

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7555	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2020
NAME OF PROVIDER OR SUPPLIER BELLA ESTATE CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3140 COACHLIGHT CIRCLE, 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) 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 10/21/20, 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 and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was nine. The facility had no residents or staff positive with COVID-19. The COVID-19 focused infection control survey included the following: Observations: - Signage was posted at the facility entrance prohibiting entry if individuals have experienced symptoms related to COVID-19, required visitors to wear a mask, and to wash or sanitize hands upon entry. - Facility staff checked the temperature of the health facility inspector upon entry. - Health facility inspector was asked COVID-19 screening questions related to symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. - Health facility inspector was asked to sanitize their hands prior to entry. - Hand sanitizer was located next to the front door. - Two caregivers wore cloth masks. - The caregivers wore gloves with resident contact and during food preparation. - The caregivers washed hands and utilized alcohol-based hand sanitizers between tasks. - Residents were in the living room and in their private and shared bedrooms distanced six feet apart. - Staff cleaned high touch areas with bleach and rubbing alcohol. - The facility had one 67.6-ounce bottle of hand sanitizer, two 750 milliliter (ml) bottles of hand sanitizer, and three 500 ml bottles of hand sanitizer, 1,800 gloves, two face shields, one re-usable mask, and 200 disposable masks. - One non-contact thermometer was available. Interview with one caregiver: - Visitors were limited to essential healthcare workers. - All staff wore personal protective equipment consisting of surgical masks and gloves. The facility showed evidence they ordered	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

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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	N95 masks and would have staff medically cleared and fitted. - Temperature checks are completed for staff and essential visitors upon entrance to the facility. - All visitors and staff are asked COVID-19 screening questions related to symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. - Visitors are required to utilize hand sanitizer or wash hands upon entry. - Resident temperatures were checked every morning. - Residents were spaced six feet apart for meals and activities. - Staff sanitized high touch areas throughout the day with bleach and rubbing alcohol. - Training was held regarding proper donning and doffing of personal protective equipment (PPE). - The facility had a plan in place for isolation and quarantining residents. - The facility attempted to order N95 masks and were on back order. 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. 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 investigation, 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.			