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
	7722	A. BUILDING _____ B. WING _____	10/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EUROPEAN SENIORS LIVING, LLC	**3045 S. MONTE CRISTO WAY, LAS VEGAS, NEVADA ,89117**

(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 10/14/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for ten Residential Facility for Group beds for persons with chronic illness, mental illness, residential facility for elderly or disabled and/or five Category I and five Category II residents. The census at the time of the survey was eight. 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. - One resident was at the kitchen table, one resident in the living room watching television and six residents were in their own bedrooms. - Two caregivers and administrator wore surgical masks and gloves. - Hand sanitizer was located at the main entrance, living room, kitchen, and each bathroom. One 32 fluid ounce bottle at the entrance, one 32 fluid ounce bottle in the kitchen, one 32 ounce bottle in the living room and one 32 fluid ounce bottle in each bathroom. Interview: Two caregivers and administrator interviewed and verbalized the following: - Screening and temperature checks are completed for staff 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. - All visitors are screened and temperatures are taken and logged. - No residents or staff have tested positive or showed signs and symptoms of COVID-19. - Four residents	0000		

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	are served meals at the dining room table at a time to promote social distancing. - Activities are limited to adhere to social distancing keeping residents six feet apart. - Staff sanitizes all high touch areas three times a day with Lysol. - The facility had two electronic temporal thermometers, 12 boxes of 100 gloves, five boxes of 50 surgical masks, 20 N-95 masks, 40 gowns and four face shields. - Facility had one employee that was medically cleared or 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.			