

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 295083 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/08/2020 |
| NAME OF PROVIDER OF SUPPLIER THE HEIGHTS OF SUMMERLIN, LLC | | STREET ADDRESS, CITY, STATE, ZIP 10550 PARK RUN DRIVE LAS VEGAS, NV 89144 | |
| 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 | <p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review, the facility failed to ensure proper infection control practices were followed during the response to a COVID-19 infection outbreak. Specifically, the facility failed to: 1) Ensure medical screenings and clinical competency validations for the N95 respirator/mask were completed. 2) Ensure policies for the use and disposition of personal protective equipment (PPE) was followed. 3) Ensure visitors were screened for signs and symptoms of COVID-19 at the designated check points. 4) Post signage to identify an isolation room. 5) Ensure guidelines for cleaning and storage of PPE were followed. Findings include: Medical Screening and N95 Mask Fit Test The facility completed medical screenings and N95 mask fit testing on 17 employees within the past 12 months. The documentation indicated prior to 03/22/2020, the facility had last performed medical screenings and N95 mask fit testing on 10/22/18. Review of the facility's Respirator Medical Evaluation Request and Questionnaires dated 03/22/2020 - 04/07/2020 revealed the following: - Employees failed to answer all required questions. - The forms were not reviewed and signed by the Medical Director or a physician. Review of the facility's forms titled Clinical Competency Validation: N95 Mask Fitter dated 03/22/2020 - 04/07/2020 revealed the following: - The forms did not indicate if the employees had passed or failed the screenings. - The forms lacked documented evidence if the critical elements listed on the form were met or not met. - The forms lacked the signature of the validator. - The forms lacked documented evidence it was reviewed and signed by the Medical Director or a reviewing physician. - The forms did not indicate the critical elements listed on the form were met or not met by the employee. On 05/08/2020 at 9:10 AM, the Housekeeping Assistant Manager was observed assisting an employee don a yellow gown in the third floor housekeeping storeroom. The employee indicated it was his first day working at the facility and he was donning PPE to enter the third floor COVID-19 Quarantine unit. The employee indicated he was not medically screened, fit tested or educated on the wear, maintenance, and storage of N95 respirators. On 05/08/2020 at 12:15 PM, the Administrator provided a roster with a hand written title Fit Test N-95 Master List, dated 04/27/2020 that contained a list of 220 employees. The list identified 120 employees that received medical screenings and fit testing for the N-95 respirator highlighted green; 83 employees who did not receive medical screenings and fit testing highlighted yellow, and 17 employees identified as awaiting medical screenings and fit testing were not highlighted. The Administrator indicated all employees were listed on the document provided. On 05/08/2020 at 12:25 PM, the Nurse Educator provided completed medical evaluation forms titled Respirator Medical Evaluation Request and Questionnaire and N95 fit test screening forms titled Clinical Competency Validation: N95 Mask Filter employee. On 05/08/2020 at 12:45 PM, the Nurse Educator identified herself as the only employee who was able to perform N95 mask fit testing. The Nurse Educator also identified her signature and indicated she signed all the N95 respirator medical screenings and fit testing documents conducted at the facility. The Nurse Educator was unable to answer questions regarding the fit testing procedures, medical clearance procedures, or disqualifying conditions. On 05/08/2020 at 12:50 PM, the Nurse Educator indicated the unsigned N95 respiratory medical screening and questionnaires were sent electronically to the facility's Medical Director. The Nurse Educator provided Respiratory Medical Evaluation Request and Questionnaires that were completed between 04/07/2020 and 05/08/2020. Each questionnaire indicated it was signed by the facility's Medical Director on 05/08/2020. Each individual medical screening included missing information and errors. A review of the facility's medical screenings and fit testing documentation indicated 67 of 120 individuals identified on the Fit Test N95: Master List completed medical screenings and fit testing, including documentation for seven employees