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
	7414	A. BUILDING _____ B. WING _____	10/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA MANOR CARE HOME	**327 RIVER FLOW DRIVE, RENO, NEVADA ,89523**

(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 the result of a follow-up State Licensure COVID-19 Infection Control and Prevention Plan Survey conducted in your facility on 10/23/20. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility was licensed for eight Residential Facility for Group beds for elderly and disabled persons and/or persons with chronic illness, mental illness, or intellectual disabilities, three Category I residents, and five Category II residents. The census at the time of the survey was eight. There were no positive or presumptive Covid-19 residents or staff that the time of the survey. The facility utilized the front entrance as the main access point. All staff members and essential visitors were required to complete a written questionnaire for COVID-19 signs and symptoms, have their temperature taken and wear a facial mask. All residents were observed to be socially distanced in the dining and common areas. Staff were observed wearing masks and gloves while providing resident care. Staff reminded residents, as needed, to social distance in the common areas. Interviews with two caregivers revealed the facility maintained an adequate supply of the following personal protective equipment (PPE): disposable gowns, gloves, surgical masks, and N-95 masks. Record review revealed two facility staff members had completed N-95 fit testing. Interview with staff revealed cleaning occurred daily. The facility had bleach products which were used for disinfecting surfaces. The facility provided continuing education on Infection Prevention and Control Training to staff members through weekly meetings and weekly review of Centers for Disease Control guidelines. A review of the facility's Infection Control and Prevention Plan revealed the facility had the following components documented and ready for implementation: -A verbal interview with the Administrator describing implementation of	0000		

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	the plan. -Visitor entry and facility screening practices -An Emergency Staffing Plan if a staff member tested positive -A plan if a resident tested positive -Access to or inventory of Personal Protective Equipment (PPE) -Staff training on the proper use of PPE to include donning and doffing -Staff Fit Tests for N-95 masks -Respirator Program -Identification and response to residents with suspected or confirmed COVID-19 -New Admissions or Readmissions with an unknown COVID-19 status -Required notifications The findings and conclusions of any investigation by the Health Division 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. There were no regulatory deficiencies identified. No action is required on your part. Please retain this document for your records.			