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
	8827	A. BUILDING _____ B. WING _____	10/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAITH & HOPE HOME CARE, LLC	**973 LEPORI WAY, SPARKS, NEVADA ,89431-1165**

(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 the result of a Follow-up State Licensure COVID-19 Infection Control and Prevention Plan Survey conducted in your facility on 10/20/20. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility was licensed for eight Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was six. There were no positive or presumptive COVID-19 residents or staff at the time of the survey. The facility utilized the front entrance as the main access point. All staff and essential visitors were required to complete a written questionnaire for COVID-19 signs and symptoms, have their temperature taken, wear provided shoe covers and a face mask. All residents were observed to be socially distanced in the common areas. Staff were observed wearing masks at all times; they wore gloves while providing resident care. Staff reminded residents to social distance, as needed. During an interview, a caregiver verbalized the facility maintained an adequate supply of personal protective equipment (PPE) which included shoe covers, disposable gowns, face shields, gloves, surgical masks, and N95 masks. Staff cleaned daily with chlorine bleach-based disinfectant products; high-touch areas were cleaned four times a day. Per documented evidence, two staff members had successfully completed N95 mask fit testing. There was documented evidence staff continuously received education and training on infection prevention and control, proper use of PPE, and weekly updates from the Centers for Disease Control and Prevention. The facility's Infection Control and Prevention Plan revealed the following components were ready for implementation: - Visitor entry and facility screening practices - An Emergency Staffing Plan if a staff member tested positive - A plan if a resident tested positive - Access to or	0000		

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	inventory of PPE - Staff training on the proper use of PPE to include donning and doffing - Staff Fit Tests for N95 masks - Respirator Program - Identification and response to residents with suspected or confirmed COVID-19 - New Admissions or Readmissions with an unknown COVID-19 status - Required notifications During an interview, the Administrator described implementation of the Plan. The findings and conclusions of any investigation by the Health Division 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. No regulatory deficiencies were identified.			