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
	8761	A. BUILDING _____ B. WING _____	12/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELWOOD GROUP HOME II, LLC	**6565 MINTON CT, LAS VEGAS, NEVADA ,89103**

(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 conducted at your facility on 12/08/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 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 eight. The facility had no residents or staff positive with COVID-19. The COVID-19 focused infection control survey included the following: Observations: - Signage was posted at the facility entrance prohibiting entry if individuals have experienced symptoms related to COVID-19; required visitors to wear a mask, limited visitors to essential healthcare workers, and to wash or sanitize hands prior to entry. - Facility staff checked the temperature of the health facility inspector prior to entry. - Health facility inspector was asked COVID-19 screening questions related to symptoms, travel history, and exposure to the virus at other facilities prior to entry. - Health facility inspector was asked to sanitize their hands prior to entry. - Hand sanitizer was located near the front door, in the kitchen, and in all resident rooms. - All staff wore disposable masks. - Caregivers wore gloves during resident contact. - Caregivers washed hands and utilized alcohol-based hand sanitizers between tasks. - Residents were in their private bedrooms while practicing social distancing. - Staff cleaned high touch areas with disinfecting solution. - The facility had one 32-ounce bottle of hand sanitizer, nine 12-ounce bottles of hand sanitizer, 20 N95 masks, three face shields, 20 gowns, 3,000 disposable masks, and 10,000 gloves. - Two non-contact thermometers were available. Interview with the owner/Administrator and caregiver: - Visitors were limited to essential healthcare workers. - Temperature checks are completed for staff and essential visitors prior to entry. - All visitors and staff are	0000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8761	A. BUILDING _____ B. WING _____	12/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELWOOD GROUP HOME II, LLC	**6565 MINTON CT, LAS VEGAS, NEVADA ,89103**

(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
	asked COVID-19 screening questions related to symptoms, travel history, and exposure to the virus at other facilities prior to entry. - Visitors are required to utilize hand sanitizer or wash hands prior to entry. - Resident temperatures were checked every morning. - Residents were spaced six feet apart during meals and activities. - Staff sanitized high touch areas throughout the day with disinfecting solution. - Training was held regarding proper donning and doffing of personal protective equipment (PPE). - The facility had a plan in place for isolation and quarantining residents. - Staff were not medically cleared and fit tested to wear an N95 mask. On 10/01/20, the facility was provided telephonic infection control guidance and an email with infection control recommendations, which included the recommendation to have at least one caregiver medically cleared and fit tested for an N95 mask (See TAG 0050). Record Review: - Infection Control Program policies and procedures documented measures to ensure isolation and prevention of 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. 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. The following regulatory deficiencies were identified:			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8761	A. BUILDING _____ B. WING _____	12/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELWOOD GROUP HOME II, LLC	**6565 MINTON CT, LAS VEGAS, NEVADA ,89103**

(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
0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on interview, the facility failed to implement safe infection control practices for the protection of residents in response to the COVID-19 Pandemic. Findings include: The owner reported employees had not been medically cleared and fit tested to wear an N95 mask. On 10/01/20, the facility was provided telephonic infection control guidance and an email with infection control recommendations, which included the recommendation to have at least one caregiver medically cleared and fit tested for an N95 mask. Severity: 2 Scope: 3	0050	Laurelwood Group Home II will immidiatelly implement a procedure to ensure that the facility is in compliance with the requirements of NAC 449.156 to 449.27706. The administrator will ensure that at least one caregiver is medically cleared and fit tested for N95 mask . Furthermore, The administrator will monitor annually to make sure that this deficiency will not recur. Laurelwood Group Home II assigned at least one caregiver to be medically cleared and fitted for N95 mask. The fitting was performed on 12/21/2020 for employee #1 and she was also medically cleared. Enclosed is the report from Southern Nevada Occupational Health Center where the fitting was done. The medical clearance and the mask fitting were completed on 12/21/2020.	12/21/2020