

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 295090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2020
NAME OF PROVIDER OF SUPPLIER ADVANCED HEALTH CARE OF LAS VEGAS		STREET ADDRESS, CITY, STATE, ZIP 5840 W SUNSET RD LAS VEGAS, NV 89118	
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 0814 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation, interview, and document review, the facility failed to ensure three biohazard waste bins were not overfilled. Findings include: On 06/29/2020 at 11:20 AM, an inspection of the soiled utility room revealed three large biohazard bins. The first bin had eight red plastic bags stacked on top. The second and third bins were overfilled with red plastic bags preventing the bins from closing, the black lid covers were resting on a stack of bags at approximately a 45-degree angle. On 06/29/2020 at 11:20 AM, the Housekeeping staff member confirmed the observation and indicated the red plastic bags contained biohazard waste from all resident rooms. The Housekeeping staff member indicated the bins should have been sealed to contain the contents. On 06/29/2020 at 11:25 AM, the Director of Nursing (DON) confirmed the observation of the biohazard bins in the soiled utility room. The DON reported the contracted, third-party waste collection service collected biohazard waste twice per week. The DON verbalized the biohazard bins should have been sealed to contain the contents. On 06/29/2020 at 11:25 AM, the Administrator indicated a requisition was made to the contracted third-party for more frequent collection from two times a week to three times a week. No response regarding the request had been received by the facility. The Administrator verbalized the facility followed the Occupational Safety and Health Administration (OSHA) guidelines when it came to the management of biohazard waste. On 06/29/2020 in the morning, the requisition to the contracted third-party was requested. The document was not provided by the end of the survey. The policy provided by the facility titled Guidelines for Discarding Biological Waste dated 06/15/18, documented waste would be disposed in a safe, efficient method that is environmentally acceptable and filled containers should be picked up by the contracted medical waste disposal company.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation and interview, the facility failed to ensure the facility employed an Infection Preventionist. Findings include: On 06/29/2020 in the afternoon, the DON reported the facility did not have an Infection Preventionist (IP). The DON indicated dividing infection prevention and surveillance duties with the Clinical Nurse Manager. The DON confirmed neither the Clinical Nurse Manager nor the DON had completed the required training course for IP's. The DON was not aware of how long the facility did not have an IP, as the DON had only recently been employed by the facility. The DON verbalized IP's from sister facilities were not providing oversight or assistance with infection control prevention and surveillance tasks for the facility.		

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.