who were not listed on the master list. A review of the Respirator Medical Evaluation Request and Questionnaires completed between 04/07/2020 and 05/08/2020 revealed the following: - Sixty-five were not reviewed and signed by a licensed healthcare provider; this included 24 employees who indicated they had underlying medical conditions, [MEDICAL CONDITION] and lung problems, and/or cardiovascular conditions. - Twenty-four questionnaires indicated employees had underlying medical conditions, [MEDICAL CONDITION] and lung problems, and/or cardiovascular conditions; -Six employee questionnaires indicated they were Able to use N95, by the Nurse Educator after answering yes to a history of [MEDICAL CONDITION], cardiac arrhythmia, other heart condition, stroke, and/or [MEDICAL CONDITION] without a licensed health care provider's review and signature. -Thirty-three employees failed to answer all questions required on the Respirator Medical Evaluation Request and Questionnaire and 11 employees did not answer whole sections or the entire back of the form. On 05/08/2020 in the afternoon, when asked why employees did not answer questions or indicated conditions that may be considered disqualifying, the Nurse Educator answered, probably because they aren't relevant. Use of Personal Protective Equipment (PPE) On 04/14/2020 at 9:05 AM, two residents were observed in the physical therapy gym without surgical masks. During an interview, a Physical Therapy Assistant indicated all residents were issued surgical masks by the facility, but it had been difficult to enforce the residents to wear them. On 04/14/2020 at approximately 9:10 AM, a Unit Clerk was observed working on the East Unit, an area designated by the facility for quarantine, without respiratory protection. The Unit Clerk indicated she received education on PPE use but had not been medically screened, fit tested, or issued a N95 mask by the facility. On 04/14/2020 at 9:20 AM, a resident was observed reading a book in the dining area without a surgical mask as required by the facility's established protocol for PPE wear by residents. On 04/14/2020 at 9:27 AM, a resident was observed traveling by wheelchair through the 200 hall. The resident was not wearing a surgical mask as required by the facility's established protocol for PPE wear by residents. This was addressed by the facility staff upon discovery. On 04/14/2020 at approximately 9:40 AM, three housekeepers were observed donning PPE outside of the isolation area established on the 2nd floor. The housekeepers were asked the reason they were donning PPE and answered they were going to clean in the respiratory isolation area. The housekeepers did not have N95 masks on and indicated this was their first day of work, were in training, and were doing as they were told. All three housekeepers indicated they had not received medical screenings, fit testing, or education on the use of the N95 mask. The Director of Nursing (DON) prevented the housekeepers from entering the area and indicated the issue would be addressed with the Director of Housekeeping. On 04/14/2020 at 9:42 AM, a doctor was observed entering the established 2nd floor isolation area without donning the proper PPE as required by the facility's established protocol. The doctor was observed with an N-95 mask, however, was not wearing the facility-required gown, gloves, head covering, or foot covering, as well as, entering with a non-disposable stethoscope. Outside of the isolation area the facility posted signs that directed to don a gown, gloves, head covering and foot covering prior to entering. A cart stocked with required PPE was in front of the entry to the isolation area. On 04/14/2020 at 9:45 AM, a Licensed Practical Nurse (LPN) was observed in the isolation area on the 2nd floor without an N-95 mask or gown. The LPN was wearing a surgical mask hanging down below the chin. The LPN stated masks are only required when going into patient rooms. During an interview a resident was seen exiting her room without a surgical mask. The LPN indicated the resident was diagnosed with [REDACTED]. On 04/14/2020 at 9:50 AM, the doctor was observed exiting the 2nd floor isolation area. Handwashing was not observed. The DON indicated the issue would be addressed with the doctors who were providing care to residents inside the facility. On 04/14/2020 at 9:54 AM, no PPE was observed at the entrance of the isolation area established on the 3rd floor. The DON indicated all PPE was located at the Nursing</p> | | |
| 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.

