

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7543	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2020
NAME OF PROVIDER OR SUPPLIER ANGEL CARE RESIDENTIAL HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 5559 TROOPER STREET, LAS VEGAS, NEVADA ,89120		
(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: This Statement of Deficiencies was generated as a result of a COVID-19 focused infection control State Licensure survey conducted at your facility on 10/20/20, 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 and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was eight. The facility had no residents or staff positive with 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. - The health facility inspector was asked to use hand sanitizer prior to entry to the facility. - Residents were at the dining room table wearing masks and social distancing. - The caregivers wore surgical masks and gloves while providing care. - The caregivers washed hands and utilized alcohol-based hand sanitizers before and after interacting with residents. - Hand sanitizer was located at the main entrance and throughout the facility. Interview: The Owner verbalized the following: - Screening and temperature checks were completed for staff and healthcare workers upon entrance to the facility. - Temperature checks for residents were conducted twice a day in the morning and evening. - Medical professionals were the only persons allowed entry to the facility. - No staff or residents were positive for COVID-19. - Residents were served meals in the dining area with a chair removed between residents to adhere to social distancing practices. - Activities were provided in bedrooms. - Staff sanitized all high touch areas four to five times a day with disinfectant wipes. - The facility had 20 boxes of gloves; 1,500 cotton masks, 80			

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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	surgical masks; four N95 masks; five gowns; two face shields; two electronic thermometers; eight bottles of hand sanitizer. - Training was held for staff on proper donning and doffing of personal protective equipment (PPE) during the week of October 6th and monthly trainings are held. - The facility had four N95 masks. None of the employees were medically cleared and fitted for N95 masks. The facility was provided guidance to have at least one caregiver medically cleared and fitted for an N95 mask in the event a resident becomes positive for COVID-19. 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 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. - Separate area will house residents in the case of a positive resident in the facility. 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. No regulatory deficiencies were identified. No further action necessary. Please retain a copy for your records.			