

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 295055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2020
NAME OF PROVIDER OF SUPPLIER COLLEGE PARK REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 2856 E. CHEYENNE AVE. COLLEGE PARK, NV 89030	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on interview and document review, the facility failed to ensure employees were trained and fit tested for N95 masks prior to working in the designated Novel Coronavirus Disease 2019 (COVID-19) unit. Findings include: On 04/30/2020 at 8:38 AM, the Administrator conveyed one unit had been designated as a COVID-19 unit. The Administrator indicated there were 10 employees who tested positive for COVID-19. The facility Infection Control Surveillance for Employees revealed there were 11 employees who tested positive for COVID-19 and one of the 11 employees worked at another facility. On 04/30/2020 at 1:00 PM, the Administrator indicated not all employees had been fit tested for N95 masks. The Administrator provided a list of employees who were scheduled to work in the COVID-19 unit from 04/20/2020 to 04/30/2020. The Administrator and the Medical Records staff member indicated four of the nine employees listed had been fit tested for N95 masks. A facility document revealed on 04/22/2020 and 4/23/2020, the local Fire Department had performed N95 Respirator Training and Fit Testing Verification to seven employees. The facility COVID Unit Schedule revealed three of nine employees were not listed as an employee who had received training and fit testing for N95 mask for the following dates: 04/27, 04/28, 04/29 and 04/30. The facility Emergency Operations Plan: Response Plan for Positive COVID-19 Cases dated 04/15/2020, documented employees designated to care for residents with suspected or confirmed COVID-19 infection would be fitted for N95 mask use.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.