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 295083 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/08/2020 |
| NAME OF PROVIDER OF SUPPLIER THE HEIGHTS OF SUMMERLIN, LLC | | STREET ADDRESS, CITY, STATE, ZIP 10550 PARK RUN DRIVE LAS VEGAS, NV 89144 | |
| 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 | <p>(continued... from page 1)</p> <p>Station (approximately 20 feet from the entrance). The DON also explained the staff were informed PPE was to be donned and doffed at the nursing station prior to entering and after exiting the isolation area. On 04/14/2020 at 10:10 AM, an LPN was observed wearing an N95 mask that differed from the N-95 mask issued by the facility. The LPN indicated being fit tested by the facility and using the facility issued N95 mask and a personal N95 mask. A review of the facility's fit testing documentation revealed the LPN received fit testing on 04/09/2020, but the documentation did not indicate the LPN was fit tested in the personally purchased N95 mask. On 04/14/2020, all observations were made in the presence of the DON. The above observations and identified deficiencies were acknowledged by the Administrator and DON during a brief review of the preliminary findings. On 05/08/2020 at 7:45 AM, two yellow gowns and one Tyvek jumpsuit were found draped over a clothing rack in the room identified by the Infection Control Nurse as the PPE Changing Room, in the aseptic area in front of the nursing station and between the COVID-19 quarantine unit and isolation units. The Infection Control Nurse indicated the yellow gowns, that were identified as being porous, were sprayed with Virex II and hung on the clothing rack to dry. On 05/08/2020 at 9:10 AM, the Housekeeping Assistant Manager was observed assisting a housekeeper don a yellow gown in the third floor housekeeping storeroom. The housekeeper indicated it was his first day working at the facility and he was donning PPE to enter the third floor COVID-19 quarantine unit. When asked, the housekeeper indicated he did not receive training on the wear, use, and maintenance of PPE. On 05/08/2020 at 9:15 AM, the Housekeeping Assistant Manager was assisting the employee with donning a yellow gown because, This is what we were told to do, even yesterday. The Housekeeping Assistant Manager indicated the facility provided yellow gowns, surgical masks, gloves, and face shields for use in the COVID-19 quarantine and isolation areas. During the interview, the Infection Control Nurse interrupted and informed the Housekeeping Assistant Manager that yellow gowns were no longer used in the facility and were to be discarded. The Infection Control Nurse also indicated that coveralls were available to every employee in the Administrator's office. The Housekeeping Assistant Manager explained the housekeeping staff were not informed of the change in PPE wear and have been wearing the facility-provided yellow gowns since the end of March all the way until this morning. On 05/08/2020 at 9:16 AM, a Restorative Nurse Assistant (RNA) was observed entering the elevator designated for use by staff while wearing a yellow gown, N95 respirator and gloves after leaving the third floor. When inquired why the employee was wearing PPE without changing prior to leaving the floor, the RNA stated, My mistake. On 05/08/2020 at 9:25 AM, during a tour of the third floor COVID-19 isolation unit, a Charge Nurse explained the PPE required for entering the isolation unit was a coverall suit, gloves, N95 respirator, and a face shield or goggles. The employee explained that foot coverings were attached to a specific brand of coveralls suit, but not all brands had foot coverings attached. The Charge Nurse indicated foot coverings were not required. The Charge Nurse indicated the items on the isolation unit were labeled with yellow stickers or writing to prevent using an item or PPE on a different floor. On 05/08/2020 at 9:42 AM, five jumpsuits were observed hanging in the third floor COVID-19 isolation PPE changing room. The coveralls were hung on a clothing rack however the suit's foot coverings were in contact with the floor. This observation was made in the presence of the Charge Nurse.