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
	9071	A. BUILDING _____ B. WING _____	10/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHOE SENIOR LIVING I	**4190 BISMARCK DRIVE, RENO, NEVADA ,89502**

(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 State Licensure COVID-19 Infection Control and Prevention Plan Survey conducted in your facility on 9/30/20 and concluded on 10/04/20. 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 five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. The facility utilized the front door as the main access point. A staff member screened visitors (essential healthcare workers) for signs and symptoms of COVID-19 by taking and recording their temperature and asking about recent travel and exposure risks. The facility required visitors (essential healthcare workers) to wear a surgical mask and perform hand hygiene upon entry. There was Alcohol Based Hand Rub (ABHR) at the front entry, in the kitchen and all bathrooms. The facility only allowed essential healthcare workers to enter the facility. No other visitors were permitted entrance to the facility. The caregiver verbalized the facility's kitchen, dining room and high touch areas were cleaned three times daily and as needed using soap and water and Lysol disinfectant. The caregivers confirmed all bathrooms and the laundry room were cleaned daily and as needed using Kaboom and Lysol products. Soap and paper towels were available at all sinks. ABHR was available at the entry, in the kitchen and in shared bathrooms. Observation revealed the facility maintained an adequate supply of Personal Protective Equipment (PPE) including gowns, surgical mask, gloves, N-95 respirators, face shields. The caregiver was able to access the PPE as needed. Record review confirmed the Administrator, the Owner and four caregivers had been fit tested for a National Institute of Occupational Health and Safety (NIOSH) approved N95 respirator. The facility's plan to identify and	0000		

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	properly respond to residents with suspected or confirmed COVID-19 was to isolate the resident in a private room. Dedicated staff members designated to care for residents with COVID-19 were required to wear full PPE including a NIOSH approved N95 respirator. The facility's plan in response to COVID-19 positive and COVID-19 presumptive residents included using disposable food containers and utensils, dedicated trash and laundry bins. A review of the facility's Infection Control and Prevention Plan revealed the facility had the following components documented and ready for implementation: -A verbal interview with Administrator describing implementation of the plan. -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 inventory of Personal Protective Equipment (PPE) -Staff training on the proper use of PPE to include donning and doffing -Staff Fit Tests for N-95 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 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.			