STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9830	A. BUILDING _____ B. WING _____	10/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE SPRINGS ASSISTED LIVING & MEMORY CARE	**8720 W FLAMINGO RD, 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 a COVID 19 focused infection control State Licensure survey completed at your facility on 10/29/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 127 Residential Facility for Group beds for persons with assisted living services and/or persons with elderly and disabled and/or persons with Alzheimer's disease and/or persons with chronic illnesses, Category II residents. The census at the time of the survey was 50. The facility had no residents or staff positive with COVID-19. The COVID-19 focused infection control survey included the following: Observations: - Signage posted at front entrance door "All essential visitors and vendors will be screened for COVID-19 prior to accessing the community". - 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. - Facility staff checked the temperature of the Health Facility Inspector prior to entry to the facility. - The Health Facility Inspector was required to sign COVID-19 screening questionnaire documenting no COVID-19 symptoms prior to entry. - The Health Facility Inspector was required to immediately use hand sanitizer and wear a face shield. - One resident was in the dining area eating breakfast. Dining room tables were spread apart. - The Caregivers wore a surgical mask/face shield. - Hand sanitizer was located at the main entrance in the facility and wall mounted dispensers were located throughout the facility. -Four residents were social distancing in the memory care unit, while participating in a group activity. The residents were not wearing a mask. -- The facility had 2400 boxes of gloves; 2000 surgical masks and 674 KN95 masks, 36 N95; 89 gowns; 350 face shields; 38 goggles; and six electronic contact-less thermometers. Interview: The Wellness Director and Executive Director verbalized	0000		

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	the following: -Six employees and two residents were confirmed positive for COVID-19 in April 2020. The facility conducted facility wide COVID-19 testing in April 2020. The facility worked with Office of Public Health Investigation and Epidemiology (OPHIE) during the outbreak and all cases were entered into REDCAP. There were no new cases to report. - Temperature checks were completed for staff and healthcare workers upon entrance to the facility. - Resident temperatures were checked once a day and they are monitored for symptoms of cough, shortness of breath and fever. - Medical professionals were only allowed entry to the facility. The facility was not accepting non-essential visitors. - During meals residents ate at separate dining room tables while practicing social distancing. - Activities are set up on a voluntary basis. Group activities were permitted with social distancing and a mask. - Staff sanitized all high touch areas (doorknobs, light switches, bathroom rails, stairwells, and medication room) with a daily fogger twice a day. The Fogger had a four-minute kill time for COVID-19. In addition, the facility used a disinfectant spray and a Defense cleaner twice a day. - The facility had 2400 boxes of gloves; 2000 surgical masks and 674 KN95 masks, 36 N95; 89 gowns; 350 face shields; 38 goggles; and six electronic contact-less thermometers. - Four employees were medically cleared and fitted to wear N95 mask. - The facility provided COVID-19 infection control training to employees. Record Review: - Infection Control Program policies and procedures documented measures to ensure isolation and prevention of COVID-19. - Visitor entry and facility screening practices including screening questions, hand sanitization and temperature checks. Infection Control Program policies and procedures addressed the following topics: - Staff fit testing and medical clearance for N-95 masks. - Respirator program. - Emergency staffing plan if a staff member tests positive. - - Staff training on the proper use of PPE to include donning and doffing - Staff Fit Testing for N-95 masks - Respirator Program - New Admissions or Readmissions with an unknown COVID-19			

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	status -Visitation 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 investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. No regulatory deficiencies identified. Please retain a copy for your records.			