

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>295043</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LAKESIDE HEALTH &amp; WELLNESS SUITES</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3101 PLUMAS RENO, NV 89509</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on document review, newspaper article and staff interview, the facility failed to give appropriate direction for reuse of masks according to the Centers for Disease Control and Prevention (CDC) guidelines and added risk of exposure of COVID-19 to residents 102 of 102 residents and staff in the facility. Findings include: The CDC recommendation for reuse of facemasks: Limited re-use of facemasks is the practice of using the same facemask by one Health Care Provider (HCP) for multiple encounters with different patients but removing it after each encounter. As it is unknown what the potential contribution of contact transmission is for [DIAGNOSES REDACTED]-CoV-2, care should be taken to ensure that HCP do not touch outer surfaces of the mask during care, and that mask removal and replacement be done in a careful and deliberate manner. The facemask should be removed and discarded if soiled, damaged, or hard to breathe through. Not all facemasks can be re-used. Facemasks that fasten to the provider via ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use. Facemasks with elastic ear hooks may be more suitable for re-use. HCP should leave patient care area if they need to remove the facemask. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container. A letter dated 03/26/20, from the facility to staff, on facility letterhead, was published in a local newspaper which advised the following: The procedure for all this is as follows: Wear your mask all day for your shift at the end of your shift, remove your mask. Mask will be placed in a paper bag with your name on it and retained in the building in the medication rooms of your nursing station or department. When returning the next day that you are scheduled, you will use the same mask as the prior shift, by turning it inside out and wearing it through your shift. That mask will then be discarded at the end of your 2-days. On your next shift, you will be issued another 2-day mask. On 04/06/20 at 9:43 AM, a phone interview was conducted with the corporate Clinical Services Director, Registered Nurse (RN.) She stated they were reversing surgical masks, hung in brown paper bags at end of shift for reuse X 2 days. This activity was no longer being completed. On 04/13/20 at 2:41 PM a phone interview was conducted with the facility Infection Preventionist and Educator whose start date was 12/26/19. Q. When did surgical mask reversal start and why? A. March 26 and believes she misinterpreted the information to do it. Q. What information or guidance was the facility following when the decision was made to turn the surgical masks inside out? A. Information was given to them from corporate to do it. She felt she misinterpreted the information and took full responsibility. It seemed very strange to her and she did not follow her gut. Not something she would have recommended and went home very upset on March 26. Prior to giving to staff, the Administrator and Director of Nursing (DON) approved it. Q. Has the mask reversal practice stopped? A. Yes, it happened from March 26- approximately the 30th. On 04/23/20, in an email, the Clinical Services Director, RN explained an educational timeline indicated the 03/27/20 was the day the facility stopped the mask reversal. A documented timeline provided by the Administrator indicated staff were reeducated on 04/01/20 regarding staff masked in the building and lacked documentation of the education on 03/27/20.</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.