

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 295008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2020
NAME OF PROVIDER OF SUPPLIER EL JEN CONVALESCENT HOSPITAL AND RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP 5538 W DUNCAN DR LAS VEGAS, NV 89130	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and document review, the facility failed to ensure practices to prevent the spread of respiratory illness were followed by: 1) staff members not being properly fit tested for the use of N-95 masks, 2) not ensuring residents are maintaining social distancing and 3) not developing interventions for residents who require behavioral management on Transmission Based-Precautions. Findings include: 1) On 04/16/20 at 12:54 PM, a Licensed Practical Nurse (LPN) was observed placing an N-95 mask into a brown paper bag after exiting a room, which contained a resident who was placed on droplet precautions for COVID-19. The LPN indicated had never been initially fit tested for the use of the N-95 mask. On 04/16/20 at 12:58 PM, the Unit Coordinator verbalized had not been aware an individual had to be fit tested to use an N-95 mask and revealed no staff member using a N-95 mask had been fit tested. On 04/16/20 at 3:51 PM, the Director of Nursing (DON) indicated being unaware staff had to be initially fit tested to use the N-95 masks and acknowledged no staff members in the facility utilizing the N-95 had been fit tested. 2) On 04/16/20 at 1:08 PM, residents located in the E hall were observed sitting in chairs against the wall not [MEDICATION NAME] social distancing. A Certified Nursing Assistant (CNA) revealed the residents had just finished lunch and were waiting to go outside two at a time to smoke. The CNA indicated the residents sit close to each other in chairs against the wall almost every day after lunch. On 04/16/20 at 4:08 PM, two residents were observed sitting in wheelchairs next to each other in the hallway outside of their rooms. A staff member approached the two residents and explained to the residents the importance of social distancing. On 04/16/20 at 2:51 PM, the Infection Control Nurse revealed the residents should have been [MEDICATION NAME] social distancing and wearing face masks when outside of their rooms while there is a positive COVID-19 case in the facility. On 04/16/20 at 3:51 PM, the DON indicated residents should have maintained social distancing and wearing face masks while there is a positive COVID-19 case in the facility. The facility policy titled Guidance for Infection Control and Prevention of COVID-19 in Nursing Homes revised 03/13/20, documented remind residents to practice social distancing and perform frequent hand hygiene. 3) On 04/16/20 at 1:29 PM, a resident on droplet precautions for presumptive COVID-19 located in room E5 was observed wandering out of the room and down the hallway with no PPE while other residents were present in the hallway. At 1:30 PM, a CNA was observed redirecting the resident back to the room and educating the resident on the importance of remaining in the room while on droplet precautions. On 04/16/20 at 2:30 PM, the Infection Control Nurse indicated the resident who wandered out of the room should have been wearing a face mask while on droplet precautions. On 04/16/20 at 3:51 PM, the DON revealed interventions should have been established to prevent the resident from wandering out of the room while on droplet precautions, and the resident should have been wearing appropriate PPE.</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.