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
	8317	A. BUILDING ____________________ B. WING ______________________	**09/23/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADULT COMFORT AND CARE HOME 2	**10315 QUEENSBURY AVENUE, LAS VEGAS, NEVADA ,89135**

(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 a result of a COVID-19 focused infection control, State Licensure survey completed at your facility on 09/23/20. This State Licensure Survey was conducted 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 mental illness and/or persons with chronic illness and/or persons with intellectual disability, Category II residents. The census at the time of the survey was ten. The facility had no residents or staff positive with COVID-19. The COVID-19 focused infection control survey included the following: Observations: - Signs were posted on the front door requiring essential visitors to wear masks, gloves, and gowns and to not enter the facility if experiencing COVID-19 symptoms. - Facility staff checked the temperature of the health facility inspector prior to entry to the facility using an infra-red thermometer. The facility had three infrared thermometers. - The health facility inspector was required to answer screening questions about COVID-19. This included questions about symptoms and travel history. - Social distancing was practiced throughout facility. Residents were in their rooms, or in the living room watching television. - Caregivers were observed wearing a surgical style mask. - Caregivers washed hands and donned gloves when assisting residents. - The facility had three staff members. - Staff washed their hands and utilized alcohol-based hand sanitizers. - The facility had six 30 ounce bottles of hand sanitizer stationed throughout the facility and 50 surgical style masks, four KN 95 masks, and 500 gloves. Interviews: The Administrator/Owner reported: - No residents or staff were COVID-19 positive and the facility has not had any positive cases of COVID-19 during the pandemic. All residents and staff tested negative in August 2020. - The facility had three caregivers and additional caregivers were on call if needed. - Only essential	0000		

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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	medical personnel wearing proper personal protective equipment (PPE) could visit residents. Other visitors were not allowed. - Essential visitors are required to complete temperature checks and a questionnaire about symptoms of COVID-19. Employees are also required to complete temperature and COVID-19 symptom checks when returning to work. - Virtual visits with family, friends, and health care providers have been conducted with a cell phone and assistance from a caregiver. - Residents watch television in the living room while practicing social distancing. - Meals were served in resident's rooms and the living room to allow for social distancing. Only three residents are allowed to eat at the dining table to facilitate social distancing. - High touch areas and furniture are sanitized daily and as needed with Lysol disinfectant. Resident bedrooms are cleaned and sanitized daily and as needed. - Resident temperatures are checked and they are observed and questioned about COVID-19 symptoms every morning. - If a resident test for COVID-19 is positive, the resident will be isolated in a separate room and isolation signs will be placed on the door. The resident would be assisted by a dedicated caregiver wearing proper PPE. The caregiver would not be allowed to assist other residents. Meals would be served with disposable plates and utensils. A separate garbage can would also be utilized. - COVID-19 training was provided to caregivers. - Caregivers are always required to wear masks and gloves. - Residents have their own rooms. Documentation: - COVID-19 Visitor Questionnaire - Instructions on how to wear a facemask. - Active Screening Questionnaire (for residents and staff) - Centers for Disease Control (CDC): "Separate Units to Prevent and Contain COVID-19 - CDC: Preventing Getting Sick - How to Protect Yourself and Others - Cleaning and Disinfecting Your Home - Social Distancing - Recommended Infection Prevention and Control Plan for Group Homes Coronavirus Disease 2019. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as			

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	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.			