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 _____	11/17/2020

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 the focused Infection Control Survey conducted at your facility on 11/17/20, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for ten Residential Facility for Group beds with an endorsement for Alzheimer's disease or related dementia, Category II. The census at the beginning of the survey was seven. The Administrator verbalized upon entry there were no residents and no employees with COVID-19 symptoms or positive test results. The focused Infection Control Survey included the following: Observations: -The front exterior door had posted signs: "Face Coverings Required"; and "Restricted Entry". -The front exterior door had the Infection Control Guidelines posted. -The Health Facilities Inspector (Inspector) was screened with a COVID-19 symptoms questionnaire and a temperature check using a non-contact temporal thermometer. -The table at the front entry way had visitors' logs, COVID-19 questionnaires, and a pump bottle of hand sanitizer. -The staff wore surgical face masks. -Posted signs on hallway walls throughout the facility to wear masks and wash hands frequently. -The Personal Protective Equipment (PPE) supply included 1,000 surgical face masks, 50 K95 face masks, two N95 face masks, 40 disposable gowns, twenty boxes of small, medium, and large gloves, 130 face shields, and 50 head bonnets. -There were three temporal no-contact thermometers. -There were five hand sanitizer dispensers, five pump hand sanitizer bottles, and two gallons of hand sanitizer refill. -There were three tables set up for activities and meals in the Dining Room and Living Room. The tables and chairs were six feet apart. -Three residents were watching television and involved in activities while sitting at least six feet apart from each other. -The outside courtyard had two separate seating areas, with tables and chairs six feet apart. -Staff washed hands with soap and water	0000		

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	followed by hand sanitizer. Interviews: -The Administrator indicated the facility's visiting policy was no visitors except for health providers, and hospice employees. Residents who were at end of life status were allowed to have visitors, with strict screening protocols and wearing a mask. -The Facility Manager verbalized she utilized Lysol and ammonia-based cleaning products for disinfecting surfaces. The staff disinfected all surfaces each morning at 5:00 AM. All staff were expected to totally disinfect doors and common touch surfaces three times a day and at mealtimes. -The Administrator and the Manager reported they check residents' temperatures every day at 7:00 AM. -The Administrator verified all staff were trained in use of PPE, infection control measures, how to recognize COVID-19 symptoms, disinfecting, and handwashing according to Center for Disease Control (CDC) Guidelines. Every Friday the Administrator and the Manager did an in-service for thorough handwashing and disinfecting. -The Administrator verbalized in the event a resident developed COVID-19 symptoms of had a positive test result, he would immediately notify the Office of Public Health Investigations and Epidemiology (OPHIE) or the Southern Nevada Health District (SNHD). The Administrator indicated he was familiar with using the REDCAP system and communicating with OPHIE. -The Administrator indicated in the event a resident developed COVID-19 symptoms or had a positive test result, the resident would be isolated in a room located in the back of the facility, with a dedicated bathroom and separate supply of PPE. The resident would be provided with disposable dishware. -The Administrator and the Manager verified the Manager was medically cleared and FIT tested to wear a N-95 mask. Document Review: -The facility developed and maintained a comprehensive Infection Control and Prevention Plan. -Visitors' logs. -CDC Guidelines with diagrams for handwashing, PPE donning and doffing, and social distancing. -Medical clearance and FIT test results for the Facility Manager. The findings and conclusions of any investigation by the Division of Public and			

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	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. There were no regulatory deficiencies identified. No further action is necessary. Please retain a copy for your records.			