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
	8700	A. BUILDING _____ B. WING _____	11/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELKHORN JONES MEMORY CARE, LLC	6017 ELKHORN ROAD, LAS VEGAS, NEVADA ,89131

(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 survey conducted at your facility on 11/23/20, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for 24 Residential Facility beds for persons with Alzheimer Disease, Category II residents. The census at the beginning of survey was 24. The Caregiver verbalized there were no residents and no employees with COVID-19 symptoms or positive results. The focused COVID-19 infection control survey included the following: Observations: - Signage posted at front entrance door "Please wear a face mask". - Health Facility Inspector was required to answer COVID-19 screening questions related to symptoms, travel history, and exposure to the virus at other facilities prior to entry to the facility. - Facility staff checked the temperature of the Health Facility Inspector prior to entry to the facility. -Health Facility Inspector was required to sign in after entering the facility. - Caregivers wore face masks. - Hand sanitizer was located at the main entrance and throughout the facility. -Two hand washing stations located in hallway and beauty parlor. - The facility had three boxes of gloves; eight face shields; two cases of KN95 masks, 20 N95 masks; two gowns; two rolls of plastic liners; and three electronic temporal thermometers. - Six Dining room tables were spaced six feet apart. Interview: The Business Manager verbalized the following: - Two employees tested positive for COVID-19 on 10/23/20 and 11/17/20. The employees were reported to the Office of Public Health Investigations and Epidemiology (OPHIE). One employee confirmed COVID-19 positive on 10/23/20 returned to work on 11/22/20. The othere employee confirmed COVID-19 positive on 11/17/20, was in isolation and had not returned to work. No residents were showing signs or symptoms of COVID-19. - Temperature checks were completed for employees twice a day. - Medical professionals' temperature checked	0000		

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	upon entrance to the facility. - Temperature checks for residents were conducted twice a day. - Medical professionals were the only visitors allowed entry into the facility. - Residents were encouraged to social distance during meals and to wear masks. - Staff sanitized all high touch areas (doorknobs, light switches, bathrooms, tables, chairs, counter space, wheelchairs and computer keyboards) at least twice a day with a ECO lab disinfectant spray and bleach/water solution. - Staff were medically cleared and fitted for an N95 mask. - The facility provided COVID-19 infection control training to employees on donning and doffing of personal protection equipment (PPE). -All residents had private bedrooms and private bathrooms. -If an outbreak occurs, the COVID positive resident would remain in isolation in their private room away from COVID negative residents. -The facility had an emergency staffing policy in place. Record Review: - Infection Control Program policies and procedures documented measures to ensure isolation and prevention of COVID-19. - Visitor entry and facility screening practices including screening questions, hand sanitization and temperature checks. Infection Control Program policies and procedures addressed the following topics: -Visitor protocols -New and Re-admissions - Education and monitoring -Hand Hygiene - A Emergency Staffing plan if a staff test positive 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. No regulatory deficiencies identified. Please retain a copy for your records.			