STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295040	A. BUILDING _____ B. WING _____	**07/10/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SAINT JOSEPH TRANSITIONAL REHABILITATION CENTER	**2035 W. CHARLESTON BLVD. LAS VEGAS, NV 89102**

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 0725 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	**Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.** Based on observation, interview and document review, the facility failed to follow the facility emergency preparedness staffing plan in order to ensure there was sufficient nursing staff to provide nursing and related services for 17 of 17 residents on the COVID-19 Unit, from 07/03/2020 through 07/08/2020. Findings include: On 06/30/2020 at 10:40 AM, five rooms on the Ventilator Unit had signage on the door indicating the resident was in isolation and Personal Protective Equipment (PPE) such as a gown, mask, gloves and eye protection was required to enter the rooms. The doors to these rooms were closed. On 06/30/2020 at 10:50 AM, a Respiratory Therapist (RT) indicated it was difficult to know when a resident needed help when their doors were closed because they were in an isolation room. Some residents were not able to use the call light, and this required staff to visually move from room to room opening the doors to see if the resident was ok. Resident care was delayed due to the increased time it took to don and doff Personal Protective Equipment (PPE). On 06/30/2020 at 1:45 PM, all resident doors on the COVID-19 unit were closed. A Certified Nursing Assistant (CNA) was observed donning a gown, gloves, a mask and eye protection in order to enter a resident room. A Registered Nurse (RN) indicated being employed at another facility and was requested by the facility to work because they were short of nursing staff. The RN indicated resident care was delayed due to the lack of nursing and the additional time necessary to don and doff PPE. The RN indicated a resident should be checked every 30 minutes. On 07/9/2020 at 3:07 PM, the Infection Preventionist (IP) indicated the facility needed additional nursing staff and planned to permanently transfer nurses and CNA's from a sister facility to make up for the shortage. On 07/10/2020 in the afternoon, a nurse on the COVID-19 unit indicated being the only nurse working on the unit. The nurse was responsible to administer medications and provide care for 17 residents who were all in isolation rooms. All the resident doors on the unit were closed. PPE was changed between resident care. This involved changing the gown, mask, gloves, cleaning the eye protection and performing hand hygiene. There was one CNA assigned to assist with providing resident care. The CNA was required to change PPE between resident contact and care. The nurse indicated residents should be checked at least every 30 minutes, but this could not always be done when there was one nurse and one CNA working. The nurse indicated being very stressed due to not having enough nursing staff on the COVID-19 unit. The LPN working on the unit indicated providing resident care was difficult with only 1 nurse and 1 CNA. The Emergency Preparedness (EP) staffing plan indicated the facility would use local staffing agencies to address staffing shortages. There was no documented evidence staffing agencies were used between 07/03/2020 through 07/08/2020. The EP Surge Capacity plan indicated the COVID-19 Unit (300 Hallway) would provide 8 Certified Nursing Assistants and 3.5 Nurses during a 12-hour period at maximum capacity (33 residents). Between 07/03/2020 through 07/08/2020, the COVID-19 Unit was at nearly 50% capacity which would indicate a need to provide four Certified Nursing assistants and 1.75 Nurses for a 12-hour shift. The Daily Staffing schedule revealed one Licensed Nurse and one Certified Nursing Assistant worked on the COVID-19 Unit 07/03/2020 through 07/08/2020.

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.