

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 29E037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2020
NAME OF PROVIDER OF SUPPLIER MISSION PINES NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 2860 E. CHEYENNE AVENUE NORTH LAS VEGAS, NV 89030	
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>Based on observation, interview and document review, the facility failed to ensure; an employee followed COVID-19 screening requirements prior to entering the facility and; a Certified Nursing Assistant (CNA) wore the appropriate Personal Protective Equipment (PPE) while in the facility. Findings include: The facility's COVID-19 Outbreak Standards of Practice indicated: Prior to entering the facility, all persons were required to wash hands or use alcohol-based hand rub (ABHR). All persons were required to be screened. Screening included an interview for signs and symptoms of COVID-19 (cough, shortness of breath, sore throat, fever, travel outside of the country or recent exposure to a known COVID-19 case). Temperature was taken. If a temperature was greater than 99.5 degrees Fahrenheit, the person would be masked and sent home sick. After the person being screened was cleared for entry, the screener would place a facility chosen colored wrist band on the person. This wrist band was to be worn while in the facility that day. The policy also indicated all persons in the facility were required to wear surgical face masks properly, at all times in the facility. On 07/07/20 at 8:30 AM, the facility's designated entrance contained COVID-19 signage requiring hand washing before entry. A large sink with soap, paper towels and a trash can were located near the entry door. An employee (the Director of Environmental Services) was standing nearby talking on a cell phone. The employee walked by the hand hygiene station without washing hands or using alcohol-based hand sanitizer and entered the facility. The employee clocked in and entered the laundry room without being screened. The screener (a Certified Nursing Assistant) confirmed the observation and verified the Director of Environmental Services had not been screened nor had a screening documented on the screening log. At 8:35 AM, the Director of Environmental Services confirmed she/he had not been screened prior to entering the facility. The Director of Environmental Services indicated a screening should have been done. The Director of Environmental Services was not wearing a colored wrist band to indicate screening had been conducted. The Director of Nursing (DON) indicated the Director of Environmental Services should have been screened and performed hand hygiene prior to entering the laundry area. On 07/07/20 at 4:05 PM, a CNA was observed walking in the main hallway. The CNA was not wearing a mask or face shield. The CNA indicated she/he had forgotten to put on her/his mask and should have been wearing a mask. The Infection Preventionist confirmed the observation and indicated the CNA should have been wearing a mask and a face shield.</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.