

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 295023	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2020
NAME OF PROVIDER OF SUPPLIER CARSON NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 2898 HIGHWAY 50 EAST CARSON CITY, NV 89701	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, record review, and document review, the facility failed to follow Transmission Based Precautions with the potential to expose the 49 resident census to COVID-19. Findings include: The Centers for Disease Control and Prevention (CDC) indicated Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission in Nursing Homes. To ensure appropriate patient placement in long-term and other residential settings, make room placement decisions balancing risks to other patients. To use personal protective equipment (PPE) appropriately, including gloves and gown. To wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens. Health and Human Services defined quarantine as a status which separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. The CDC indicated on 06/16/2020, COVID-19 was thought to spread mainly through close contact from person-to-person. Some people without symptoms might be able to spread [MEDICAL CONDITION]. On 07/29/20 at 9:00 AM, a resident passing the point of entry into the facility did not have a face mask appropriately covering the resident's nose and mouth. The mask was hanging from the resident's ears, below the chin. On 07/29/20 at 9:23 AM, room [ROOM NUMBER] had signs posted on the outside of the door indicating the residents in the room were on droplet precaution isolation. The door to the room was open with an oscillating fan whirling air throughout the residents room and the hallway where staff work and residents pass by. On 07/29/20 at 9:27 AM, a resident was in the small dining room, next to nurses station 2, putting together a puzzle. The resident did not have a mask on their face nor did the resident have a mask available to them. On 07/29/20 at 9:29 AM, near nurses station 2, it was the quarantine unit. The double doors, granting access to the area, were open. Staff and residents were freely moving to and from the area. In the quarantine unit, staff were wearing surgical masks, face shields, gowns and gloves prior to entering rooms. The facility did not have an isolation unit. On 07/29/20 at 10:05 AM, the Director of Nursing verbalized room [ROOM NUMBER] was on droplet precautions for potential exposure to COVID-19 and the door to the room was to be closed at all times, no exceptions. The Director of Nursing confirmed the door had been open at room [ROOM NUMBER] and had no idea how long it had been open. The Director of Nursing confirmed there was an oscillating fan present next to the open door in room [ROOM NUMBER], blowing air into the hallway potentially exposing the other residents and staff to COVID-19. On 07/29/20 at 11:09 AM, the Infection Preventionist Nurse confirmed room [ROOM NUMBER] had the door open with an oscillating fan blowing air into the hallway. The Infection Prevention and Control Nurse verbalized, resident rooms on isolation precautions were required to keep their door closed at all times, no exceptions. The Infection Preventionist Nurse verbalized it was unacceptable for residents to not be wearing a mask and also not have a mask provided to them while out in the community. The Infection Preventionist Nurse confirmed there were residents, at times, not wearing masks and should always have staff providing masks to those residents. The Infection Preventionist Nurse verbalized the quarantine unit begins at the double doors (fire doors) and those doors are to be kept close to reduce the exposure to potentially infect the community. The Infection Preventionist Nurse confirmed the double doors to the quarantine unit were not closed. The facility guideline, provided by the Centers for Disease Control, titled Facemask Do's and Don'ts, undated, documented when wearing a facemask, an individual must not wear the facemask under the nose or mouth. Individuals putting on a facemask must ensure the facemask fully covers one's mouth and nose. The facility COVID-19 plan titled Mitigation Plan: Personal Protective Equipment (PPE), dated June 2020, documented if COVID was identified in the facility, residents would be provided facemasks and the facemasks should be worn whenever a resident leaves their room. The facility COVID-19 plan titled, Mitigation Plan: Designation of Space, dated June 2020, documented the facility would house a quarantine unit designated within the facility to distinguish separation of residents and eliminate movement between units.</p> <p>On 07/29/20 at 9:40 AM a housekeeper had been observed donning the PPE before entering room [ROOM NUMBER]. room [ROOM NUMBER] had a Droplet Precaution sign on the wall and two residents with possible exposure to COVID-19. The staff member donned goggles, gown, surgical mask and gloves to enter the room. On 07/29/20 at 9:41 AM the housekeeper verbalized before entering room [ROOM NUMBER] had to don the PPE, which included goggles, surgical mask, gown and gloves. On 07/29/20 at 11:10 AM, the Infection Preventionist Nurse explained newly admitted residents were quarantined in the Quarantine unit for 14 days and residents with a possible exposure were kept in their rooms under observation. Staff entering the rooms with residents with a possible exposure were required to use goggles, gown, gloves and surgical mask. The Infection Preventionist Nurse confirmed the facility had five residents with possible exposure to COVID-19 under observation, three residents in room [ROOM NUMBER] and two residents in room [ROOM NUMBER]. The rooms were not separated in a unit or hall and were amongst other rooms with COVID-19 negative residents of the facility and staff entering the rooms did not wear a N95 or higher respirator mask or a mask and a face shields. The facility COVID-19 Mitigation Plan dated June 2020, documented under Cohorting of Residents: Residents who fall into the COVID Negative results, but exposed within the last 14 days cohort, will be placed in quarantine for 14 days. CDC guidance released 04/02/20, titled COVID-19 Long-Term Care Facility Guidance, indicated to avoid transmission within long-term care facilities, facilities should use separate staffing teams for COVID-19-positive residents to the best of their ability, and work with State and local leaders to designate separate facilities or units within a facility to separate COVID-19 negative residents from COVID-19 positive residents and individuals with unknown COVID-19 status. CDC guidance released 04/30/20, titled Responding to Coronavirus (COVID-19) in Nursing Homes-Considerations for the Public Health Response to COVID-19 in Nursing Homes, indicated all recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown.</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.