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
	7437	A. BUILDING ____ B. WING ____	10/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADULT COMFORT AND CARE HOME, LLC	**2105 CARROLL ST, LAS VEGAS, NEVADA ,89030**

(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: The Statement of Deficiencies was generated as a result of a FOCUSED COVID-19 Inspection conducted in your facility on 10/27/20, 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 endorsements for chronic illness, mental illness and individuals with intellectual disabilities, ten Category II residents. The census at the time of the survey was ten. No residents or staff tested positive, nor displayed signs or symptoms for COVID-19. The focused COVID-19 infection control survey included the following: Observations: - Facility 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. Inspector was given shoe covers and gloves upon entrance. - Visitor log documented temperatures, screening, and dates of visits. - Residents were in their own bedrooms. - Caregivers wore cloth masks and gloves. - One 24 fluid ounce bottle of hand sanitizer was at the entrance and one 24 fluid ounce bottle of hand sanitizer was in the kitchen. Interview: Two Caregivers were interviewed and verbalized the following: - Screening and temperature checks are completed for staff, visitors, and healthcare workers upon entrance to the facility. Logs are kept of each visitor's screening and temperature. - Temperature checks for residents are conducted daily by caregivers - No residents or staff have tested positive or showed signs and symptoms of COVID-19. - Ten residents are served meals at two tables to promote social distancing. - Activities are limited to adhere to social distancing and keeping residents six feet apart. - Staff sanitizes all high touch areas five times a day with alcohol wipes and Lysol. - The facility had one electronic temporal thermometer, four	0000		

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 REPRESENTATIVE'S SIGNATURE	Name:	Title:	Date:

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	boxes of 100 gloves, ten surgical masks, and two N-95 masks. - One employee was medically cleared and fitted for N95 masks. 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.			