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
	9793	A. BUILDING _____ B. WING _____	10/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A BENEVOLENT HEART CARE HOME	508 PEARBERRY 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 Inspector Comments: This Statement of Deficiencies was generated as a result of the COVID-19 focused infection control survey conducted at your facility on 10/14/20, in accordance with Nevada Administrative Code Chapter 449, Residential Facilities for Groups. The facility is licensed as a Residential Facility for Groups for nine residents with Alzheimer's disease or related dementia, Category II. The census at the time of the survey was seven. The Caregiver 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: -The Health Facilities Inspector (Inspector) was given a temperature check using a handheld temporal thermometer and a COVID-19 symptoms questionnaire prior to entry to the facility. -The Inspector was directed to sanitize hands with hand sanitizer. -The front entry table had a visitors' log with COVID-19 symptoms questionnaires and two pump bottles of hand sanitizer. -The front entry table had a laminated list of questions for the Caregiver to ask of authorized visitors regarding symptoms and exposure to someone with COVID-19, take temperature, with a reminder for visitors to put on Personal Protective Equipment (PPE) and to use hand sanitizer. -Three Caregivers wore surgical face masks and face shields. A Caregiver assisting a resident was also wearing gloves. -Posted signs: Handwashing reminders, Social Distancing reminders, "Visitor Cancellation Notice: (The facility) will be closed to all family, friends, and visitors of residents. Only essential resident healthcare providers and their staff, facility caregivers, emergency medical personnel, as well as NV state employees from the ADSD, the BHCQC, and CMS will be allowed into the facility." -PPE supply included 250 surgical face masks, 30 face shields, 2,300 gloves, and ten disposable gowns. -There were seven large pump bottles of hand sanitizer. -There were two handheld temporal non-contact	0000		

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	thermometers. -A Caregiver was cleaning counters with an ammonia-based spray cleaner. Another Caregiver was wiping chair handles and tabletops with Lysol wipes. Additional cleaners included 18% Isopropyl Alcohol wipes, Fabuloso, Lysol Spray, and straight vinegar. -Caregivers were frequently washing hands with soap and water and using hand sanitizer. -Residents were having snacks, watching television, and coloring in the living room while sitting more than six feet apart. Interviews: -The Caregiver indicated the facility was "On Lock Down" and did not allow any visitors inside the facility. Telephone calls and virtual visitation was available using the residents' phones. Residents can also have visitors at front room window to see the visitor while at least 8 feet apart and talk on the cell phone. -The Caregiver indicated if necessary, to isolate a resident who had a positive COVID-19 test or exhibited symptoms, the resident would be placed into the back room, which has a private bathroom and separate supply of PPE. There were two extra staff available for relief if necessary. -Three Caregivers verbalized they were trained by the Administrator in the COVID-19 symptoms for monitoring residents, how to disinfect surfaces with ammonia or bleach based cleaner, how to put on and take off masks, gloves, and gowns, and how to make sure their hands were washed thoroughly. -The Caregiver indicated each resident is assessed for COVID-19 symptoms and fever every morning after medication administration. -The Caregiver indicated social distancing is facilitated by having two staggered mealtimes and two of the residents prefer to eat in their rooms. The residents have televisions and independent activities provided at the large dining room table and in the main living room. -Two Caregivers reported they are trained to wipe down surfaces with disinfectant before and after meals and activities, at least every three hours and as needed. -Three Caregivers reported they are required to go through a temperature check and symptoms questionnaire before the start of the shift. If positive, the employee would not be able to work. -None of the employees were			

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	medically cleared or fitted for N95 masks. On 10/21/20, the Administrator was emailed guidance to obtain N95 masks and have at least one caregiver medically cleared and fitted for use of N95 masks in the event a resident becomes positive for COVID-19. Document Review: The facility had a COVID Binder on a shelf with a comprehensive Infection Control & Prevention Plan, questionnaires for visitors, list of instructions for staff to ask visitors, daily temperature checks for residents, and education regarding handwashing and safe infection control protocols. 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 of this Statement for your records			