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
	9724	A. BUILDING _____ B. WING _____	10/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLA CARE HOME, LLC	**9900 VERMILLION CLIFFS AVE, LAS VEGAS, NEVADA ,89147**

(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 the focused Infection Control Survey conducted at your facility on 10/23/20, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed as a Residential Facility for Groups for eight elderly or disabled persons with Alzheimer's disease or related dementia, Category II residents. The census at the time of the survey was seven. The Operator verbalized there were no residents and no employees with COVID-19 symptoms or positive test results. The focused Infection Control Survey included the following: Observations: -Upon entry to the facility, the Caregiver checked the Inspector's temperature using a no-contact temporal thermometer and asked screening questions related to COVID-19 symptoms and exposure. The Inspector was asked to sanitize hands before entering. -There were pump hand sanitizer containers on the front entry table and throughout the facility. -The Caregiver and Operators wore cloth face masks. A Caregiver who was providing care wore a cloth face mask and gloves. -The supply of Personal Protective Equipment (PPE) included 550 surgical face masks, ten N-95 masks, eight face shields, 20 disposable gowns, and 500 pairs of gloves. -There were two no-contact temporal thermometers. -The Caregivers and Operators washed hands with soap and water. -Four residents in the Living Room wore cloth face masks. -The residents in the Living Room were sitting six feet apart watching television. -Signs were posted at the front entry and throughout the facility to wash hands, social distance, and wear masks. -Diagrams were posted throughout the facility for handwashing procedures and donning and doffing PPE. Interviews: -The Operator indicated the visiting policy was no visitors except for essential healthcare workers. The facility provided virtual visitation with Zoom and Facetime. -The Caregiver stated she was given training in handwashing and disinfecting surfaces	0000		

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	personally by the Operator. All staff watched videos online from the Centers for Disease Control (CDC) regarding how to put on and take off PPE and how to monitor for signs and symptoms of COVID-19. -The Caregiver stated she was expected to wear a mask all the time, and wear gloves when providing care and serving meals. -The Caregiver indicated she washed her hands almost continually: Before and after every contact with residents, serving food, touching items, and administering medications. -The Operator verbalized the high touch surfaces like light switches, countertops, tabletops, grab bars, and faucets were cleaned at least every three hours and as needed. -The Operator verbalized if a resident developed COVID-19 symptoms or had positive test results the facility would rearrange the resident beds in order to provide a private isolation room. The isolated resident would receive meals in disposable dishware, have a separate staff member, and have a PPE cart with masks, gloves, gowns, hand sanitizer, and a disposal bag for used PPE. -The Caregiver and the Operator indicated they used ammonia-based disinfectant for surfaces and mopped with diluted bleach. They wiped high touch surfaces with Clorox bleach wipes throughout the day. -Two alert residents reported staff were diligent about washing their hands and wearing masks. -The Operator verbalized they checked the residents and employees twice a day for fever and COVID-19 symptoms. -The Caregiver and the Operator stated they serve meals to residents at two different tables located in the dining room and the living room, with residents sitting six feet apart. -If a resident or employee developed COVID-19 symptoms or positive test results, the Operator referred to the telephone numbers for Southern Nevada Health District (SNHD) and the Office of Public Health Investigations and Epidemiology (OPHIE) posted on the refrigerator door. -The Operator verified there were ten N95 masks available at the facility; however, none of the employees were medically cleared or fitted for N95 masks. The Operator was given guidance to have at least one caregiver medically			

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	cleared and fitted for use of N95 masks in the event a resident becomes positive for COVID-19. The Operator was cooperative with the guidance and stated he would schedule fit testing immediately. Document Review: -The facility had a comprehensive Infection Control & Prevention Plan. -Temperature logs for residents and employees. -Sign-in sheets for visitors with temperature logs and screening questions. 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. There were no regulatory deficiencies identified. No further action is necessary at this time. Please retain a copy for your records.			