

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 295096	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2020
NAME OF PROVIDER OF SUPPLIER ADVANCED HEALTH CARE OF RENO		STREET ADDRESS, CITY, STATE, ZIP 961 KUENZLI STREET RENO, NV 89502	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, document review, and interview, the facility failed to ensure a resident donned a face mask while receiving care, posted the type of Personal Protective Equipment (PPE) to be used for residents on transmission-based precautions, and advised visitors upon exiting the facility to monitor for signs and symptoms of COVID-19 and appropriate action to take if necessary with the potential to expose 42 of 42 resident census to COVID-19. Findings include: Resident Use of Personal Protective Equipment On 07/01/20 at 10:09 AM, the Clinical Nurse Manager verbalized the entire facility was on 14-day quarantine isolation and all residents were restricted to their rooms. On 07/01/20 at 1:17 PM, the Clinical Nurse Manager verbalized staff were to ask the resident to don a face mask or face covering while staff was in the resident's room. The Clinical Nurse Manager verbalized all residents were given a new mask every Monday. On 07/01/20 at 1:17 PM, the Director of Nursing (DON) verbalized staff should have been asking the resident to put on a face mask even if the staff member was only going to be in the room for a few minutes. On 07/01/20 at 1:17 PM, the DON verbalized all residents were compliant with wearing a face covering while staff were in the rooms. On 07/01/20 at 2:25 PM, a Registered Nurse (RN), was exiting room [ROOM NUMBER]. The RN was donning a face mask and face shield. The resident in the room was not wearing a face mask or face shield. On 07/01/20 at 2:27 PM, the RN verbalized the RN was in room [ROOM NUMBER] to check the resident's right thigh wound. The RN confirmed the resident did not wear a face mask or covering while the RN was in the room. The RN verbalized the RN did not ask the resident to wear a face mask as the RN was only in the room a few minutes. The RN confirmed the RN should have asked the resident to don a face mask or covering while the RN was in the resident's room. The facility policy titled, COVID-19 Emergency Plan, updated 07/01/20, documented while a resident was under quarantine isolation, a resident should wear a face mask when staff were in the room. Personal Protective Equipment Signage On 07/01/20 at 10:00 AM, 27 of 42 resident rooms had a blue sign posted outside the room. The sign read, 14-Day Quarantine. Patients must stay in their room and all therapy is completed in room. The resident rooms lacked signage on the use of specific PPE for staff entering the rooms. On 07/01/20 at 10:09 AM, the Clinical Nurse Manager verbalized the entire facility was on 14-day quarantine isolation and all residents were restricted to their rooms. On 07/01/20 at 2:54 PM, the Clinical Nurse Manager confirmed the lack of signage posted at resident's rooms on the use of specific PPE for the 14-day quarantine. The facility policy titled, COVID-19 Emergency Plan, updated 07/01/20, documented the facility was to post signage at patients' rooms, units or hallways, indicating the appropriate PPE to use. Visitor Notification Upon Exit On 07/01/20 at 9:30 AM, the Administrative Assistant screened the surveyors upon entry to the facility. The Administrative Assistant did not provide information or advise surveyors to monitor for signs and symptoms of COVID-19 upon exit, and the appropriate actions to take if symptoms occurred. On 07/01/20 at 2:38 PM, the Administrative Assistant confirmed no information was provided, either verbally or in writing, to visitors upon exit to monitor for signs and symptoms of COVID-19 and the steps to take if symptoms occurred. On 07/01/20 at 2:54 PM, the Clinical Nurse Manager confirmed the facility did not have a process in place to inform visitors upon exit to monitor for signs and symptoms of COVID-19 and appropriate actions to take. The facility policy titled, COVID-19 Emergency Plan, updated 07/01/20, documented visitors should monitor themselves for signs and symptoms of COVID-19 and take appropriate actions if signs and symptoms occurred. The policy lacked documented evidence regarding how the information would be conveyed to visitors and of the type of specific action to take if signs and symptoms occurred.</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.