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 |
|---|---|---|---|
| | 8243 | A. BUILDING _____ B. WING _____ | 10/21/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SILVER HORIZON-HICKAM | 8280 HICKAM AVENUE, LAS VEGAS, NEVADA ,89129 |

| (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<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of a FOCUSED COVID-19 infection control 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, with endorsements for mental illness and chronic illness, Category II residents. The census at the time of the survey was eight. The investigation of regulatory compliance of Infection Control and Prevention included: The caregiver verbalized there were no residents and no employees with COVID-19 symptoms or positive results. Observations: - The caregiver checked the temperature of the health facilities inspector prior to entry to the facility. The health facilities inspector was required to answer a questionnaire about COVID-19 symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. - The caregiver wore a single use disposable mask and gloves. The caregiver was donning and doffing personal protective equipment (PPE) correctly. - Two residents were sitting in the living room, at least 6 feet apart from each other. - The caregivers washed hands with soap and water and used alcohol-based hand sanitizer between activities. - The caregiver disinfected common areas throughout the facility with Clorox bleach spray and Lysol. High touch surfaces were disinfected between activities. - Hand sanitizer dispensers were located at the front entrance of the facility and in the kitchen. Three 1-liter containers of alcohol-based hand sanitizers were stored in the caregiver's bedroom. - The facility stored their PPE in the caregiver's bedroom. The facility had a stock of gloves (800 pairs), single use disposable masks (100), gowns (20), and face shields (20). The facility had no N95 masks. - Instructions related to wearing a mask and social distancing were posted on the front door of the facility and in the kitchen. Interview: The caregiver | 0000 | | |

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| | verbalized the following: - All eight residents and seven staff members were tested for COVID-19 the first week of October; all results were negative for COVID-19. There were no residents and no employees with COVID-19 symptoms or positive results during the time of inspection. - The facility was allowing visitation. All visitors must follow the facility's visitation protocols, including wearing a mask, sanitizing their hands, practicing social distancing, having their temperature taken and being verbally screened with a questionnaire about COVID-19 symptoms and travel history. - The facility had three non-contact temporal thermometers. - The Administrator obtained PPE supplies weekly. - Temperature checks for residents were conducted two times a day (morning and evening). Temperature logs were stored in resident files. - Meals are provided to residents at the dining table maintaining social distancing practices of at least six feet. Some residents also received meal service in their rooms. All dishware was cleaned in the dishwasher. - Residents are encouraged to maintain at least six feet of distance between each other when they are in the common areas (backyard, living room, dining room) and during any activities to adhere to social distancing. - The Administrator provided infection control trainings to staff members weekly. - High touch surfaces are disinfected every two hours, between activities, or more frequently if they were visibly soiled. Staff sanitized surfaces using Clorox spray and bleach solution. - The facility would contact the Bureau of Health Care Quality and Compliance (HCQC) and Southern Nevada Health District (SNHD) of a suspected or positive case of COVID-19. - None of the employees were medically cleared and fitted for N95 masks. The facility was in the process of obtaining N95 masks and 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: - An infection control policy comprised of recommendations from the Centers of Disease Control and Prevention (CDC), and local health authorities regarding isolation, quarantine, and aseptic areas in the | | | |

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| | scenario of a resident being identified as positive for COVID-19. The facility had a policy to cohort residents and assign dedicated staff member to residents who get tested and may be identified as positive for 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. - Temperature logs were observed in resident files. - Temperature logs were observed in employee temperature log binder. 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 regulatory deficiencies cited. No further action is needed. | | | |