

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>295092</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ADVANCED HEALTH CARE OF SUMMERLIN</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2860 N TENAYA WAY LAS VEGAS, NV 89128</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observations, interviews, and document review, the facility failed to ensure staff donned (put on) recommended Personal Protective Equipment (PPE) per the facility's policy when caring for residents on transmission-based precautions. Findings include: On 07/16/2020 at 9:14 AM, a Certified Nursing Assistant (CNA) entered a resident's room and was not wearing a face shield. A sign posted outside of the resident's room indicated staff must put on a disposable gown, gloves, N95 mask, and a face shield before entering the room. The CNA verbalized a face shield should have been worn while providing care to a resident who was placed on transmission-based precautions. On 07/16/2020 at 9:18 AM, a Registered Nurse (RN) was caring for a resident on quarantine and not wearing a face shield. A sign posted outside of the resident's room indicated that staff must put on a washable gown, a surgical mask, gloves, and a face shield before entering the room. The RN indicated a face shield should have been worn before entering the room and while providing care to the resident. On 07/16/2020 at 9:45 AM, the Infection Preventionist (IP) verified the recommended PPE when entering a resident's room who was on transmission-based precautions should have consisted of a disposable gown, gloves, an N95 respirator and a face shield. The IP verified when entering a resident's room who was on quarantine, the recommended PPE should have consisted of a washable gown, gloves, a surgical mask, and a face shield. The facility policy titled COVID-19 Emergency Plan revised 03/2020, documented the recommended PPE when caring for a resident positive or suspected of having COVID-19 should have included an N95 mask, a disposable or washable gown, a face shield or goggles, and gloves.		

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.