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
	8983	A. BUILDING _____ B. WING _____	11/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOHNNY ANGEL'S CARE HOME	**4460 MARLENA CIRCLE, LAS VEGAS, NEVADA ,89129**

(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 11/18/20, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for ten Residential Facility beds for elderly and disabled persons and/or persons with Alzheimer's Disease, Category II residents. The census at the beginning of survey was seven. 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 "Mandatory requirements essential visitors (please disinfect your shoes and wear shoe coverings; wear a mask; temperature check is a must; sanitize and wash your hands at all times; please sign in/sign out; maintain six feet social distancing)". - Health Facility Inspector was asked if she exhibited any symptoms, after reading the signage on front door related to fever, cough, sneezing and chills. - Facility staff checked the temperature of the Health Facility Inspector prior to entry to the facility. - Health Facility Inspector was required to use hand sanitizer after entering the facility. -Health Facility Inspector was required to spray shoes with disinfectant spray. -Health Facility Inspector was required to sign in after entering the facility. - Two Caregivers wore surgical face masks. - Hand sanitizer and disinfectant wipes were located on front porch, the main entrance, and hallway. Three wall mounted hand sanitizer dispensers were located throughout the facility. - The facility had five boxes of gloves; 21(N95) masks; 12 face shields; three bottles of disinfectant spray and one bottle of isopropyl alcohol; 50 shoe protectors; 50 hair nets; five gowns and two electronic temporal thermometers. Interview: The Owner and Caregiver verbalized the following: - Two residents tested positive for COVID-19 and were reported to the Office of Public Health	0000		

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	Investigations and Epidemiology (OPHIE) on 11/02/20. Both residents were removed from isolation on 11/15/20. There were no active cases in the facility. - Temperature checks were completed for staff and healthcare workers upon entrance to the facility. - Temperature checks for residents were conducted three times a day. Staff monitored residents for cough, fatigue, shortness of breath and fever. - Medical professionals were the only visitors allowed entry to the facility. - Meal times were adjusted to promote social distancing. Residents ate at the dining room table. - Activities are set up on an individual basis. No group activities were permitted. - Staff sanitized all high touch areas (doorknobs, light switches, bathrooms, counter tops, chairs, and pens) at least three-five times a day with a disinfectant spray and isopropyl alcohol. - The facility had 21(N95) respirator masks. Two employees were medically cleared and fitted to wear N95 masks. - The facility provided COVID-19 infection control training to employees on donning and doffing of personal protection equipment (PPE) in the months of March and September 2020. 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 Recommendations: -Facility to include an Emergency Staffing plan. 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.			