

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/22/2020
NAME OF PROVIDER OR SUPPLIER CORINTHIAN PLACE SOUTH LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5855 LONE HORSE DR, RENO, NEVADA ,89502		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as the result of a State Licensure COVID-19 Focused Infection Control Survey conducted in your facility on 12/22/20. 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 was licensed for nine Residential Facility for Group beds for the elderly and disabled persons, Category II residents. The census at the time of the survey was four. All four residents, who were COVID positive, denied having symptoms on the day of the survey. Two staff/caregivers (CG) were working on the day of the survey. One CG, who was COVID positive, denied experiencing any symptoms. The second CG was COVID negative. A third CG, who had developed symptoms of the virus, had been in quarantine at home since 12/05/20. The last date of resident and staff COVID testing was 12/03/20. The inspectors interviewed the owner and the two CG on duty. The facility utilized the front entrance as the main access. All staff and visitors (essential health care workers and state inspectors) were required to complete a written questionnaire for COVID signs and symptoms, have their temperature checked, perform hand hygiene with alcohol-based hand sanitizer (ABHS), and wear a facial mask and shoe coverings to enter. Staff and residents were screened for COVID symptoms four times a day. The results were documented and available for review. The inspectors observed staff and residents wearing masks and social distancing. The COVID negative CG prepared meals and provided laundry service for the residents. The designated CG delivered all meals and snacks to the residents' rooms. All residents had private rooms with appropriate signage outside the doors. The residents practiced social distancing when in the common areas. There was a cart with PPE and ABHS in the hallway, between the residents' rooms. The COVID positive CG (designated to provide all care to the			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name:
REPRESENTATIVE'S SIGNATURE

Title:

Date:

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	COVID positive residents) was observed properly putting on and removing full sets of personal protective equipment (PPE) before and after providing care for each resident. Interviews with staff revealed the facility maintained an adequate supply of PPE, including disposable gowns, gloves, shoe covers, goggles, face shields, surgical masks, and N95 masks. Staff indicated cleaning occurred four times daily with bleach products to disinfect frequently touched surfaces. All new admissions had been canceled until further notice. A record review revealed five staff had completed N95 mask fit testing. The investigation of regulatory compliance with Infection Control and Prevention included review of the following: - Visitor entry and facility screening practices; - Education, monitoring, and screening practices of staff; - Emergency staffing plan; - Infection control practices; and - PPE inventory. 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.			