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 |
|---|---|---|---|
| | 8592 | A. BUILDING _____ B. WING _____ | 11/18/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SUMMERLIN RETIREMENT LIVING, LLC | 10128 SNOW CREST PLACE, LAS VEGAS, NEVADA ,89134 |

| (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 11/18/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for seven 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 six. The investigation of regulatory compliance of Infection Control and Prevention included: The Owner verbalized there were no residents and no employees with COVID-19 symptoms or positive results. Observations: - The owner 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 Owner and caregivers wore single use disposable masks. The caregivers were donning and doffing personal protective equipment (PPE) correctly. - The caregivers washed hands with soap and water and used alcohol-based hand sanitizer between activities. - The caregivers disinfected common areas throughout the facility with Clorox wipes, Lysol spray, and a bleach spray solution. High touch surfaces were disinfected between activities. - Hand sanitizer was located at the front entrance of the facility. Ten gallons of alcohol-based hand sanitizer were stored in the garage. - The facility stored their PPE in a cabinet at the front entrance and in the garage. The facility had a stock of gloves (5,000 pairs), single use disposable masks (1,000), face shields (30), and N95 face masks (50). - Instructions related to wearing a mask and social distancing were posted on the front door of the facility, in the living room, and in the bathrooms. Interview: The Owner verbalized the following: - Testing for COVID-19 had not been conducted for staff or residents. No employee or residents had | 0000 | | |

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| | exhibited signs or symptoms for COVID-19. - No visitors were allowed into the facility, with exception to essential workers (social workers, hospice nurses, certified nursing assistants, physicians). Anyone entering the facility must have their temperature taken and be verbally screened with a questionnaire about COVID-19 symptoms and travel history. - The facility had five non-contact temporal thermometers. - The administrator obtained PPE supplies monthly. - Temperature checks for residents were conducted once a day or if there is a change in condition. Temperature logs were stored in resident files. - Meals were provided to residents at the dining table six feet apart from each other to maintain social distancing practices. Some residents ate in their bedrooms. All dishware was washed in the dishwasher. - Residents were encouraged to maintain at least six feet of distance between each other when they are in the common areas (backyard, living room, dining room) during any activities to adhere to social distancing. - Infection control training is provided to staff by the Owner and the Administrator monthly. - High touch surfaces are disinfected by staff between activities, at the beginning of their shift, and at the end of their shift. Staff sanitized all high touch areas between any activities with Clorox wipes, Lysol spray, and a bleach spray solution. - Virtual facetime is offered to residents through cell phones. Family and friends can be contacted through virtual visitation whenever requested by the resident, or if requested by the families, friends, and essential healthcare providers. Cell phones were disinfected between each virtual visitation. - The facility would contact the Bureau of Health Care Quality and Compliance (BHCQC) and Southern Nevada Health District (SNHD) of a suspect or positive case of COVID-19. - At least one employee was medically cleared and fitted for N95 masks. 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 scenario of a resident being identified as | | | |

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| | 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. - Medical clearance and fit testing documentation for the use of an N95 mask was observed in the Owner's file. 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. | | | |