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
	9415	A. BUILDING _____ B. WING _____	12/15/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HEART GROUP HOME CARE I	**3413 ALPLAND LANE, SPARKS, NEVADA ,89434**

(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 Focused Infection Control Survey conducted in your facility on 12/15/20. 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 seven residential Facility for Group beds for elderly and disabled persons, and/or persons with mental illness, and/or persons with chronic illness, and/or persons with intellectual disabilities, Category II residents. The census at the time of the survey was two. The facility utilized the front door entrance as the main access. All staff and visitors (essential healthcare workers) were required to complete a written questionnaire for COVID signs and symptoms, have their temperature taken, wear a mask and use an alcohol-based hand sanitizer upon entry. One resident had tested positive for COVID-19 (COVID) and was without symptoms (asymptomatic). The door to the resident's room was kept closed. A sign posted outside the door indicated the resident was on isolation status. The second resident, who had tested negative for COVID, remained in a different room with the door closed. A sign outside the door indicated the resident was on quarantine status (as a precautionary measure). A staff member who had tested positive for COVID and was asymptomatic, was working at the time of the survey. This caregiver was assigned to provide the COVID positive resident's care, including delivering meals to the room. The facility was following the Centers for Disease Control and Prevention's symptom-based guidelines to determine when staff were able to return to work. A caregiver who had tested negative for the virus provided the COVID negative resident's care, including delivering meals to the room. Staff cleaned the facility daily with disinfecting products; high-touch surfaces were disinfected throughout the day. Staff and resident screening included twice a day temperature	0000		

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	and oxygen saturation level checks, and a verbal questionnaire. All screening information was available in the Resident, Staff, and Visitor binders. Staff wore masks, face shields, gloves, and gowns during all resident care. Staff practiced social distancing when outside the residents' rooms. Residents wore masks when caregivers were in the room. During an interview, a caregiver revealed the facility maintained an adequate supply of personal protective equipment (PPE), including cloth gowns, gloves, surgical masks, face shields, and N95 respirator masks. Review of the Infection Control and Prevention Plan revealed the following components were documented and ready for implementation: - Visitor screening and visitation practices; - Education, monitoring, and screening practices of staff; - Emergency staffing plan; - Infection control practices; - PPE inventory; and - In-service education and training on procedures related to disinfection, PPE use for staff and residents, and hand hygiene. During an interview, the Administrator described implementation of the plan. 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.			