

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>295040</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SAINT JOSEPH TRANSITIONAL REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2035 W. CHARLESTON BLVD. LAS VEGAS, NV 89102</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 interview and document review, the facility failed to ensure care staff were fit tested for N95 masks. Findings include: On 4/7/2020 at 9:43 AM, the Infection Preventionist (IP) explained the only staff who were fit tested were certain staff from the rehabilitation department. The IP indicated nurse staff would need to don N95 masks to provide care for Covid 19 positive residents. The facility had 800 N95 mask available for staff if an out break of Covid 19 occurred. On 4/7/2020 at 10:28 AM, the Director of Physical Therapy reported the staff in the Rehabilitation department had not been fit tested for N95 masks. On 4/7/2020 at 10:45 AM, a Physical Therapist reported not being fit tested for an N95 mask. On 4/7/2020 at 10:47 AM, A Physical Therapist Assistant reported not being fit tested for an N95 mask. On 4/7/2020 at 11:00 AM, the Dietary Manger reported not being fit tested for an N95 mask. On 4/7/2020 at 11:31 AM, a Restorative Aide reported not being fit tested for an N95 mask. On 4/7/2020 at 11:45 AM, a Registered Nurse (RN) reported not being fit tested for an N95 mask and did not have an N95 mask. On 4/7/2020 at 11:46 AM, a Certified Nurse Assistant (CAN) reported not being fit tested for an N95 mask. On 4/7/2020 at 12:03 PM, the Ventilator Program Manager had a box of N95 masks reserved for a staff member who had asthma. The manager was not aware the staff member needed to be fit tested to ensure the mask fit correctly. The facility had boxes of N95 masks from two different manufacturers. Both manufacturers documented the N95 mask required a fit test.		

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.