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
	9907	A. BUILDING _____ B. WING _____	08/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY OF GOLDEN AGES	**2680 MARGARET DR., RENO, NEVADA ,89506**

(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 the result of a State Licensure COVID-19 Infection Control and Prevention Plan Survey conducted in your facility on 08/26/20. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, and/or persons with chronic illness, and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. There were no positive or presumptive COVID-19 residents or staff that the time of the survey. The facility utilized the front entrance as the main access point. All staff members and essential visitors were required to complete a written questionnaire for COVID-19 signs and symptoms, have their temperature taken, and were instructed to wear a facial mask. All residents were observed to be socially distanced in the common area and meals and snacks were delivered to the resident rooms. Staff observations included the use of masks and gloves with resident care and during their daily routines. Interviews conducted with the Administrator and a Caregiver revealed the facility maintained an adequate supply of the following personal protective equipment: disposable gowns, gloves, and surgical masks. The Administrator was able to purchase a supply of the N95 masks verbalized that the staff would be Fit tested for the N95 masks. The facility provided continuing education on Infection Prevention and Control Training to staff members through weekly meetings, Personal Protective Equipment review, return demonstration of donning/doffing, and weekly review of Centers for Disease Control guidelines. A review of the facility's Infection Control and Prevention Plan revealed the facility had the following components documented and ready for implementation: -A verbal interview with Administrator describing implementation of	0000		

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	the plan. -Visitor entry and facility screening practices -An Emergency Staffing Plan if a staff member tested positive -A plan if a resident tested positive -Access to or inventory of Personal Protective Equipment (PPE) -Staff training on the proper use of PPE to include donning and doffing -Respirator Program -Identification and response to residents with suspected or confirmed COVID-19 -New Admissions or Readmissions with an unknown COVID-19 status -Required notifications The findings and conclusions of any investigation by the Health Division 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. No regulatory deficiencies were identified.			