STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295091	A. BUILDING _____ B. WING _____	**04/22/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
NEURORESTORATIVE 4KIDS -BUFFALO	**3391 N BUFFALO DRIVE LAS VEGAS, NV 89129**

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, record review, and document review, the facility failed to follow the manufacturer's guidelines for reprocessing a [MEDICAL CONDITION], to ensure a log was maintained for the reprocessing of [MEDICAL CONDITION] for 1 of 24 residents (Resident #1), and to ensure the Respiratory Therapists (RT) had competencies for reprocessing a [MEDICAL CONDITION]. Findings include: Resident #1 (R1) R1 was readmitted on [DATE], with [DIAGNOSES REDACTED]. On 04/09/2020 at approximately 10:30 AM, an ultraviolet (UV) sterilization cabinet was observed in the soiled utility room. The Administrator indicated the RT used the UV sterilization cabinet to clean R1's [MEDICAL CONDITION] and was responsible for maintaining the equipment. On 04/09/2020 at 10:50 AM, a RT explained R1's [MEDICAL CONDITION] was cleaned with a [MEDICAL CONDITION] care kit and saline, placed inside the UV sterilization cabinet for 60 minutes, then placed inside a sterile bag using sterile gloves. R1's [MEDICAL CONDITION] was replaced and cleaned every two weeks. On 04/09/2020 at 11:10 AM, the Director of Respiratory explained R1's [MEDICAL CONDITION] was placed in boiling water for three minutes, air dried, placed in the UV sterilization cabinet and stored in a sterile bag. The Director of Respiratory indicated the [MEDICAL CONDITION] was reprocessed every week and replaced every three months. On 04/09/2020 at 11:41 AM, a call was placed to the manufacturer of the [MEDICAL CONDITION] with the Director of Respiratory and the owner of the facility present. A Customer Service Representative with the [MEDICAL CONDITION] manufacturer explained a pediatric [MEDICAL CONDITION] could be reprocessed up to five times. The Customer Service Representative indicated the [MEDICAL CONDITION] should have been placed in a pan with water and brought to a rapid boil, then the pan covered and removed from the heat, and the water allowed to cool for 40 minutes. The Customer Service Representative verbalized the use of UV was not recommended in the manufacturer's guidelines and the effect of the UV on the [MEDICAL CONDITION] was unknown. On 04/09/2020 at approximately 12:00 PM, the Director of Respiratory confirmed the observation of a sterilized [MEDICAL CONDITION] inside a specimen laboratory bag pinned on the wall in R1's room. The specimen laboratory bag used to store the cleaned [MEDICAL CONDITION] was not sterile. The facility lacked documented evidence a log was maintained with the number of times each [MEDICAL CONDITION] was reprocessed. The Manufacturer's Guidelines for a [MEDICATION NAME] dated January 2019, documented reprocessing meant sanitization, and steam sterilization for sterile and non-sterile product. The [MEDICAL CONDITION] could be reprocessed for single-patient use up to five times for pediatric products and reprocessed four ways: Option 1: a washer/disinfector/dryer. Option 2: a gravity displacement steam autoclave at 121 degrees Celsius (250 degrees Fahrenheit) for 40 minutes. Option 3: (typically used in home care) an electric steam disinfector (baby bottle sterilizer). Option 4: (typically used in home care) the parts in a pan of rapidly boiling clean water. An RT competency packet provided by the Director of Respiratory did not include a competency for reprocessing [MEDICAL CONDITION]. On 04/09/2020 at approximately 12:00 PM, the Director of Respiratory acknowledged the facility lacked documented evidence the respiratory therapists working in the facility had competencies for reprocessing the [MEDICAL CONDITION].

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