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
	9560	A. BUILDING _____ B. WING _____	08/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN LIVING LLC	7481 ROME BLVD, LAS VEGAS, NEVADA ,89131

(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 an annual State Licensure survey and Focused COVID-19 Infection Control Survey conducted in your facility on 08/04/20 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents (five elderly / disabled and five persons with Alzheimer's disease or related dementia). The census at the time of the survey was eight. Eight resident files were reviewed and five employee files were reviewed. The facility received a grade of A. The investigation of regulatory compliance of Infection Control and Prevention included: Observations: - The caregiver checked the temperature of the Health Facilities Inspector with a temporal thermometer, and verbally questioned the surveyor regarding signs and symptoms of COVID-19. -The facility had one temporal thermometer and one oral thermometer. -The facility had signage at the front entrance indicating no visitors are allowed except for essential service personnel. -The facility had signs at the front entrance recommending people to wear a face mask, wash hands, and practice social distancing. -Residents and staff were observed wearing face masks when moving about the facility. -Staff providing care services and staff who were cleaning rooms were observed wearing face masks and gloves. Staff washed their hands before donning and doffing facemasks. - Staff used Lysol spray and bleach and water solution to disinfect high touch surfaces. -The facility had six gowns, 100 surgical face masks, 12 face shields, 400 gloves, and three 34 ounce bottles of hand sanitizer located by the front door, in the living room and in the kitchen. - Residents were social distancing while seated in individual reclining chairs and watching television in the living room. Interviews with caregivers: -The Caregiver reported no	0000		

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	residents or staff showed signs and symptoms of COVID 19 or were tested positive. All residents and staff were tested negative on 06/06/20. -The Caregiver reported all residents and staff have facemasks. -The Caregiver indicated essential visitors' and staff temperatures are checked each time they enter the facility. They are also questioned about COVID-19 symptoms. -The Caregiver reported some essential visits are conducted with Zoom. -The Caregiver revealed residents were separated during meals with staggered meal times; and residents were required to social distance while in the dining room. -The Caregiver reported the Administrator conducted COVID-19 prevention training for all staff. -The Caregiver verbalized each resident is checked daily for signs and symptoms of COVID 19, and temperature checked. -The Caregiver indicated the facility would report to the Nevada Department of Health and Human Services and the Office of Public Information and Epidemiology if a resident or staff member tested positive for COVID-19. Document Review: -The Facility wrote its own infection control plan titled: "Evergreen Living LLC COVID19 Plan," which included requirements to: - Limiting visitors and using alternative methods for resident and visitor interactions. - Screening staff and essential visitors. - Symptoms of COVID-19 - Resident Restrictions - Social Distancing Requirements - Shared kitchen and dining room usage - Laundry room - Shared bathrooms -Cleaning and Disinfection of Facility -Hand Hygiene -Rapidly identify and properly respond to residents or staff members with suspected or confirmed COVID-19 -Proper Use of Personal Protective Equipment by Caregivers -How to Properly Dispose of PPE 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 deficiencies were identified:			