

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 295089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2020
NAME OF PROVIDER OF SUPPLIER MARQUIS CARE AT CENTENNIAL HILLS		STREET ADDRESS, CITY, STATE, ZIP 6351 N FORT APACHE RD LAS VEGAS, NV 89149	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review, the facility failed to consistently screen individuals for COVID-19. Findings include: On 4/22/20 at 2:00 PM at the front desk, the facility had a visitor screening protocol taped to the counter. Under Guidance issued: Per CMS for all skilled nursing and all assisted living centers. 4. Facility will change all public access entrances to be at one Main door only. Notices on doors will direct visitor to identified entrance. 5. Facility will have a designated staff person at the entrance/desk for visitor screening forms. 6. All visitors will be required to have hand sanitized and apply face mask, verified by the screener before entering resident areas. Upon entrance to the facility, visitors were told to complete a required visitor screening form. Three pieces of information requested on the form included name of Resident/or purpose of visit, recorded temperature and verification the screener observed the visitor actively sanitizing hands and provided/applied a face mask. The visitors were expected to document the temperature taken on the visitor screening form. On 4/22/20 at 4:10 PM, visitor screening forms for the last month were reviewed for compliance. The review identified the following: Form without screener verification of sanitizing and face mask dated 3/27/20. Form without screener verification of sanitizing, face mask and without documented temperature dated 3/28/20. Form without screener verification of sanitizing and face mask dated 4/4/20. Form without screener verification of sanitizing and face mask dated 4/6/20. Form without screener verification of sanitizing and face mask dated 4/12/20. Form without screener verification of sanitizing and face mask dated 4/13/20. Form without screener verification of sanitizing, face mask and without documented temperature dated 4/14/20. Form without screener verification of sanitizing and face mask dated 4/15/20. Form without screener verification of sanitizing, face mask and without documented temperature dated 4/16/20. Form without screener verification of sanitizing and face mask dated 4/22/20. Five forms without screener verification of sanitizing, face mask and without documented temperature dated 4/22/20, including the writer of this citation. On 4/22/20 at 4:10 PM, the Receptionist acknowledged verification of hand sanitizing and mask application and temperatures were not documented. In some instances, the Receptionist was unable to identify the visitor and the purpose of the visit in those instances where a visit purpose was not specified. The Receptionist indicated visitors to the upstairs pharmacy did not need to have temperatures taken because they simply went upstairs via elevator and proceeded directly to the pharmacy, came back downstairs and left. These visitors did not venture into resident areas, so they did not need to have temperatures taken. On 4/22/20 at 5:00 PM, the Administrator acknowledged the visitor screening forms described should have been initialed for hand sanitizing and face mask application and temperatures should have been taken of everyone entering and documented. Employees were allowed to enter the facility from two locations: the frontage road on the west side of the building in the rear and through the break room. Employees punched in at the time clock, obtained a face mask (if available) and then proceeded to the nursing station in the middle of the building. Employee screenings were documented and temperatures taken at the nursing station. The distance from the outside door adjacent to the frontage road in the rear was about 55 feet to the time clock area. The distance from the time clock to the nursing station was about 235 feet. The distance was paced off at 3' per average pace with acknowledgment from the Director of Plant Operations. The entire length of the hallway between the time clock and the nursing station contained occupied resident rooms.</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.