</p> <p>Screening On 04/25/2020 at 7:35 AM, the receptionist did not screen the Inspectors for signs and symptoms of COVID-19. The Registered Nurse Supervisor realized the inspectors had walked through to the conference room and informed the Inspectors to go back to the receptionist to get temperature taken, signs and symptoms and complete a questionnaire. On 04/25/2020 at 7:40 AM, the receptionist explained all vendors and staff must come through the front door and were provided a mask, temperatures were taken and a signs and symptoms questionnaire completed. The receptionist indicated no one should be allowed entrance to the building unless their temperature was taken, signs and symptoms asked and a mask was provided. On 04/25/2020 at 5:20 PM, the Administrator indicated the facility lacked a written policy regarding the uniformity of screening employees and visitors. The facility's Infection Control policy, IC405 COVID-19 effective 3/27/20, revealed active screening of employees, visitors and other health care workers would be done upon entry into the center. Identification of Isolation Rooms On 04/25/2020 at 9:50 AM, the DON explained the 100 east unit was for COVID-19 positive residents. The 200 hall was for residents who did not have symptoms or who were not positive for COVID-19. On the 300 hall, rooms 337-346 was an isolation/quarantine area where the presumptive cases of COVID-19 resided. The rest of the 300 hall had residents awaiting testing and results, and some of the residents were on isolation. The DON indicated the isolation rooms had signs on the door and PPE outside the room. The staff wore shoe protectors, a white jumpsuit, yellow gown, gloves, N95 masks and face shields to go into the rooms. On 04/25/2020 at 11:10 AM, a housekeeper was positioned by room [ROOM NUMBER] with a cleaning cart. The housekeeper was wearing a plastic poncho, gloves and an N95 mask. The housekeeper reported PPE required to clean an isolation room for COVID-19 was to wear the white jumpsuit, shoe protectors, gloves, N95 mask and a face shield. The housekeeper was not wearing shoe protectors. The housekeeper explained there would be a sign posted on the door indicating the room was an isolation room. room [ROOM NUMBER] was occupied and did not have an isolation sign on the door or by the room. The resident census report documented the resident in room [ROOM NUMBER] was on isolation for a pending COVID-19 test dated 04/24/2020. The Director of Staff Development confirmed the resident in room [ROOM NUMBER] was on isolation for a presumptive case of COVID-19. The housekeeper reported not being aware of the room being an isolation room and reported already cleaning the room. On 04/25/2020 at 11:40 AM, a housekeeper reported being newly hired in the past week. The housekeeper was informed to not clean an isolation room unless a white jumpsuit was provided. The isolation rooms would have a red card on the door or the wall indicating the room was an isolation room. On 04/25/2020 at 4:02 PM, the Director of Housekeeping explained the staff who cleaned isolation rooms should wear N95 masks goggles/face shield, protective white jumpsuits, gloves and shoe protectors. The facility policy, Health Care Services Group (HCSG) Interim Recommendations for Routine and Terminal COVID-19 Isolation room/unit cleaning, dated 04/02/2020, documented before entering the isolation room identify if there was a sign posted regarding an isolation room. For COVID-19 the Centers for Disease Control and Prevention (CDC) recommended PPE and donning procedure was disposable gowns, disposable gloves, a N95 respirator or surgical mask, and a disposable face shield or goggles-recommended if within 6 feet of COVID-19 resident/patient. Storage and cleaning of personal protective equipment (PPE) On 04/25/2020 at 11:20 AM, in an empty room next to a quarantine/isolation room on the 300 hall there was a rack with four white jump suits on hangers, some empty hangers, two white jump suits were thrown over the top of the rack and one blue gown thrown over a chair next to the rack. Only one white jumpsuit had a name. There was a bag of new, unused face shields on top of a cabinet by the blue gown thrown over the chair. On 04/25/2020 at 11:22 AM, a Licensed Practical Nurse (LPN) explained the white jumpsuits were hung on a hanger and sprayed with Virex II after each shift. The LPN could not tell if the gown or jumpsuits had been sprayed with Virex II or not. The LPN reported this could be an issue because the room was a clean area. The LPN explained the face shields were clean and should not have been sitting next to the blue gown on the chair. On 04/25/2020 at 3:30 PM, one blue gown, one white jump suit, one face shield and a face mask were lying on a small end table in the hallway between the conference room and the front lobby area, not far from the positive/quarantine COVID-19 floor. No staff were around the area. On 04/25/2020 at 3:35 PM, the receptionist explained the gowns, face shield and mask should not have been thrown on the small end table and may have been contaminated. On 04/25/2020 at 4:05 PM, the DON explained the gowns, mask and face shield should not have been thrown on the small end table. The gowns should have been hung up and sprayed with Virex in one of the empty rooms. The face shield should have been properly discarded.