

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 295041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2020
NAME OF PROVIDER OF SUPPLIER DELMAR GARDENS OF GREEN VALLEY		STREET ADDRESS, CITY, STATE, ZIP 100 DELMAR GARDENS DRIVE HENDERSON, NV 89074	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and document review, the facility failed to ensure proper infection control practices were followed during the response to a COVID-19 infection outbreak. Specifically, the facility failed to: 1) Ensure laundry personnel wore appropriate Personal Protective Equipment (PPE). 2) Place a symptomatic resident on transmission-based precautions (Resident #1). 3) Ensure disinfectant solutions were used per Manufacturer's recommendation. Findings include: 1) Appropriate Personal Protective Equipment (PPE) On 07/01/2020 at 10:33 AM, four laundry staff members were observed folding clean linens in the laundry area. One staff member was wearing a pair of goggles and no surgical mask. Another staff member was wearing a surgical mask and no goggles. On 07/01/2020 at 10:40 AM, the Housekeeping Supervisor confirmed laundry staff should wear a pair of goggles and a surgical mask at all times, mainly when folding clean linens, to decrease the risks of COVID-19 transmission.</p> <p>2) Transmission-based precautions placement Resident #1 was admitted on [DATE], with [DIAGNOSES REDACTED]. Resident #1 was in room [ROOM NUMBER], bed A. Resident #2 was admitted on [DATE], with admitting [DIAGNOSES REDACTED]. Resident #2 was in room [ROOM NUMBER], bed B. On 07/01/2020 at 10:07 AM, the residents were lying in their bed in room [ROOM NUMBER]. The residents' beds were approximately two feet apart. Resident #1 was overheard coughing. There was no transmission-based precautions signage, no PPE cart by the door, and no barrier in between the residents' beds. On 07/01/2020 at 10:20 AM, a Licensed Practical Nurse (LPN) confirmed Resident #1 was in observation because the resident's temperature spiked to 100 degrees a few days ago. The resident was not on isolation precautions. The LPN indicated there was no need to isolate the symptomatic residents because they were being monitored every four hours. The LPN confirmed room [ROOM NUMBER] was a shared room, and Resident #2 had no COVID-19 signs and symptoms. The Progress Notes dated 06/28/2020, revealed Resident #1 had a temperature of 100 degrees, and Tylenol was administered. The resident had a cough. The Vitals Results revealed the following temperature: -06/28/2020, the temperature was 100 degrees Fahrenheit -06/14/2020, the temperature was 99 degrees Fahrenheit. On 07/01/2020 at 11:30 AM, the Infection Preventionist (IP) indicated when a resident manifested signs and symptoms of COVID-19 like a fever of 99 degrees and above, a sore throat, a cough, the resident was isolated immediately. And precaution signage and a Personal Protective Equipment (PPE) isolation cart were placed outside the door. The IP indicated the process of tracking the residents who manifested signs and symptoms was the Certified Nursing Assistant and the Licensed Nurses would have informed the Charge Nurse, and the IP would have been informed by the Charge Nurse. On 07/01/2020 at 2:45 PM, the Director of Nursing (DON) verified Resident #1 was not placed on isolation precautions when the fever and cough were noted on 06/28/2020. The DON confirmed Resident #1 had a roommate who had not been showing signs and symptoms. The DON indicated Resident #1 should have been isolated. On 07/01/2020 at 3:30 PM, the IP confirmed Resident #1 had COVID-19 signs and symptoms. The IP acknowledged Resident #1 was not placed on isolation precautions. The IP was not informed about Resident #1's condition. The IP confirmed there was an available room for isolation if needed on 06/28/2020 when Resident #1 was identified as having symptoms. The IP indicated Resident #1 should have been isolated, and the roommate moved. On 07/10/2020 in the afternoon, the IP indicated the Centers for Disease Control and Prevention (CDC) guideline on how to prevent and contain transmission of COVID-19 had been followed. The IP provided a document titled Separate Units to Prevent and Contain Transmission of COVID-19 dated 06/23/2020. The IP indicated the document was used as a reference for the implementation of the resident placement. The document indicated the following: Residents in the Quarantine Unit who develop symptoms consistent with COVID-19 should not be moved and should be isolated in their own single-occupant room pending results of COVID-19 testing. If there was a roommate, the resident with symptoms moved to a single-occupant room within the same Quarantine Unit only if the move can be made without displacing any other residents. The resident's roommate would be considered exposed to COVID-19. If the resident and roommate remained in the same room, put up barriers, distance beds if possible, practice hand hygiene, and use full PPE following CDC recommendations. 4) Cleaning/Disinfection The Manufacturer's instructions for Virex Plus, (a quaternary-based disinfectant cleaner, indicated to apply the product to hard nonporous surfaces. Allow the surface to remain wet for three minutes for the most common bacteria [MEDICAL CONDITION] (5 minutes for Norovirus, [MEDICATION NAME])). Air dry, wipe surfaces to dry, and remove any residue or rinse with potable water as necessary. The Manufacturer's instructions for the hospital-grade disinfectant cleaner Oxivir Tb indicated to apply the product to hard, nonporous surfaces. Spray 6-8 inches from the surface, making sure to wet the surfaces thoroughly. All surfaces must remain wet for one minute. Use a 5-minute contact time for [MEDICAL CONDITION] (Tb) and a 10-minute contact time for fungi. Wipe surface dry or allow to air dry. On 07/01/2020 at 10:44 AM, a Housekeeper was observed in the hallway with a cleaning cart using a Virex Plus solution. The Housekeeper demonstrated the cleaning/disinfection process by spraying the handrails, doorknobs, metal signs, and switches. The surfaces had been sprayed with Virex Plus and wiped down immediately using a dry cloth. The Housekeeper indicated the contact time for the Virex solution was two minutes. On 07/01/2020 at 11:06 AM, a Housekeeper on the 400 unit was assigned to clean 20 rooms, toilets, beds, and resident equipment. The Housekeeper was using Oxivir Tb spray to clean an isolation room. The Housekeeper sprayed the Oxivir Tb on the bedside tables, bed frames, chairs, doorknob, and wiped it dry in less than one minute. The Housekeeper verbalized the contact time for Oxivir Tb was one minute before wiping it down. On 07/01/2020 at 1:54 PM, the Housekeeping Supervisor and the Director of Environmental Services indicated the housekeepers were expected to follow the Manufacturer's instructions. The Director of Environmental Services verified the contact time of each cleaning and disinfectant solutions. On 07/01/2020 at 4:15 PM, the Infection Preventionist indicated the housekeepers were expected to follow the Manufacturer's instructions. The facility policy titled Cleaning Guidelines for Resident Care Equipment, Revised 03/2020, indicated resident care equipment would be cleaned according to Manufacturer's recommendation.</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.