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
	9672	A. BUILDING _____ B. WING _____	08/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAKES SENIOR LIVING LLC	9209 SANDY SHORES DR, LAS VEGAS, NEVADA ,89117

(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 a result of a COVID-19 focused infection control survey and an annual State Licensure survey conducted in your facility on 08/05/20. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health and NAC 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was nine. Nine 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 staff 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 and exposure to the virus at other facilities prior to entry to the facility. - The health facility inspector was required to use hand sanitizer prior to entry to the facility. - Eight residents were seated at the kitchen table and were not social distancing; one resident was on the couch. - Staff disinfected kitchen counters, kitchen sink and doorknobs with Clorox disinfectant wipes. - Caregivers were not wearing surgical masks and donned masks after inspector arrival. - One 67-ounce bottles of hand sanitizer was located at the main entrance, one 16 ounce bottle was in the living room, kitchen and each bathroom. The Owner/Caregiver was interviewed and verbalized the following: - Screening and temperature checks were being completed for staff or essential visitors. - Temperature checks for residents were conducted by caregiver as the residents wake up. Residents temperatures are checked once a day and results are logged in the medication administration record (MAR). - Medical professionals are the only persons allowed entry into the facility. - Residents and staff have not been tested and have not	0000		

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	exhibited signs or symptoms for COVID-19. - Activities are provided in living room and in resident rooms to allow space between residents to promote social distance. - Staff sanitized all high touch areas two times a day with Lysol. - The facility had 22 boxes of gloves; one box of 50 surgical masks; one electronic temporal thermometer and two oral thermometers. - Training was held for staff on proper personal protective equipment (PPE) in early March. Record Review: - Facility had no COVID-19 infection control policies and procedures. (TAG 0050) - COVID 19 Infection control prevention plan template/sample provided to facility.			
0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation and interview, the Administrator failed to establish a infection prevention and control plan related to the COVID 19 pandemic. Findings include: On 08/05/20 at approximately 10:00 AM, the Owner/Caregiver reported the facility lacked an infection control policy related to COVID-19. Owner/Caregiver was provided a sample/template COVID 19 infection prevention and control plan for group homes. Severity: 2 Scope: 3	0050	We have developed policy and procedures as directed by the State of Nevada and Center for Disease Control (CDC). We will place all policy and procedures together. It will be easy for Staff to locate the facility plan. We will have each staff member read and document that they have read the policy and procedures and keep that information in their separate personnel file. The administrator is the person responsible for ensuring the compliance of this deficiency. The date of the corrective action: August 26, 2020.	08/26/2020