

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 295100	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2020
NAME OF PROVIDER OF SUPPLIER SIERRA RIDGE HEALTH AND WELLNESS SUITES		STREET ADDRESS, CITY, STATE, ZIP 6225 SHARLANDS AVENUE RENO, NV 89523	
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 interview, observation, record review, and document review, the facility failed to follow Transmission Based Precautions for 2 of 2 newly admitted residents (Resident #1 and #2) with the potential to expose the 28 resident census to COVID-19. Findings include: The Centers for Disease Control and Prevention (CDC) indicated Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission. Ensure appropriate patient placement in long-term and other residential settings, make room placement decisions balancing risks to other patients. Use personal protective equipment (PPE) appropriately, including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens. Health and Human Services defined quarantine as separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. The CDC indicated on 06/16/20, COVID-19 is thought to spread mainly through close contact from person-to-person. Some people without symptoms may be able to spread [MEDICAL CONDITION]. On 06/29/20 at 10:00 AM, the Administrator and the Director of Nursing (DON) explained newly admitted residents were quarantined in private rooms for 14 days. The quarantine process at the facility was to place the resident in a private room, no other residents could visit, therapy was conducted in the resident's room, without dedicated staff and full PPE being donned by staff prior to entering the resident's room. The Administrator and DON confirmed the facility had two new admits in quarantine in room [ROOM NUMBER] and room [ROOM NUMBER]. Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The resident resided in room [ROOM NUMBER]. Resident #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The resident resided in room [ROOM NUMBER]. On 06/29/20 at 11:02 AM, the DON verbalized full PPE would be donned when the facility identified an issue with a resident. The facility screened residents three times a day for signs and symptoms of COVID-19. The facility policy for donning full PPE was for positive and presumptive positives and did not require it for new admits on quarantine. The DON verbalized not all residents were admitted with a negative COVID-19 test due to some residents admissions were as a result of a surgery and the need for rehab and not as a result of an extended stay at an acute care facility. On 06/29/20 at 11:36 AM, during a telephone interview, the Clinical Services Director explained all staff wear a mask but would not don full PPE to enter a resident's room on quarantine. On 06/29/20 at 12:00 PM, the signage posted in the facility at the Rehab Department documented Residents here 14 days or less must be treated in their own rooms. On 06/29/20 in the afternoon, during a tour of the facility, room [ROOM NUMBER] and 402 lacked signage to indicate the residents were on quarantine or the presence of available PPE supply at the door. The rooms were not separated in a unit or hall and were amongst other rooms with COVID-19 negative residents of the facility. The facility policy titled Accepting and Transferring Patients/Residents, undated, documented all hospitalized residents should be assessed for COVID-19 prior to transfer to a long-term care facility. If a test was not indicated per CDC testing criteria, and the resident had no clinical concerns for COVID-19 then the following must be implemented: The resident should be placed on a 14-day quarantine on admission from the hospital. CDC guidance released 04/02/20, titled COVID-19 Long-Term Care Facility Guidance, indicated to avoid transmission within long-term care facilities, facilities should use separate staffing teams for COVID-19-positive residents to the best of their ability, and work with State and local leaders to designate separate facilities or units within a facility to separate COVID-19 negative residents from COVID-19 positive residents and individuals with unknown COVID-19 status. CDC guidance released 04/30/20, titled Responding to Coronavirus (COVID-19) in Nursing Homes-Considerations for the Public Health Response to COVID-19 in Nursing Homes, indicated to create a plan for managing new admissions and readmissions whose COVID-19 status was unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. Testing should not be required prior to transfer of a resident from an acute-care facility to a nursing home.</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.