

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 9278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2020
NAME OF PROVIDER OR SUPPLIER ALTERNATIVE HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 4504 LA ROCA CIRCLE, LAS VEGAS, NEVADA ,89121		
(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 a result of a COVID-19 focused infection control, State Licensure survey initiated at your facility on 10/28/20. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness and/or persons with chronic illness, Category II residents. The census at the time of the survey was seven. The focused COVID-19 infection control survey included the following: Observations: - Facility staff checked the temperature of the health facility inspector prior to entry to the facility. - 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. - The health facility inspector was asked to use hand sanitizer prior to entry to the facility. - Residents were in their rooms. - The caregiver wore a surgical mask and gloves while providing care. - The caregiver washed hands and utilized alcohol-based hand sanitizers before and after interacting with residents. - Hand sanitizer was located at the main entrance and throughout the facility. Interview: The Caregiver verbalized the following: - Screening and temperature checks were completed for staff and healthcare workers upon entrance to the facility. - Temperature checks for residents were conducted twice a day, morning and afternoon. - Medical professionals were the only persons allowed entry to the facility. - Residents and staff have not tested positive for COVID-19 and have not exhibited signs or symptoms. - Residents were served meals in their rooms or at the dining table with a chair removed between residents to adhere to social distancing. - Activities were provided in bedrooms to adhere to social distancing. - Staff sanitized all high touch areas three times a day with alcohol-based disinfectant. - The facility had 350 surgical			

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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	masks, 12 boxes gloves, seven gowns, 25 shields, and one electronic no-contact thermometer. - Training was held for staff on proper donning and doffing personal protective equipment (PPE) on 08/31/20. - The facility had 17 N95 masks. All employees were medically cleared and fitted for N95 masks. Record Review: - Infection Control Program policies and procedures documented measures to ensure isolation and prevention of COVID-19. - Standard and transmission-based precautions for COVID-19. - Visitor entry and facility screening practices including screening questions, hand sanitization and temperature checks. - Education, monitoring and screening practices of staff including proper PPE use, temperature checks, hand washing and sanitization. - Facility policies and procedures to address staffing issues during emergencies, such as the transmission of COVID-19. - Separate area will house residents in the case of a positive resident in the facility. 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 were identified.			