment (PPE) correctly. - Four residents were sitting in the living room, at least 6 feet apart from each other. - The caregivers washed hands with soap and water and used alcohol-based hand sanitizer between activities. - The caregiver disinfected common areas throughout the facility with Lysol and a bleach solution spray. High touch surfaces were disinfected between activities. - Hand sanitizer dispensers were located at the front entrance of the facility. Seven 1-liter containers of alcohol-based hand sanitizers were stored in the general manager's office. - The facility stored their PPE in the general manager's office. The facility had a stock of gloves (200 pairs), single use disposable masks (100), gowns (50), and face shields (six), N95 masks (six). - Instructions related to wearing a mask and social distancing were posted on the front door of the facility and at the front entrance. Interview: The general manager			

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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	verbalized the following: - All six residents and six staff members were tested for COVID-19 the first week of August; all results were negative for COVID-19. There were no residents and no employees with COVID-19 symptoms or positive results during the time of inspection. - No visitors were allowed into the facility, with exception to essential workers (social workers, hospice nurses, certified nursing assistants, physicians). Anyone entering the facility must have their temperature taken and be verbally screened with a questionnaire about COVID-19 symptoms and travel history. - The facility had two non-contact temporal thermometers. - The Administrator obtained PPE supplies weekly. - Temperature checks for residents were conducted two times a day (morning and evening). Temperature logs were stored in resident files. - Meals are provided to residents at the dining table maintaining social distancing practices of at least six feet. All dishware was cleaned in the dishwasher. - Residents are encouraged to maintain at least six feet of distance between each other when they are in the common areas (backyard, living room, dining room) during any activities to adhere to social distancing. - The Administrator provided infection control trainings to staff members weekly. - High touch surfaces are disinfected between activities, or more frequently if they were visibly soiled. Staff sanitized surfaces using Lysol and bleach solution spray. - Virtual visitation is offered to residents through an electronic tablet. Family and friends can be contacted through virtual visitation whenever requested by the resident, or if requested by the families, friends, and essential healthcare providers. The electronic tablet is disinfected between each virtual visitation. - The facility would contact the Southern Nevada Health District (SNHD) of a suspected or positive case of COVID-19. - Six employees were medically cleared and fitted for N95 masks. Record Review: - An infection control policy comprised of recommendations from the Centers of Disease Control and Prevention (CDC), and local health authorities regarding isolation, quarantine, and aseptic areas in the			

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	scenario of a resident being identified as positive for COVID-19. The facility had a policy to cohort residents and assign dedicated staff member to residents who get tested and may be identified as positive for 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. - Temperature logs were observed in resident files. - Temperature logs were observed in employee temperature log 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 cited. No further action is needed.			