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
	9896	A. BUILDING _____ B. WING _____	09/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRACINA HOME CARE II, LLC	**1721 GLEN COVE CT, RENO, NEVADA ,89521**

(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 08/27/20. 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 the elderly and disabled, Category II residents. The census at the time of the survey was four. The facility utilized the front entrance as the main access point. All visitors were required to complete a questionnaire for COVID-19 signs and symptoms, had their temperature taken, surgical mask was required, and visitors were asked to use an alcohol-based hand rub (ABHR). Only essential healthcare workers could visit. No other visitors were permitted entrance to the facility at this time. Signage listing signs and symptoms of COVID-19 and signage indicating visitation restrictions was posted in the front doorway. The Administrator and the Caregiver verbalized the facility was deep cleaned daily using Clorox bleach and Lysol products. The Caregiver verbalized the kitchen was cleaned after each meal and as needed using Clorox and Lysol products. The Caregiver verbalized shared bathrooms were cleaned twice daily and as needed with Lysol and Clorox products. The Caregiver verbalized the dining room and laundry room were cleaned after each use with Clorox and Lysol product. Soap and paper towels were available at all sink areas. ABHR was available at the entry, the kitchen and in resident rooms. The Administrator revealed the facility maintained an adequate supply of the following personal protective equipment (PPE): cloth gowns, gloves, face shields, surgical masks, and N95 masks. All facility staff were able to access the PPE supply as needed. The facility's plan to identify and properly respond to residents with suspected or confirmed COVID-19 was to isolate the resident in a private room if they	0000		

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	were suspected or confirmed with COVID-19 and provide a dedicated staff member to care for residents with COVID-19 and required dedicated caregivers to wear full PPE including an N95 respirator. The facility plan in response to COVID-19 positive and COVID-19 presumptive residents included using disposable food containers and utensils, dedicated trash and laundry bins. The Facility policy for discontinuing isolation included symptom, time and test based strategies. 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 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 -Staff Fit Tests for N-95 masks -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.			