

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8841	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/28/2020
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NAME OF PROVIDER OR SUPPLIER PRECIOUS CARE GROUP	STREET ADDRESS, CITY, STATE, ZIP CODE 7345 ACACIA WOODS CT, LAS VEGAS, NEVADA ,89113
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(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 in your facility on 12/28/20. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten residential facility for group beds to provide care for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was two. No residents or staff have tested positive for COVID-19. The focused COVID-19 infection control survey included the following: Observations: - Facility staff checked the temperature of the health facility inspectors prior to entry to the facility. - The health facility inspectors were 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. - Residents were in their bedrooms during the inspection. - Staff disinfected kitchen counters with Lysol disinfectant spray. - Administrator wore a KN-95 mask, Caregiver wore an N-95 mask and gloves. - A 34 fluid ounce bottle of hand sanitizer was located at the facility entrance and 12 fluid ounce bottles of hand sanitizer were in the living room and kitchen. - The facility had one electronic temporal thermometer, six boxes of 200 gloves, 100 surgical masks, two N-95 masks, 50 KN-95 masks and 20 gowns. Interview: The Administrator and Caregiver were interviewed and verbalized the following: - Temperature checks were completed for all staff and essential visitors and COVID-19 screening questions are asked prior to entry to the facility. - Temperature checks and monitoring of residents for signs or symptoms are conducted daily by caregivers. - Medical professionals are the only visitors allowed entry into the facility. - No residents or staff have tested positive for COVID-19. - Residents are served meals in their bedrooms to promote social distancing. - Activities are limited to adhere	0000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	Name:	Title:	Date:
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	to social distancing of six feet separation. - Staff sanitizes all high touch areas three to four times a day and after each visit from medical professionals with Lysol disinfectant spray. - Training was held for staff on proper personal protective equipment (PPE) usage in April by Administrator. - Two caregivers have been fit-tested and medically cleared for N-95 mask use. 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 personal protective equipment (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. - Staff N95 fit testing and medical clearance documentation. 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. There were no deficiencies identified. No further action is necessary on your part. Please retain this report for your records.			