

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 295090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OF SUPPLIER ADVANCED HEALTH CARE OF LAS VEGAS		STREET ADDRESS, CITY, STATE, ZIP 5840 W SUNSET RD LAS VEGAS, NV 89118	
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	<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: 1) Ensure 2 of 5 employees and a family member were screened for signs and symptoms of COVID-19 prior to entering the facility; 2) Ensure a Certified Nursing Assistant had been fit tested and designated to provide care for a positive COVID-19 resident; and 3) Ensure a family member wore a surgical mask while in a resident's room. Findings include: 1) Entrance screening: On 08/25/2020 at 10:12 AM, a visiting family member was observed in a resident room. Review of the facility's Visitor Sign-in Sheet revealed this family member was not documented as being screened on the sign-in sheets dated 08/18/2020 through 08/25/2020. The receptionist indicated the family member could have been entered in error on the staff tracking sheet. A review of the staff tracking sheets did not identify the family member. On 08/25/2020 at 2:20 PM, the Infection Preventionist (IP) confirmed the documents indicated the family member and 2 of 5 staff members entering the facility had not been screened for signs and symptoms of COVID-19 on 08/25/2020. The IP indicated the facility did not have a process in place to monitor and confirm employees and visitors had been screened, or to identify problems in the process. On 08/25/2020 at 2:37 PM, the Administrator confirmed the facility lacked documented evidence the resident's family member was screened before entering the facility. The facility's COVID-19 Emergency Plan policy (undated) documented all visitors would be screened to reduce external exposure. Staff would be screened at the beginning of their shift for symptoms of COVID-19. Visitor sign-in sheets and Staff Surveillance Tracking forms were to be used to document the screening process. 2) CNA not designated staff to provide care to a positive COVID-19 resident: The Infection Preventionist provided a document which included the names of staff members who were designated to care for residents on droplet precautions or COVID-19 positive residents. A Certified Nursing Assistant (CNA) daily assignment sheet dated 08/25/2020 for the AM shift, documented the following: On 8/25/20, the assignment sheet document CNA#2 had provided care for a resident that was COVID-19 positive. The resident residing in room [ROOM NUMBER] had tested positive for COVID-19 and was on transmission-based precautions. CNA #2 had not been fit-tested and was not designated to provide care for a COVID-19 resident. The COVID-19 Emergency Plan (undated) documented the facility could accept COVID-19 residents and they would follow Center for Disease Control Guidance (CDC) for infection control transmission processes. The CDC Infection Prevention Control and Assessment Tool for Nursing Homes Preparing for COVID-19 (May 18, 2020) documented, facilities should have a dedicated space to care for residents with COVID-19. A dedicated floor, unit, or group of rooms at the end of the unit that would be used to cohort residents with COVID-19. The area would have dedicated health care providers to deliver care within this space. The facility's policy titled COVID-19 Emergency Plan documented the facility should exercise as best as possible consistent assignments (meaning the assignment of staff to certain patients) for all patients regardless of symptoms or COVID-19 status. The goal was to decrease the number of different staff interacting with each patient as well as the number of times those staff interact. The policy documented the facility would work with the State, health departments to determine placement for residents with known or suspected COVID-19. The State Department of Health and Human Services guidance document for skilled nursing facilities titled Separate Units to Prevent and Contain Transmission of COVID-19 (06/23/2020) documented, facilities must make every effort to provide dedicated staff for each unit. It was mandatory that the facility assigned dedicated staff to the Isolation/Confirmed COVID-19 Unit. On 08/25/2020 at 11:10 AM, the Infection Preventionist (IP) confirmed the facility followed the Center for Disease Control Guidance (CDC) for infection control transmission-based processes. The IP indicated the Administrator had decided he did not want to expose everyone in the facility by moving the positive COVID-19 residents down the hallway. On 08/25/2020 at 2:35 PM, the Administrator indicated he did not have enough staff to provide care in the dedicated COVID-19 area. The Administrator indicated he was not following the State guidance titled Separate Units to Prevent and Contain Transmission of COVID-19 (06/23/2020), because he did not want to move the infected residents down the hallway and spread germs.</p> <p>3) Personal Protective Equipment. On 08/25/2020 at 10:12 AM, an individual identified as a family member was observed in a resident's room not wearing PPE. Signage posted outside of the room revealed the recommended PPE for entering the room should have consisted of a face mask, a face shield, an isolation gown, and gloves. On 08/25/2020 at 10:19 AM, a Registered Nurse (RN) revealed the resident who was residing in the room was a newly admitted resident on quarantine. The RN verbalized the recommended PPE when entering the resident's room per the facility's policy, should have consisted of a surgical mask, a face shield, an isolation gown, and gloves. On 08/25/2020 at 10:35 AM, the Administrator revealed the resident's health was declining, and the family member had requested to stay with the resident. The Administrator verbalized the family member was granted entry into the facility and was permitted to stay with the resident per the facility's policy regarding visitation and was to follow PPE guidelines. On 08/25/2020 at 1:47 PM, the Infection Preventionist (IP) verbalized all visitors permitted entry should have followed the facility's PPE guidelines. On 08/25/2020 at 2:37 PM, the Administrator verbalized the family member should have followed the facility's PPE guidelines at all times when inside of the facility. The facility's policy titled COVID-19 Emergency Plan (undated) documented, decisions about visitation during an end of life situation (resident with/without hospice whose health status is declining sharply) should have been made on a case by case basis, which should have included careful screening of the visitor for symptoms of COVID-19. The policy also documented the recommended PPE when entering a resident's room who was newly admitted should have consisted of a surgical mask, an isolation gown, a face shield, and gloves.</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.