

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 9735	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2020
NAME OF PROVIDER OR SUPPLIER MESA VALLEY ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 1328 BERTHA HOWE LANE, MESQUITE, NEVADA ,89027		
(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: The Statement of Deficiencies was generated as a result of a FOCUSED COVID-19 Inspection conducted in your facility on 11/05/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 78 total Residential Facility for Group beds for elderly and disabled persons, with 54 beds providing Assisted Living services and 24 beds to care for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 36. No residents or staff tested positive, nor displayed signs or symptoms for COVID-19. The focused COVID-19 infection control survey included the following: Observations: - Facility checked the temperature of the health facility inspectors prior to entry to the facility. - The health facility inspectors were 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. - Inspectors had to wash hands upon entrance. - Visitor log documented temperatures, screening, and dates of visits. - Residents were in their own bedrooms. - Caregivers wore KN-95 masks and gloves. - Wall mounted hand sanitizer dispensers were located in each hallway and at the main entrance. - Facility had 62 gallons of sanitizer in storage. - The facility had 18 electronic temporal thermometer, 111,000 gloves, 9,300 surgical masks, 100 N-95 masks, 350 face shields and 240 gowns. Interview: Administrator and a Caregiver were interviewed and verbalized the following: - Screening and temperature checks are completed for staff, visitors, and healthcare workers upon entrance to the facility. - Logs are kept of each visitor's screening and temperature. - Temperature checks for residents are conducted daily by caregivers - No residents or staff have tested positive or showed signs and symptoms of COVID-19. - Two residents were sitting at each table for meals to promote social distancing. - Furniture was arranged six feet apart for activities to social			

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: Title: Date:
REPRESENTATIVE'S SIGNATURE

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	distancing. - Staff sanitizes all high touch areas twice times a day with Virotab. - Administrator is in the process of getting employees 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 personal protective equipment (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. 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. There were no deficiencies identified. No further action is necessary on your part. Please retain this report for your records.			