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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 295093 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/17/2020 |
| NAME OF PROVIDER OF SUPPLIER CANYON VISTA POST ACUTE | | STREET ADDRESS, CITY, STATE, ZIP 6352 MEDICAL CENTER STREET LAS VEGAS, NV 89148 | |
| 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.</p> <p>Based on observation, interview and document review, the facility 1) failed to complete initial screening for COVID-19 precautions at its rear entrance and 2) failed to fit test employees for N95 masks (a particulate-filtering facepiece respirator). Findings include: 1) On 4/17/20 at 7:45 AM, the Director of Dietary Services performed a COVID-19 screening for a State of Nevada Inspector at the facility's rear entrance. The screening included survey questions and body temperature. The Inspector proceeded inside the building to the facility's conference room without using hand sanitizer. The Inspector walked back to the screening area from the conference room, and the Director of Dietary Services acknowledged the Inspector was not prompted to use hand sanitizer. The Director of Nursing was present during this interaction.</p> <p>2) On 04/17/2020 at 10:00 AM, boxes of N95 masks were observed in a clean storage room. Instructions on the box of the N95 masks from the supplier indicated before use, the wearer must be trained in the proper use, including fit testing, in accordance with applicable safety and health standards for the containment and exposure level in the work area per the Occupational Safety and Health Administration (OSHA) guidelines. The Manufacturer's Guideline dated 2017 for the Particulate Respiratory N95 indicated before occupational use of the respirator, a written respiratory protection program must be implemented meeting all the requirements of OSHA 29 Code of Federal Regulations 1910.134, such as training, fit testing, medical evaluation, and applicable OSHA substance specific standards. The facility Fit Test - N95 Masks Policy (undated) revealed OSHA required fit testing for all employees in order to wear tight-fitting facepiece respirators. On 04/17/2020 at 12:40 PM, the Director of Nursing (DON) provided two boxes of N95 masks, one box was ordered by the facility from its supplier and the other box was provided by the State. The DON indicated the employees had not been fitted for N95 masks.</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.