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
	9063	A. BUILDING _____ B. WING _____	05/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIMI'S CARE HOME	3055 S PIONEER WAY, LAS VEGAS, NEVADA ,89117

(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 FOCUSED COVID 19 Infection Control Survey conducted on 5/14/2020, in accordance with Chapter 449, Residential Facilities for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons, and/or persons with Alzheimer's disease, Category II residents. The census was five residents. Three positive COVID-19 Residents were quarantined in there bedrooms at the time of the survey. Two residents who tested negative for COVID-19 were observed in the living room watching TV. The survey of regulatory compliance for infection control and prevention included: Observations: - Facility staff checked the temperature of the health facility inspector prior to entry to the facility. - The 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. - The facility had 150 masks and 24 boxes of 100 gloves (2400 gloves) - Staff disinfected common areas throughout the facility with disinfectant spray. - Staff wore surgical masks throughout the facility. - Staff were observed washing hands and utilizing alcohol-based hand sanitizers. - Three staff/caregivers were on duty. - The facility had soap and hand sanitizer available. - Three residents who tested positive for COVID-19 were quarantined in their bedrooms. The residents appeared to be doing well. - Two residents who tested negative for COVID-19 were observed in the living room watching televeision. - The facility was clean and well maintained. - Caregivers were wearing masks and gloves. Interview: - The owner reported the facility is not allowing non-essential visitors and all staff have been trained in infection control procedures. - The owner reported that three of the five residents in the facility tested positive for COVID-19. - The owner reported the Residents were provided meals in their bedrooms during meal times. - The owner reported that all high touch	0000		

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	areas were sanitized daily and as needed. Record Review: - Infection Control Program policies and procedures. - Standard and transmission based precautions. - Quality of resident care practices including those with COVID-19 (Laboratory Positive Cases). - Visitor entry and facility screening practices - Education, monitoring and screening practices of staff - 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 investigations, 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.			