STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1796	A. BUILDING _____ B. WING _____	01/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN VALLEY GROUP CARE 2	1140 MANHATTAN STREET, RENO, NEVADA ,89512

(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 a FOCUSED COVID-19 infection control survey conducted at your facility on 01/19/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for ten Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness, Category II residents. The census at the time of the survey was six. Upon entry the Administrator verbalized the following: - No staff members tested positive or were symptomatic for COVID-19. PCR testing had been completed on one staff member. - Three residents had been hospitalized and tested positive for COVID-19 through PCR testing. - Six residents were presumptive positive, were in quarantine, and had not been tested. The investigation of regulatory compliance of Infection Control and Prevention included the following: Observations: Postings notifying the public of facility visitation restrictions, the mandatory use of hand washing, hand sanitizing, and the use of masks were on the entry door of the facility. Upon entry to the facility the surveyors were screened for signs and symptoms of COVID-19, were required to wear masks, were monitored by staff while performing hand sanitizing with alcohol-based hand sanitizer 75% (ABHS), and temperatures were taken. A visitor log, a pump container of hand sanitizer, an infrared thermometer, masks, and extra copies of the COVID-19 signs and symptoms questionnaire were available on an entryway table. All rooms in the home were private rooms and no residents were in the common shared areas upon entry. All caregivers were wearing masks and were observed using ABHS during the survey. Residents had surgical masks provided by the facility to wear if they left their rooms. ABHS was located throughout the facility including at the entry door, in the dining room, the bathrooms, and common living areas. The Caregivers were using bleach-based wipes and Lysol disinfectant cleaner	0000		

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	to sanitize the facility and frequently touched surfaces a minimum of twice daily. The facilities personal protective equipment in stock included 2 boxes of surgical face masks, 10 disposable gowns, 4 boxes of gloves, face shields, and three N95 masks. Interviews: Caregiver #1 verbalized temperature logs were maintained daily and residents were monitored throughout the day for signs and symptoms of COVID-19 including cough, diarrhea, nausea, malaise, fatigue, and loss of appetite. Caregiver #1 had N95 medical clearance and fit testing completed. Caregiver #1 had N95 masks available onsite and was the dedicated caregiver for COVID-19 positive residents. The Administrator and Caregiver #1 were able to describe the signs and symptoms of COVID-19, when to isolate a resident, when to call the physician, when to call 911, and what PPE to use when caring for COVID-19 infected residents. The Administrator confirmed a resident tested COVID-19 positive on 12/22/20, a second resident tested COVID-19 positive on 12/25/20, and a third resident tested COVID-19 positive on 01/05/21. The Administrator explained visitation into the facility had been restricted with the onset of COVID-19. However, residents could leave the home for non-medically necessary appointments including grocery shopping, outings with friends, and other miscellaneous errands. The residents were encouraged to always use their masks while out of the facility, but the Administrator could not confirm the residents had used them. The Administrator confirmed no COVID-19 testing had been initiated or completed on the six residents remaining in the home and all six residents had been exposed to the three positive residents before they were discharged to local hospitals (see tag 0593). The Administrator verbalized the six residents remaining in the home had been placed in quarantine after the Administrator was notified of the first residents' COVID-19 positive test result. All residents in the facility at the time of the survey verbalized they had no complaints of illness, were using masks when they left their rooms, had not experienced signs or symptoms of COVID-19, and confirmed they had not had			

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	any illnesses in the last 30 days. Document Review: The facility had a comprehensive COVID-19 Infection Control Policy. The resident temperature logs. The facility visitor logs. The facility COVID-19 signs and symptoms questionnaires. The N95 FIT testing and medical clearance for Caregiver #1. The Nevada State Technical Bulletin titled "Expansion of COVID-19 Testing Criteria", dated 05/05/20. The CDC "Interim Infection Prevention and Control Recommendations" updated 12/14/20. The Washoe County Health District "Self-Isolation & Quarantine" updated 12/04/20. 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. The following regulatory deficiencies were identified:			
0593 SS= D	Rights of Residents; Procedure for Filing - NAC 449.268 Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that: (d) The facility is a safe and comfortable environment; Inspector Comments: Based on observation, interview, and record review, the facility failed to provide a safe environment for 6 of 6 residents by 1) ensuring all residents who left the facility maintained a 14-day quarantine when they returned to the facility per the Centers for Disease Control (CDC) guidelines during a COVID-19 pandemic, and 2) did not test all the residents in the home for COVID-19 after a resident tested positive for COVID-19. Findings include: On 01/19/21 at 9:30 AM, Caregiver #1 verbalized three residents had been discharged and hospitalized for COVID-19. Resident #1 tested positive on 12/22/20, Resident #2 tested positive on 12/25/20, and Resident #3 tested positive on 01/05/21. None of the remaining residents in the home had been tested for COVID-19. On 01/19/21 at 9:35	0593	TAG 0593(NAC 449.268) Rights of Residents: That the Administrator will ensure that all Resident's Body Temperature will be tested first upon entering the facility since in this facility residents are allowed to go out for Non-Medical Appointments. Sorry for the Late Reply, I Warlito Pizarro RFA, have just assumed being the Administrator in this Facility only since May 01, 2021. However, I will make sure that this facility will still follow the May 21, 2021 Guidance Publication, that HEALTH FACILITIES MUST STICK TO STRICTER INFECTION CONTROL MEASURES. See attached bulletin I got from email from the State dated 05/21/2021. Attachment #1 CDC Guidelines for Facilities 06/06/2021	06/06/2021

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	AM, the Administrator verbalized using the facility policies, CDC guidelines, and Nevada State guidelines for managing COVID-19 in the facility. On 01/19/21 at 9:45 AM, the Administrator confirmed three residents had been discharged and sent to local hospitals and were diagnosed with COVID-19. The Administrator verbalized the residents had been allowed to leave the facility to go to the store, visit with friends, and participate in other non-medically necessary outings. The Administrator confirmed the residents who left the facility on the outings were not quarantined upon their return to the facility, the community infection rate was high, the Administrator could not validate the residents had maintained appropriate COVID-19 safety precautions, and none of the remaining residents had been tested for COVID-19 because they had been non-symptomatic. On 01/19/21 at 10:15 AM, the Administrator verbalized when the home was notified of the first positive COVID-19 test result, the Administrator placed all the residents in quarantine and served all meals to them in their rooms with disposable plates, glasses, and utensils. However, residents could continue to leave the home for errands, non-medically necessary appointments, and visits with friends. The facility policy titled "Corona Virus (COVID-19) Policy", undated, documented the facility would implement restrictions to limit the chance of COVID-19 entering the facility, all residents would be asked to not leave the facility unless medically indicated, and all residents would be tested if any resident tested COVID-19 positive. The Nevada State Technical Bulletin titled "Expansion of COVID-19 Testing Criteria", dated 05/05/20, documented testing was extended to include asymptomatic individuals to identify COVID-19 early. The CDC "Interim Infection Prevention and Control Recommendations", updated 12/14/20, documented testing of residents without signs or symptoms of COVID-19 should be used to reduce the spread of COVID-19 when there is a known exposure to the virus. The CDC "When to Quarantine", updated 12/10/20, documented the CDC recommended people stay at home and complete a 14-day			

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	quarantine when there has been a possible exposure to COVID-19. The Washoe County Health District (WCHD) "Self-Isolation & Quarantine", updated 12/04/20, documented adopting the CDC 10-day Quarantine option if there were no symptoms manifested however, the WCHD continued to recommend a full 14 day quarantine when possible. Severity: 2 Scope: 1			