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
	7479	A. BUILDING _____ B. WING _____	09/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONGEVITY RESIDENTIAL CARE II	**4073 KINGS ROW, RENO, NEVADA ,89503**

(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 State Licensure COVID-19 Infection Control and Prevention Plan Survey conducted in your facility on 09/21/20. 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 is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses and/or persons with mental retardation and/or persons with chronic illnesses, with five Category I and five Category II residents. The census at the time of the survey was 9. 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 Administrator describing implementation of the plan. -Visitor entry and facility screening practices, -Access to or inventory of Personal Protective Equipment (PPE) and -Identification of residents with suspected or confirmed COVID-19. The facility did not have a complete Infection Control and Prevention Plan documented. Documented resources were provided to the facility for guidance in constructing a plan specific to their facility. The Administrator verbalized their plan would be documented and ready for a follow-up review by 10/05/20. The facility plan is expected to include, at a minimum, the following components: -An Emergency Staffing Plan if a staff member tested positive, -A plan in the event a staff member or resident tested positive, -Staff training on the proper use of PPE to include donning and doffing, -Staff Fit Testing for N-95 masks, -Respirator Program, -New Admissions or Readmissions with an unknown COVID-19 status and -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,	0000		

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	or local laws. No regulatory deficiencies were identified.			