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 |
|---|---|---|---|
| | 9598 | A. BUILDING _____ B. WING _____ | 08/25/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SILVERADO RANCH MEMORY CARE | 248 BARLETTA AVENUE, LAS VEGAS, NEVADA ,89123 |

| (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<br><br>Inspector Comments: The Statement of Deficiencies was generated as a result of a FOCUSED COVID-19 Inspection and State licensure annual survey conducted in your facility on 08/25/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's Disease, ten category II residents. The census at the time of the survey was four. Six resident files and four employee files were reviewed. The facility received a grade of A. 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. - The health facility inspector was required to sanitize hands and put on shoe coverings before entry. - Visitor log documented temperatures, screening and dates of visits. - Two residents were in the living room six feet apart, one resident was in a bedroom watching television, and one resident was in isolation in a bedroom. - Staff disinfected kitchen counters, doorknobs, bathrooms and floors with bleach water and Lysol. - Administrator and two caregivers wore surgical masks, face shields, gloves and gowns while providing care. - Facility had one wall dispenser with hand sanitizer at main entrance, one 34 fluid ounce bottle in the kitchen, and one 8 fluid ounce bottle in each of the three bathrooms. Interview: The facility manager and a 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. - Medical professionals are the only persons allowed entry into the facility. - | 0000 | | |

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| | Four staff members tested positive for COVID-19 on 07/29/20. Two of the staff members tested negative on 08/10/20 and have returned to work. Two staff members were quarantining at home with signs and symptoms remaining. - One resident tested positive on 07/29/20 and remains in the hospital. One resident tested positive on 08/18/20 and was sent to the hospital where she tested negative and is in isolation in a facility bedroom for 14 days. - Residents are served meals in kitchen, dining room and their rooms to promote social distancing. - Activities were limited to one person at a time to adhere to social distancing. - Staff sanitizes all high touch areas three times a day with bleach water and Lysol. - The facility has two electronic temporal thermometers, 3 boxes of 100 gloves, one box of 100 surgical masks, 15 gowns and five face shields. - Facility nurse held training for staff on proper personal protective equipment (PPE) on 03/18/20 and 07/29/20. 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 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. No deficiencies were identified. No further action is necessary on your part. Please retain this report for your records. | | | |