

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 295084	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2020
NAME OF PROVIDER OF SUPPLIER NEURORESTORATIVE 4 KIDS		STREET ADDRESS, CITY, STATE, ZIP 7690 CARMEN BLVD LAS VEGAS, NV 89128	
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>Based on observation, interview, and document review, the facility failed to ensure (1) there was one point of entry for all persons entering the facility, and (2) there was a consistent screening process for all persons entering the facility. Findings include: On 04/09/2020 at 2:05 PM, two Inspectors entered through the main entrance of the facility and underwent body temperature checks using a digital infrared body non-contact thermometer (a device that measures temperature). The Inspectors were instructed to wash their hands and were provided with surgical masks to wear. Signs and symptoms were not taken. On 04/09/2020 at 2:10 PM, the Administrator indicated there were two entry points in the facility. One main entry point was dedicated for visitors/vendors such as the laboratory technicians and radiology technicians, and the other entry point by the staff lounge was dedicated for the staff members. Staff members were instructed to come into the building with wearing a surgical mask, enter the staff lounge to wash their hands, clock-in, and then go to the nurses' station for a body temperature check. The temperature would then be logged onto the staff roster which was located at the nurses' station. The Administrator explained if the staff members came in through the main entrance, there would be a greater chance of the residents located in Pod 1 getting exposed by un-screened staff members. This could be avoided by staff entering through the entrance door by the staff lounge, parallel to the nurses' station. On 04/09/2020 at 4:08 PM, a Registered Nurse (RN) indicated using the entrance door by the staff lounge, secured their belongings and washed their hands. Then the RN would go to the nurses' station for a body temperature check and grab a surgical mask to wear prior the start of the shift. On 04/09/2020 at 4:17 PM, another RN conveyed entering the door by the staff lounge wearing a surgical mask (not provided by the facility). Sanitized their hands, entered the break room to wash their hands and clocked in. The RN went to the nurses' station for a body temperature check prior the start of the shift. On 04/09/2020 at 4:19 PM, a Certified Nursing Assistant (CNA) conveyed body temperatures were checked and logged on the staff roster at the nurses' station prior to the shift. Staff traveled approximately 115 feet into the facility to the nurse station before getting screened/temperature taken. On 04/09/2020 at 4:42 PM, the Charge Nurse indicated all staff members had to go to the nurses' station for a body temperature check prior the start of their shift. The Charge Nurse explained the staff members were given a new mask every shift and would not re-use masks. When the Receptionist left for the day, the assigned Charge Nurse screened visitors/vendors body temperature and logged the values. Visitors/vendors were not asked to fill out the Healthcare Questionnaire form. The Healthcare Questionnaire form was reviewed. The form captured information whether an individual had traveled out of area and had signs or symptoms of illness. On 04/09/2020 at 3:35 PM, the Receptionist explained visitors/vendors were instructed to wash their hands, checked for body temperature and complete a Healthcare Questionnaire form every time they came into the building. A review of the Healthcare Questionnaires completed by vendors revealed forms were either missing names of individuals, the vendor the person worked for, or a body temperature for 04/09/2020, 03/17/2020 and 03/16/2020. On 04/09/2020 at 3:35 PM, the Receptionist could not recall from which company the individuals worked for. On 04/09/2020 at 4:50 PM, the Receptionist verbalized not utilizing a log to document body temperatures for visitors/vendors. The reason the Inspectors were not given a Health Questionnaire form to fill out was because the Receptionist was not aware they should have been screened for signs and symptoms. On 04/09/2020 at 4:47 PM, the Administrator indicated the Healthcare Questionnaire form was completed by the staff members once and staff would not be asked to fill out the form every time the staff members came to work. If a staff member was off due to symptoms a different form would be filled out prior coming back to work. The Administrator indicated the Inspectors should have been screened by the Receptionist for signs and symptoms.</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.