

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 295073	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2020
NAME OF PROVIDER OF SUPPLIER ROYAL SPRINGS HEALTHCARE AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 8501 DEL WEBB BLVD LAS VEGAS, NV 89134	
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 - Few	Provide and implement an infection prevention and control program. Based on observation and interview, the facility failed to ensure a Laundry staff member removed personal protective equipment (PPE) prior to leaving the Quarantine Unit, performed hand hygiene after removing PPE and ensure PPE was appropriately used while handling contaminated laundry. Findings include: On 05/01/2020 at 9:05 AM, a Laundry staff member went inside the Quarantine Unit (Rooms 212-215) wearing a surgical mask, yellow gown and gloves. After 10 minutes, the Laundry staff went outside of the unit and wheeled a large black bin and a yellow linen bin. The Laundry staff removed the yellow gown and gloves outside of the Quarantine Unit and while in the hallway. No handwashing or sanitizing was observed when the gown and gloves were taken off. On 05/01/2020 at 9:20 AM, the Laundry staff was observed loading the dirty laundry inside the yellow bin into the washer, a piece of clothing at a time. The Laundry staff was observed wearing a surgical mask, gloves and a washable, white cloth gown. The gown was not buttoned in the front and while the Laundry staff loaded the contaminated clothes into the washer, the clothes touched the front of the Laundry staff's front shirt. On 05/01/2020 at 9:28 AM, the Laundry staff indicated not receiving any training on what to do while in the Quarantine Unit. The Laundry staff confirmed gown and gloves were taken off outside of the Quarantine Unit and had not wash hands when the PPE was removed. The Laundry staff indicated she forgot to button the gown while loading the dirty clothes into the washer. The Laundry staff indicated the gown should have been buttoned to protect her own clothing from touching the contaminated clothes. On 05/01/2020 at 9:38 AM, the Housekeeping Supervisor indicated not knowing why the Laundry staff was inside the Quarantine Unit. There were two other Laundry/Housekeeping staff assigned to the Quarantine Unit and only these two dedicated staff were supposed to go inside the unit. The Supervisor indicated gowns and gloves should have been taken off by the Laundry staff inside the Quarantine Unit prior to leaving the unit. The Supervisor indicated the Laundry staff should have washed or sanitized hands when the gown and gloves were removed. The dirty clothes should not have been taken one by one from the yellow bin. Instead the entire plastic bag with the dirty clothes and linens should had been thrown inside. The bag was water soluble and would have dissolved inside the washer. The Supervisor indicated the Laundry staff should have buttoned the gown to protect them and their clothes from touching the dirty clothes and linens. On 05/01/2020 at 9:50 AM, a Laundry staff who was assigned to the Quarantine Unit explained PPE including gown, gloves, mask would be donned outside of the unit prior to entering. Prior to leaving the unit, PPE would be taken off except the mask, and hands would be sanitized.		
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.