

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 295095	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2020
NAME OF PROVIDER OF SUPPLIER TRANSITIONAL CARE OF LAS VEGAS, LLC		STREET ADDRESS, CITY, STATE, ZIP 5650 SOUTH RAINBOW BLVD LAS VEGAS, NV 89118	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, document review, the facility failed to ensure: 1) Hand hygiene was performed before and after the food handling and distribution on the COVID-19 Unit. 2) Personal Protective Equipment (PPE) was worn appropriately in the COVID-19 Unit during food handling and in the kitchen. Findings include: 1) Handwashing/Hand Hygiene On 08/18/2020 at 12:00 PM, Dietary Aide #1 pushed a food cart from the kitchen, exited the main building, crossed through the parking lot and entered the back door of the COVID-19 Unit. Upon arrival at the staging area of the COVID-19 Unit, the Dietary Aide pressed the doorbell, knocked on the door, and used the keypad to open the door. On 08/18/2020 at 12:12 PM, Dietary Aide #1 opened the food cart, removed the food trays with bare hands and handed them to Dietary Aide #2 who was assigned to the COVID-19 Unit. Dietary Aide #2 received the food trays with bare hands, held the door of the clean food cart, pulled out the food trays and transferred them to the COVID-19 dedicated cart. The Dietary Aides did not perform hand hygiene prior to handling the food trays. On 08/18/2020 at 12:20 PM, Dietary Aide #1 completed the lunch distribution for the COVID-19 unit and brought the food cart back to the kitchen. Dietary Aide #1 did not perform hand hygiene after completing the food handling and distribution. Dietary Aide #1 acknowledged they did not perform hand hygiene. The Dietary Aide indicated education about handwashing had been provided. On 08/18/2020 at 12:25 PM, the Dietitian indicated the standard of practice was to perform hand hygiene before and after the food handling and distribution to prevent contamination. On 08/18/2020 at 12:40 PM, the Infection Preventionist (IP) indicated the Dietary Aide #2 should not have touched the clean food cart. On 08/18/2020 at 2:30 PM, the Administrator was informed about the observation with infection control practices during food handling and distribution in the COVID-19 Unit and in the kitchen. The Administrator indicated the staff members were expected to perform hand hygiene after the food handling and distribution in the COVID-19 Unit. The facility policy Handwashing/Hand Hygiene Policy effective date 03/2020 documented when removing trays, hand hygiene should be used before contact with a fresh tray or with a resident. 2) Inappropriate use of PPE On 08/18/2020 at 9:30 AM, the IP and the Administrator indicated the PPE requirement in the COVID-19 unit was a surgical mask over a KN95 mask, a face shield or goggles and a jumpsuit. On 08/18/2020 at 12:12 PM, Dietary Aide #1 wore a surgical mask exposing the nose during food handling and distribution in the COVID-19 Unit. The Dietary Aide acknowledged his nose was exposed and indicated not being comfortable wearing the mask because of the inability to breathe well. On 08/18/2020 at 12:13 PM, Dietary Aide #2 was observed wearing a KN95 mask and a jumpsuit on the COVID-19 Unit. The Dietary Aide acknowledged he/she did not wear a surgical mask over the KN95 and did not have a face shield. The Dietary Aide explained he/she was receiving the food trays and not providing care. On 08/18/2020 at 12:20 PM, a Cook was observed in the kitchen with a surgical mask pulled below the chin. The Cook acknowledged the mask was not properly worn. The Cook indicated it was okay to expose the nose and mouth because he was cleaning and not cooking. On 08/18/2020 in the afternoon, the IP indicated full PPE was required in the COVID-19 Unit. The IP indicated Dietary Aide #2 should have worn a surgical mask over a KN95, a face shield and jumpsuit. On 08/18/2020 at 2:00 PM, the Assistant Administrator indicated upon entry in the COVID-19 Unit; the staff members must be in full PPE. The PPE included a surgical mask worn over a KN95 mask, a face shield, a jumpsuit, and gloves. On 08/18/2020 at 2:30 PM, the Administrator indicated the staff members were expected to wear a mask covering the nose and mouth appropriately. The Administrator verbalized the facility followed the Centers for Disease Control and Prevention (CDC) guidance. The Administrator verbalized the guidance was to wear a mask with the nose and mouth covered to help protect others in case the individual was infected with COVID-19.</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.