

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 9328	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2020
NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 6990 EDNA AVE, LAS VEGAS, NEVADA ,89117		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a COVID 19 focused infection control, State Licensure survey initiated at your facility on 09/21/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category 2 residents. The census at the time of the survey was nine. The facility had no residents or staff positive for COVID-19. Observations: - Facility staff checked the temperature of the health facility inspector prior to entry to the facility using an infra-red thermometer. The facility had three infrared thermometers. - The health facility inspector was required to answer screening questions about COVID-19. This included questions about symptoms and travel history. - Signs were posted on the front door requiring essential visitors to wear masks, gloves, and gowns. - Social distancing was practiced throughout facility. Residents were in their rooms, or in the living room watching television. - Caregiver was observed assisting residents while wearing a mask and gloves. - The facility had three staff members on duty. - Staff washed their hands and utilized alcohol-based hand sanitizers. - The facility had ten 67-ounce bottles of hand sanitizer available and securely stored in locked cabinets. - Twenty boxes containing ten 100 count glove packages (Total of 20,000 gloves) were stored in the garage. - Fifty shoe booties, 20 gowns, 280 surgical masks, and 20 plastic face shields were stored in the garage. Interviews: The facility Administrator/Owner reported: - No residents or staff were COVID-19 positive and the facility has not had any positive cases of COVID-19 during the pandemic. - The facility had four caregivers. The facility has a contract with a temporary employment agency to provide replacement staff, if needed. - Residents communicate with family and friends by phone or computer with caregiver assistance. -	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: Title: Date:
REPRESENTATIVE'S SIGNATURE

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	Window visits with proper social distancing and masks are provided by appointment. - Residents watch television in the living room while practicing social distancing. - Meals are served three residents at a time at a large dining table to ensure social distancing. Residents are also served meals in their rooms. - Activities include music and exercise, painting, trivia and board games, bingo and watching television, while practicing social distancing. - Essential visitors are required to complete temperature checks and a questionnaire about symptoms of COVID-19. Employees are also required to complete temperature and COVID-19 symptom checks when returning to work. - High touch areas and furniture are sanitized daily and as needed with a bleach and water solution. A caregiver reported: - Resident temperatures are checked and they are observed and questioned about COVID-19 symptoms every morning and throughout the day. - If a resident test positive for COVID-19, the resident would be isolated in his/her separate room and isolation signs will be placed on the door. The resident would be assisted by a designated caregiver wearing proper PPE. The caregiver would not be allowed to assist negative COVID-19 residents. Meals would be served with disposable plates and utensils. A separate garbage can would also be utilized. - Dishes are sanitized in the dishwasher immediately after meals are served. - Caregivers are always required to wear masks and gloves. - Residents have their own rooms. Documentation: - Infection control/COVID-19 prevention guidelines were posted on a hallway wall. - Staff were trained on COVID-19 procedures by the owner/administrator. - The facility utilized the Nevada Recommended Prevention and Control Plans for Groups and created its own document re-titled: Golden Years Infection Prevention and Control Plan for Coronavirus. 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			

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	laws. No regulatory deficiencies identified. Please retain a copy for your records.				