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
	9280	A. BUILDING _____ B. WING _____	10/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVONDALE CARE HOME	**6215 EAST OWENS AVENUE, LAS VEGAS, NEVADA ,89110**

(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: The Statement of Deficiencies was generated as a result of a FOCUSED COVID-19 Inspection conducted in your facility on 10/28/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 10 Residential Facility for Group beds for elderly or disabled persons and/or persons with chronic illness, and/or persons mental illness, Category II residents. The census at the time of the survey was ten. No residents or staff tested positive, nor displayed signs or symptoms for COVID-19. The focused COVID-19 infection control survey included the following: Observations: - Facility 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. Inspector was given shoe covers and gloves upon entrance. - Visitor log documented temperatures, screening and dates of visits. - Three residents were in the living room watching television and seven residents were in their bedrooms. - One 67.6 fluid ounce bottle of sanitizer was at the entrance and one 67.6 fluid ounce bottle of sanitizer was in the living room. Interview: Administrator and Caregiver were interviewed and verbalized the following: - Screening and temperature checks are completed for staff and healthcare workers upon entrance to the facility. Logs are kept of each visitor's screening and temperature. - Temperature checks for residents are conducted daily by caregivers. - All visitors are screened, and temperatures are taken and logged. - No residents or staff have tested positive or showed signs and symptoms of COVID-19. - Four residents are served meals at the dining room table and six residents are served in their bedrooms to promote social distancing. - Activities are limited to adhere to social distancing by keeping residents six feet apart. - Staff sanitizes all high touch areas two times a day with Lysol. - The	0000		

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	facility had two electronic temporal thermometers, two boxes of 100 gloves, 50 surgical masks, 10 N-95 masks, ten gowns and six face shields. - All caregivers were medically cleared and fitted for N95 masks. 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. 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.			