

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 295105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER NORTHERN NEVADA STATE VETERANS HOME		STREET ADDRESS, CITY, STATE, ZIP 36 BATTLEBORN WAY SPARKS, NV 89431	
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)		
E 0024 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Establish policies and procedures for volunteers. Based on document review and interview, the facility failed to review and update the Emergency Preparedness Procedure annually. Findings include: The facility policy titled, Emergency Procedure - Pandemic Influenza, updated March 2019, documented one of the emergency procedures was to follow the guidelines of the Pandemic Influenza Plan. On 06/25/20 at 11:09 AM, the Maintenance Director confirmed the facility's Emergency Preparedness Plan had not been updated in 2020 with regards to COVID-19. On 06/25/20 at 11:23 AM, the Administrator confirmed the facility did not have an Emergency Preparedness Plan related to COVID-19. The Administrator verbalized the Administrator thought influenza and COVID-19 were the same and the Emergency Preparedness Plan was sufficient. The facility policy titled, Pandemic Influenza Communications Plan, undated, section titled, Pandemic Influenza Written Plan, documented a Pandemic Influenza Planning Committee had been established and would develop and oversee the facility's pandemic influenza preparedness plan including components of the written plan. The Pandemic Influenza Communications Plan lacked documented language related to COVID-19 including cohorting, dedicated staff in quarantine units, the use and type of PPE for staff, residents and visitors, social distancing protocols, and positive case reporting timelines and reporting agencies. On 06/25/20 at 3:21 PM, the Infection Control Nurse confirmed the Pandemic Influenza Checklist addressed in the COVID-19 Pandemic Plan Information policy was not specific to COVID-19.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, document review, and interview, the facility failed to bring current the facility's pandemic policy and procedure based on national standards and COVID-19, advise visitors upon exiting the facility to monitor and of appropriate action if COVID-19 signs and symptoms occur, and to ensure a staff member in contact with residents properly used Protective Personal Equipment (PPE). Findings include: Facility's Pandemic Policy The facility policy titled, COVID-19 Pandemic Plan Information, undated, documented the facility would initiate a Pandemic Committee and the Committee would follow the guidelines published for the Pandemic Influenza Checklist. On 06/25/20 at 11:23 AM, the Administrator confirmed the Pandemic Committee followed the guidelines in the Pandemic Influenza Checklist. The Administrator verbalized the influenza guidelines were the same as the COVID-19 guidelines and were sufficient. On 06/25/20 at 12:24 PM, the Infection Control Nurse verbalized the COVID-19 policies came from their corporate office and were modeled after influenza, as both COVID-19 and influenza presented in the same manner. The Infection Control Nurse verbalized the facility's response to COVID-19 was patterned on how the facility would treat influenza. On 06/25/20 at 3:19 PM, the Infection Control Nurse verbalized the facility policy titled, Pandemic Influenza Communications Plan, undated, was the Pandemic Influenza Checklist. The facility policy titled, Pandemic Influenza Communications Plan, undated, section titled, Pandemic Influenza Written Plan, documented a Pandemic Influenza Planning Committee had been established and would develop and oversee the facility's pandemic influenza preparedness plan including components of the written plan. The Pandemic Influenza Communications Plan, lacked documented language related to COVID-19 including cohorting, dedicated staff in quarantine units, the use and type of PPE for staff, residents and visitors, social distancing protocols, and positive case reporting timelines and reporting agencies. On 06/25/20 at 3:21 PM, the Infection Control Nurse confirmed the Pandemic Influenza Checklist addressed in the COVID-19 Pandemic Plan Information policy was not specific to COVID-19. Visitor Notification Upon Exit On 06/25/20 at 10:32 AM, the Assistant Director of Nursing (ADON), screened the surveyors upon entry to the facility. The ADON did not provide information or advise surveyors to monitor for signs and symptoms of COVID-19 upon exit, and the appropriate actions to take if symptoms occur. On 06/25/20 at 12:44 PM, the Infection Control Nurse verbalized usually a Nurse Manager would screen visitors and ask them to follow the COVID-19 protocols. On 06/25/20 at 12:52 PM, the Infection Control Nurse verbalized the facility did not have any documentation in writing to inform visitors leaving the facility to monitor for signs and symptoms of COVID-19 and what actions to take if symptoms occurred. On 06/25/20 at 2:51 PM, the Infection Control Nurse confirmed the facility did not have a process in place to inform visitors, upon exit, to monitor for signs and symptoms of COVID-19 and appropriate actions to take if symptoms occurred. The facility policy titled, COVID-19 (CORONAVIRUS), section: Visitor Reporting, dated 03/11/20, documented the facility was to advise exposed visitors to monitor for signs and symptoms of respiratory infection for at least 14 days, to self-isolate, contact their health care provider, and contact the facility if ill. Staff Use of Protective Personal Equipment On 06/25/20 at 11:09 AM, the Maintenance Director was speaking to a surveyor. The Maintenance Director was donning a surgical face mask, covering only the mouth but not the nose, and a face shield. The Maintenance Director lifted the face shield up with the left hand exposing the Maintenance Director's face. The Maintenance Director used the right hand and covered the front of the mask to adjust the mask over the mouth but did not cover the nose. On 06/25/20 at 11:21 AM, the Maintenance Director was donning a surgical mask and a face shield. The surgical mask was covering the mouth but not the nose. On 06/25/20 at 11:27 AM, the Maintenance Director was donning a surgical mask and a face shield. The surgical mask was covering the mouth but not the nose. The Maintenance Director moved the right hand under the face shield and covered the front of the mask to adjust the mask over the nose. On 06/25/20 at 1:02 PM, the Infection Control Nurse verbalized all staff had been instructed to not touch the front of the surgical face mask and to wear the mask over the mouth and nose during their shift. On 06/25/20 at 1:20 PM, the Infection Control Nurse verbalized the facility used the Centers for Disease Control (CDC), guidelines for proper donning and doffing of Personal Protective Equipment (PPE), including surgical masks and face shields. On 06/25/20 at 1:39 PM, the Maintenance Director confirmed lifting up the face shield, not wearing the mask over the nose and using the right hand to cover the mask to adjust it over the nose. The Maintenance Director confirmed receiving training to the proper donning of PPE including face mask and shields. A facility attestation titled, COVID-19 Level 4 Progressive Management Guidelines Attestation, was signed by the Maintenance Director on 04/28/20. The attestation documented the staff member would adhere to the proper donning and doffing of PPE, including surgical mask and face shield use. The facility document titled, CDC, Sequence for Putting on Protective Personal Equipment (PPE), undated, documented a face mask was to fit the nose bridge and face shields were to be placed over face and eyes. The facility policy titled, COVID-19, dated 05/01/20, documented the facility would follow CDC guidelines for the use of PPE.		

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.