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 |
|---|---|---|---|
| | 8642 | A. BUILDING _____ B. WING _____ | 10/27/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **AMETHYST CARE HOME, LLC** | **3702 INTERNET AVENUE, N. LAS VEGAS, NEVADA ,89031** |

| (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 the focused Infection Control Survey conducted at your facility on 10/27/20, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed as a Residential Facility for Groups for ten elderly or disabled persons with Alzheimer's disease or related dementia, Category II. The census at the time of the survey was eight. The Caregiver verbalized there were no residents and no employees with COVID-19 symptoms or positive test results. The Infection Control Survey included the following: Observations: -The Health Facilities Inspector (Inspector) was screened at the front door with a temperature check using a non-contact temporal thermometer. A COVID-19 symptoms questionnaire was completed. -The Inspector was offered hand sanitizer. -The Caregivers, Owner / Operator, and the Administrator wore cloth face masks. -The Caregiver washed hands with soap and water, followed by hand sanitizer. -Posted signs throughout the facility and at the exterior of the front door directed to wear masks and wash hands. -Posted diagrams demonstrated proper hand washing and Personal Protective Equipment (PPE) donning and doffing. -There were two non-contact temporal thermometers. -There were ten pump bottles of hand sanitizer and a one-gallon refill bottle. -The PPE supply included 700 gloves, 300 surgical face masks, ten K-N95 masks, five disposable gowns, 15 washable gowns, and 12 shoe covers. -Residents were provided activities and snacks at tables in two different rooms and were distanced six feet apart. Interviews: -The Owner / Operator verbalized visiting was limited to two times a week with appointment. Visitors are strictly screened, must wear masks, and distance six feet away from the resident. -The Owner / Operator indicated the residents are assisted with virtual visitation via Zoom and Facetime. -The Owner / Operator indicated for meals, three residents eat in their rooms | 0000 | | |

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| | and the other five residents sit at the table and counter. -The Owner / Operator reported the residents are screened three times a day for fever. Staff are screened with temperature check and COVID-19 symptoms before the start of shift and three times a day. -The Caregiver verbalized everyone who entered the facility was temperature checked and screened for COVID-19 symptoms. Mask wearing and hand hygiene with hand sanitizer was necessary before being allowed to enter. -The Administrator indicated the facility has an account with a health clinic for N95 mask medical clearance and fit testing for employees. Twelve N-95 masks were on order. -The Owner / Operator indicated residents do not leave the facility. Healthcare providers come to the facility. -The Owner / Operator stated in the event of an employee or resident exhibited COVID-19 symptoms, notification would be made to the Office of Public Health Investigations and Epidemiology (OPHIE) and Southern Nevada Health District (SNHD). The Owner / Operator referred to the contact telephone numbers in the COVID binder. -The Caregiver indicated she was trained in infection control practices, donning and doffing PPE, handwashing, disinfection of surfaces, and signs and symptoms of COVID-19. The Caregiver, Owner / Operator, and the Administrator verbalized they watched online videos from the Centers for Disease Control (CDC). -The Caregiver verbalized she was trained to wash hands frequently, including: before and after resident contact, administering medications, and serving food. Using hand sanitizer was necessary upon entering the facility. -The Caregiver reported she sprays Pine-Sol and wipes door handles and high touch surfaces three times a day. Tabletops and countertops were disinfected before and after meals and at the end of the day. Lysol spray was used after disinfection. Other cleaners used for disinfecting included bleach and Fabuloso. -The Owner / Operator stated in the event a resident developed COVID-19 symptoms or tested positive, the resident beds would be re-arranged and a private room with a bathroom would be made available at the | | | |

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| | back of the house. Meals and snacks would be served on paper plates and plastic forks would be used. A separate supply of PPE would be dedicated to the isolation room. There were relief caregivers available for dedicated care to an isolated resident. Document Review: -The COVID Binder had a comprehensive Infection Control and Prevention Plan. -Screening questionnaires for visitors and employees. 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 at this time. Please retain a copy for your records. | | | |