</p> <p>On 05/08/2020 at 7:15 AM, an inspection was conducted in the east Extended Recovery Unit (ERU). The unit was designated as a Isolation Unit were residents positive for COVID-19 were placed. The following infection control deficiencies were identified: - A bag of clean linen was on the floor at the entrance of the unit. The Infection Control Nurse confirmed the observation and acknowledged the bag containing clean linen should not have been placed on the floor. - A jumpsuit, a plastic gown, a disposable yellow isolation gown and a pair of shoe covers were on the floor in the designated PPE room. A Licensed Practical Nurse (LPN) confirmed the observation. The LPN verbalized the used PPE should not have been left on the floor. - A Certified Nursing Assistant (CNA) wore a jumpsuit with the sleeves rolled up to the forearms leaving the skin exposed. The CNA entered several resident rooms and donned used yellow isolation gowns hung inside the residents' rooms. - A CNA passed a meal tray in a resident's isolation room with the yellow isolation gown untied. The gown fell down several times leaving the CNA's jumpsuit exposed. The CNA did not use a face shield or goggles when entering the residents' rooms. - Two jumpsuits, a plastic gown and a disposable isolation gown used as personal protective equipments (PPE) were hung on a wall between the nursing station and a Case Manager's office. Two mobile computers and a table with office items were in contact with the PPE. A Registered Nurse (RN) was asked about the PPE. The RN could not confirm if the PPE had been cleaned</p> | | |

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 295083 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/08/2020 |
| NAME OF PROVIDER OF SUPPLIER THE HEIGHTS OF SUMMERLIN, LLC | | STREET ADDRESS, CITY, STATE, ZIP 10550 PARK RUN DRIVE LAS VEGAS, NV 89144 | |
| 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 | <p>(continued... from page 2)</p> <p>and disinfected. The RN indicated the PPE was left there from the night shift staff. On 05/08/2020 at 8:10 AM, the Unit Manager explained the jumpsuits were used as a PPE for the staff to wear in the unit. The jumpsuit should have been disinfected by spraying a quaternary ammonium base disinfectant and hung until dried in the Case Manager office, the room designated for donning and doffing the jumpsuits. The Unit Manager acknowledged the jumpsuits and the gowns should not have been left hanging on the wall after use since they were considered contaminated. The Unit Manager indicated it was acceptable to leave contaminated PPE hanging on the wall for short period of time if the staff member had to leave the unit temporarily, but at the end of the shift, the PPE should be disinfected. On 05/08/2020 at 9:20 AM, the Unit Manager left the unit to pick up medications at the facility front desk. The Unit Manager removed the jumpsuit and hung it on the wall between the nursing station and the PPE room. The Unit Manager did not disinfect the jumpsuit after it was removed. At 9:26 AM, the Unit Manager returned and donned the same contaminated jumpsuit. On 05/08/2020 at 12:20 PM, the Infection Control Nurse explained staff who entered positive COVID-19 rooms should use a yellow isolation gown over the jumpsuit, the gown should be tied, and the sleeves covering the whole arm. The facility policy titled Cleaning and Disinfecting PPE (undated), documented re-usable gowns would have been provided to the staff to be used in all patient areas. The policy indicated the gowns would have been placed in a designated room and if a staff member had to leave the patient area at any time, the gown should have been removed in the PPE room, hung, sprayed with the disinfectant, left wet for 10 minutes and hung until was dried. The policy lacked the specific procedures for the use and disinfection of the jumpsuits or coveralls.</p> | | |