STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295095	A. BUILDING _____ B. WING _____	**06/29/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
TRANSITIONAL CARE OF LAS VEGAS, LLC	**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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to ensure: 1) staff followed the facility's guidelines to don (put on) and doff (remove) Personal Protective Equipment (PPE), and 2) the Manufacturer's instructions were followed by the housekeeping staff members when using a disinfectant cleaning agent. Findings include: 1. Donning and Doffing PPE: The facility's guidelines titled Sequence for Donning PPE (undated) documented the following: when donning PPE, put on the gown FIRST, mask or respirator (depending on what you need), then goggles or face shield, and lastly the gloves. When doffing PPE, remove the gloves FIRST, followed by the face shield or goggles, then the gown, and the mask or respirator. The sequence for removing PPE was to limit opportunities for self-contamination. The gloves are considered the most contaminated pieces of PPE and removed first. The face shield or goggles were next because they were cumbersome and would interfere with the removal of other PPE. The gown was third in the sequence, followed by the mask or respirator. On 06/26/2020 at 11:02 AM, a Rehabilitation Technician (Rehab Tech) and a Physical Therapy Assistant (PTA) were providing treatment for [REDACTED]. Both staff members wore a surgical mask over their KN95 masks. Prior to entering the resident's room the staff members donned a pair of gloves, followed by a gown. After providing treatment, the Rehab Tech removed the gown, then the gloves. The Rehab Tech and the PTA verbalized the sequence for donning and doffing PPE was as follows: For putting on the PPE, put on the gloves, then the gown, and to take off the used PPE, remove the gown, then the gloves. On 06/26/2020 at 11:08 AM, a Registered Nurse (RN) explained a KN95 mask and a surgical mask, a gown, and a pair of gloves were the PPE required for residents on transmission-based precautions. The RN explained the sequence of donning and doffing PPE. The RN explained when putting on PPE, put on the surgical mask, gown, gloves, then eye cover or shield. The RN indicated when removing contaminated PPE, the dirtiest was removed first to avoid contamination. The RN explained the gloves would have to be removed first to protect yourself, others and environmental surfaces. Then the mask, gown, and eye cover or shield would be removed. On 06/26/2020 at 11:41 AM, a Licensed Practical Nurse (LPN) explained the procedure for donning and doffing PPE. The LPN indicated to put on PPE, put a pair of gloves on, a mask, and a gown. When taking off PPE, remove the mask, remove the gown with the gloves and crumple altogether, then discard it in the red bin. On 06/26/2020 at 11:53 AM, an Agency RN was observed donning gloves followed by a gown, before entering a resident's room on transmission-based precautions. After resident care was provided, the RN removed the gown using gloved hands then removed the gloves last. The RN indicated the gloves were removed last to protect yourself from contamination. On 06/26/2020 at 12:30 PM, the Director of Respiratory Therapy explained when donning and doffing PPE, the gloves were put on first, then the gown followed by the mask. The Director explained when removing PPE; the used gown was removed first, then the mask and gloves would be the last to provide for protection to self. On 06/26/2020 in the afternoon, the Infection Preventionist (IP) indicated the standard of practice for removing PPE was from dirty to clean. The IP explained this sequence limited the opportunities for contamination. The IP explained the used gloves were considered the dirtiest and should have been removed first. On 06/26/2020 in the afternoon, the IP and the Director of Nursing (DON) were informed of the inconsistencies observed with the staff members donning and doffing PPE. The IP and the DON indicated the Centers for Disease Control and Prevention (CDC) PPE guidelines were followed as a reference for donning and doffing PPE. The IP verbalized the staff members needed to be re-educated on appropriate donning and doffing. The IP explained an educational program for the appropriate donning and doffing of PPE had been provided with handouts and demonstrations. The IP indicated regular unit rounding at least twice a week had been implemented to ensure compliance with infection control prevention. The IP indicated the facility had been working on fit testing staff. In the meantime, the staff were required to wear a KN95 mask and a surgical mask. The facility's guideline titled Use PPE when Caring for Patients with Confirmed or Suspected COVID-19 dated 03/30/2020, revealed the PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. 2. Cleaning and Disinfection: Review of the Manufacturer's instructions for Sani-Clean 2 disinfectant indicated the solution was to be applied to the surface with a cloth, mop, sponge, or coarse spray or by soaking. For sprayer applications, use a coarse spray device. Spray 6-8 inches from the surface, rub with a brush, cloth or sponge. Let the solution remain on the surface for a minimum of 10 minutes. Rinse or allow to air dry. On 06/29/2020 at 10:57 AM, a Housekeeper was observed cleaning a resident's room that was on transmission-based precautions. The Housekeeper sprayed the solution onto a cloth 2-3 times then wiped down the resident's bed rails, chair, and bedside table. The Housekeeper confirmed the use of a Sani-clean solution for disinfection. The Housekeeper explained the normal practice was to spray the solution onto the cloth then wipe the surface or equipment for one minute. On 06/29/2020 at 1:00 PM, a second Housekeeper was observed cleaning handrails in the hallway. The Housekeeper sprayed the handrails then wiped immediately with a dry cloth. The Housekeeper confirmed Sani-clean was used to clean the handrails. The Housekeeper was assigned to clean 22 resident's rooms/bathrooms, the dining room, and the coffee room. The Housekeeper explained the surface was wiped off immediately to keep up with the task assigned. On 06/29/2020 at 3:26 PM, the Director of Environmental Services verified the instructions for the Sani-clean solution and acknowledged the contact time was 10 minutes. The Director of Environmental Services indicated the housekeepers were educated on the importance of disinfecting the highly touched surfaces, and a daily checklist had been provided. The Director of Environmental Services indicated the housekeepers were expected to follow the Manufacturer's instructions. On 06/29/2020 at 3:39 PM, the Infection Preventionist indicated the housekeepers were expected to follow the Manufacturer's instructions. The facility's policy titled Cleaning and Disinfecting Non-Critical Resident-Care Items revised June 2011, revealed a Manufacturer's Instructions should have been followed for proper use.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE