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
	8602	A. BUILDING _____ B. WING _____	10/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHINY STARS HOME CARE II, LLC	1032 SILVER CREEK, LAS VEGAS, NEVADA ,89183

(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 the COVID-19 focused infection control survey conducted at your facility on 10/14/20 through 10/21/20, in accordance with Nevada Administrative Code Chapter 449, Residential Facilities for Groups. The facility is licensed as a Residential Facility for Groups for four elderly or disabled persons, Category II. The census at the time of the survey was four. The Operator verbalized there were no residents and no employees with COVID-19 symptoms or positive test results. The focused COVID-19 infection control survey included the following: Observations: - The Health Facilities Inspector (Inspector) was screened at the front door with a temperature check using a no-contact handheld temporal thermometer. Questions regarding symptoms and exposure to persons with COVID-19 were asked and documented on the Visitors' Screening Log. - The Inspector was directed to sanitize hands. - Posted sign on the front door: For Doctors, Nurses, Certified Nursing Assistants (CNA's) and other Healthcare Professions: Do not enter unless allowing staff to take the temperature and ask screening questions; Wear masks, Wear gloves and sanitize hands when entering the resident's room; Practice safe distancing between you and the staff, and other residents; and Take a direct route to the resident's room or assigned examination area. - The front entry table had a pump hand sanitizer bottle, the handheld temporal thermometer, face masks, and a Visitors' screening log. - The Caregiver/Operator wore a surgical face mask. - The Caregiver who was providing direct care wore a surgical face mask, gloves, and a disposable gown. - Staff washed hands with soap and water, followed by hand sanitizer. - There were two handheld temporal thermometers, eight bottles of hand sanitizer, and a bottle of hand sanitizer was in each resident room. - The Personal Protective Equipment (PPE) supply included 30 surgical face masks, one	0000		

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	face shield, ten disposable gowns, one washable gown, and 900 gloves. - Cleaning supplies included bleach products, vinegar, Pine Sol disinfectant, and Lysol spray. - Two residents were observed in the outside smoking area sitting six feet apart. Interviews: - The Operator/Caregiver and the Caregiver indicated they were trained by a Registered Nurse (RN) in safe infection control practices such as thorough handwashing, disinfecting surfaces, and monitoring residents for COVID-19 symptoms. - The Hospice Registered Nurse reported Caregivers were very good about always wearing masks and washing hands. - The Operator/Caregiver indicated the facility's visiting policy was minimal visiting, with visiting for residents on hospice only. Virtual visitation via Skype and Facetime were available. The Operator/Caregiver reported recently they facilitated outdoor visitation with the resident sitting six foot distance away from the visitors, everybody getting screened first, and wearing masks. - The Operator/Caregiver verbalized if there were residents with COVID-19 symptoms or positive test results the facility would contact the Office of Public Health Investigations and Epidemiology (OPHIE). - The Operator/Caregiver indicated if there were positive residents the residents would be isolated in their private rooms, with a separate supply of PPE, separate garbage can with double liners, disposable dishware, and independent activities provided. - In the case of a staffing shortage, the facility had two relief caregivers who were qualified. - The Operator/Caregiver indicated she cleans surfaces almost continually, especially focusing on high touch surfaces and areas. - The Operator/Caregiver indicated employees are screened with temperature checks and COVID-19 symptoms questions daily. - The Operator/Caregiver indicated residents have their temperatures taken and are assessed for COVID-19 symptoms daily each morning prior to medication administration. - On 10/21/20, the Operator/Caregiver verified there were three N95 masks available at the facility. One Caregiver was medical cleared and fitted for the N95 mask. Document Review:			

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	The facility established and maintained a comprehensive Infection Control & Prevention Plan. 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. There were no regulatory deficiencies identified. No further action is necessary. Please retain a copy of this Statement for your records.			