

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>295052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LIFE CARE CENTER OF LAS VEGAS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>6151 VEGAS DRIVE LAS VEGAS, NV 89108</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review, the facility failed to ensure all staff were fit tested for N95 masks, a kitchen staff member was ServSafe certified and signs and symptoms questions were asked at the entrance to the facility.</p> <p>Findings include: On 04/15/2020 at 8:45 PM, the Director of Nursing (DON) reported a resident was sent out to the hospital on [DATE], and later it was determined the resident was positive for Covid 19. Another resident went out to the hospital on [DATE], with a fever, cough and shortness of breath and the resident's roommate was on droplet isolation at the facility for a presumptive case of Covid 19. The DON reported two employees had tested positive for Covid 19. The N95 masks have not been fit tested or distributed to staff as of this time. The facility had difficulty finding a vendor to do the fit testing. The facility had 4,000 N95s in supply. On 04/15/2020 at 9:00 AM, the Infection Control Preventionist confirmed the staff had not been fit tested for the N95 mask and confirmed the N95 masks should be used when caring for residents with Covid 19. Mask and Illness in service documentation (not dated), documented staff were instructed on cloth comfort mask donning. The facility did not train on N95 masks. The Safe life N95 respirator and surgical mask instruction sheet documented OSHA standards required the wearer be fit tested either qualitatively or quantitatively. On 04/15/2020 at 11:45 AM, the Cook indicated had been employed for a couple of months and had not had a chance to get the ServSafe Certificate. On 04/15/2020 at 11:50 AM, the Assistant Dietary Manager indicated staff on duty were not Serv Safe certified. The Dietary Manger confirmed each shift should have a ServSafe certified employee on duty. On 04/15/2020 at 1:00 PM, a staff member from the Payroll department confirmed only one cook was ServSafe certified. On 04/15/2020 at 8:30 AM, the facility had signs at the front door to stay six feet apart to keep social distancing. To the right of the front door was a table set up with a staff member. The staff member took the Surveyors temperatures and issued masks. The staff member did not ask the surveyors the signs and symptoms of Covid 19. On 04/15/2020 at 9:15 AM, the Receptionist verified indicated all visitors must be screened. Which included screening for signs and symptoms. All visitors must be provided a new mask, temperature taken, questions on signs and symptoms asked, and hands must be washed. On 04/15/2020 at 9:20 AM, The Infection Preventionist (IP) indicated all visitors and staff must be screened. The Coronavirus Screening log documented the Surveyors temperatures were taken. The column documented surveyors were asked if they had signs and symptoms. The screening log documented the Surveyors were asked and responded to sign and symptom questions.</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.