

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 295045	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2020
NAME OF PROVIDER OF SUPPLIER TORREY PINES POST ACUTE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 1701 S. TORREY PINES DRIVE LAS VEGAS, NV 89146	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on interview and document review, the facility failed to ensure staff members were fit tested for N95 masks and not educated on the use of the N95 mask. Findings include: On 4/7/2020 at 1:40 PM, facility staff members were donning N95 respirators to provide care to residents. On 4/7/2020 at 1:45 PM, a Physical Therapist explained the N95 mask was provided the previous day. The PT verified a fit test was not provided and explained the N95 mask could be worn daily and was kept in a tissue box. The PT was instructed to put tissue in the N95 mask so the mask could be worn multiple times. On 4/7/2020 at 1:50 PM, a Licensed Practical Nurse (LPN), explained the N95 mask was worn once and put back in a plastic bag in the medication cart. The LPN reported the N95 mask could be worn five times before discard and the LPN was not fit tested prior to being given the N95 mask. On 4/7/2020 at 2:00 PM, a Registered Nurse was given an N95 mask and was told to store the N95 mask in a paper bag. The RN reported the N95 was not fit tested prior to receiving the N95 mask. The RN was not aware of how many times the N95 could be worn prior to discard. On 4/7/2020 at 2:10 PM, a housekeeper was given an N95 mask and verified a fit test was not conducted prior to being given the N95 mask. On 4/7/2020 at 2:15 PM, a Wound Care Nurse had an N95 mask on, which was visibly too big. The nurse verified the mask was too big and the N95 mask was not fit tested prior to getting the mask. The nurse confirmed the N95 mask should be used for patients with Covid 19. On 4/7/2020 at 2:40 PM, an LPN was given an N95 mask on 4/7/2020. The LPN explained it was good for a whole month and verified the mask was not fit tested prior to being given to the LPN. The LPN was wearing a surgical mask under the N95 mask. On 4/7/2020 at 3:00 PM, The Infection Control Preventionist (IP) explained N95 masks were handed out to all staff to provide care. The IP verified the staff were not fit tested for the masks prior to distribution of the masks to staff. The direction given to staff members was to not put the mask in zip lock bags and do not touch the outer part of the mask after using it. The staff were not provided a paper bag for the mask. The box for the N95 mask documented, fit test must be completed quantitatively or qualitatively before use of the respirator in a contaminated environment.</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.