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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>295102</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                        | (X3) DATE SURVEY COMPLETED<br><b>07/22/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>ADVANCED HEALTH CARE OF HENDERSON</b>   |   | STREET ADDRESS, CITY, STATE, ZIP<br><b>1285 E CACTUS AVENUE<br/>LAS VEGAS, NV 89183</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<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Few</b>              | <p><b>Provide and implement an infection prevention and control program.</b><br/><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b><br/>Based on observation and interview, the facility failed to ensure: 1) A Hospice Nurse and a Certified Nursing Assistant (CNA) followed the facility's policy regarding the use of Personal Protective Equipment (PPE) in a transmission-based precaution room; 2) Laundry staff wore the appropriate PPE while handling dirty laundry; 3) An Occupational Therapist (OT) appropriately discarded a gown after use in a transmission-based precaution room. Findings include: On 07/22/2020 at 8:55 AM, the Administrator indicated all employees and visitors were expected to wear a medical face mask to be allowed entrance to the facility. No cloth masks were to be used unless the cloth mask was used on top of a medical face mask. A medical face mask would have been provided after screening to employees and visitors who did not have a face mask. 1) Use of PPE in a transmission-based precaution room. On 07/22/2020 at 10:35 AM, a Hospice Nurse was observed exiting a transmission-based precaution room. The Hospice Nurse was wearing a white cloth mask and did not have a medical face mask on under the cloth mask. The Hospice Nurse indicated not receiving a medical face mask after screening and did not have a pair of goggles or a face shield. The Hospice Nurse verbalized not being aware that goggles or a face shield were supposed to be worn prior to entering a transmission-based precaution room. The Hospice Nurse acknowledged there was signage posted on the door, which indicated the PPE that should have been used. The Hospice Nurse confirmed not reading the signage. On 07/22/2020 at 10:46 AM, a Registered Nurse (RN) explained all staff and essential visitors were expected to follow transmission-based precautions. The RN indicated the Hospice Nurse should have read the signage posted outside the resident's door. If the Hospice Nurse did not have goggles or a face shield, it would have been provided by the facility. On 07/22/2020 at 12:40 PM, the Receptionist indicated a medical face mask would have been provided to staff and visitors after screening if they did not have one. Cloth masks were not allowed unless a medical face mask was used underneath the cloth mask. The Receptionist revealed performing the screening for the Hospice Nurse. The Receptionist confirmed she saw the Hospice Nurse's cloth mask but did not check if the Hospice Nurse had a medical face mask underneath the cloth mask. The Receptionist confirmed not providing the Hospice Nurse with a medical face mask and allowed the Hospice Nurse to enter the facility. On 07/22/2020 in the afternoon, the Director of Nursing (DON) indicated employees and visitors were provided a medical face mask at the time of screening if they did not have one. Cloth masks were allowed only if a medical face mask was worn underneath it. The DON confirmed the Hospice Nurse should have been provided a medical face mask prior to entry. The DON indicated all visitors were expected to adhere to the facility's policy on what PPE was to be used prior to entering a transmission-based precaution room. The DON indicated the Hospice Nurse should have read the signage posted on the resident's door and worn a medical face mask and a pair of goggles or a face shield prior to entering the room.</p> <p>On 07/22/2020 at 10:15 AM, signage posted outside of room [ROOM NUMBER] indicated that quarantine was in progress. The signage displayed pictures of sanitized hands, a face mask, a gown, goggles, and gloves. A Certified Nursing Assistant (CNA) was observed in the room wearing an N95 mask and gloves. The CNA touched the resident's bed, lifted the bed sheet, blanket, and pillow. On 07/22/2020 at 10:20 AM, the CNA verbalized a mask, a gown, gloves, and a face shield or goggles were required prior to entering a resident's room on quarantine. The CNA acknowledged the signage posted on the resident's door displayed the PPE required. The CNA noted being in the resident's room to look for the television remote. The CNA confirmed a gown, and a face shield was not worn while in the room. The CNA indicated the face shield had been sanitized earlier that morning and was in the break room air drying. On 07/22/2020 at 10:40 AM, a sign posted outside room [ROOM NUMBER] indicated that quarantine was in progress. The same CNA was observed leaving the room without goggles or a face shield. The CNA confirmed the resident in room [ROOM NUMBER] was on quarantine, and a mask, a gown, gloves, and goggles were required before entering the room. The CNA confirmed not wearing the face shield in the room. The CNA indicated the face shield was still in the break room air drying. On 07/22/2020 at 10:45 AM, a Registered Nurse (RN) verbalized a mask, gown, gloves, and a face shield or goggles must be put on before entering a transmission-based precaution room. The RN indicated it did not matter if the resident only asked to find the television remote. The RN verbalized staff members were expected to wear all recommended PPE prior to entering a transmission-based precaution room. On 07/22/2020 at 1:16 PM, the DON verbalized a mask, a gown, gloves, a face shield or goggles were required before entering a transmission-based precaution room. 2) Appropriate PPE not worn while handling dirty laundry. On 07/22/2020 at 11:10 AM, during a tour of the laundry room, two laundry staff members revealed they were not provided a gown to use while handling dirty linen and gowns. The laundry staff members indicated they were loading the dirty linen and gowns into the washer without protecting their clothing. One staff member was wearing a Polo shirt, and the other staff member wore a pair of scrubs while when handling the dirty laundry. The staff members indicated not knowing where to find a gown to use or who to ask for a gown. On 07/22/2020 at 1:30 PM, the DON indicated the laundry staff members were required to wear a gown, a mask, a face shield, and gloves when handling dirty linen, clothes, and gowns. 3) PPE not appropriately discarded after use in a transmission-based precaution room. On 07/22/2020 at 10:41 AM, signage posted outside room [ROOM NUMBER] indicated that quarantine was in progress. An OT was observed exiting the room, holding a bundled up yellow gown against the body. The OT walked past several rooms to discard the gown in the linen cart outside room [ROOM NUMBER]. The OT confirmed the yellow gown was worn in room [ROOM NUMBER]. The OT removed the used gown before leaving the resident's room and discarded the used gown in the soiled linen cart in the hallway. On 07/22/2020 in the morning, a RN confirmed gowns used in transmission-based precaution rooms should have been placed in a yellow plastic bag inside the resident's bathroom. The RN indicated used gowns should not be taken out of a resident's room. On 07/22/2020 at 1:16 PM, the DON verbalized the used gown should have been removed and placed in a plastic bag in the resident's room before leaving the room.</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.