DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295052	A. BUILDING _____ B. WING _____	05/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF LAS VEGAS	6151 VEGAS DRIVE, LAS VEGAS, NEVADA ,89108

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0000	Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation at your facility on 05/14/2020, in accordance with Nevada Administrative Code (NAC) Chapter 449, Skilled Nursing Facilities. The census at the time of the complaint investigation was 124. The sample size was five. There was one complaint investigated. Complaint #NV00060747 could not be substantiated. Allegation #1 The facility was allowing unauthorized visitors to enter the facility and exposing residents and staff to COVID 19. This allegation could not be substantiated based upon the following: Observed staff enter the building and get screened for COVID-19. Eight Certified Nursing Assistants (CNA), two Licensed Practical Nurses (LPN), one Dietary Aid, one Registered Nurse (RN), the Administrator, the Director of Nursing (DON), two housekeepers and the Infection Control Preventionist (IP) explained there was one entrance into the facility. Screening for signs and symptoms of COVID -19 was completed and temperatures were taken prior to entering the facility. Only staff, end of life personnel such as hospice and physicians were allowed to enter the building as of the end of March 2020. Review of the visitor log confirmed there were no visitors other than laboratory technicians, physicians and hospice staff. Allegation #2 There was not enough Personal Protective Equipment or health equipment needed to care for the residents who were sick. This allegation could not be substantiated based upon the following: The supply list documented a total of 2,255 different types of gowns, 40,000 surgical masks, 1,290 gloves, and 2,316 different types of N95 masks. Eight CNAs, two LPNs, one RN and the Central Supply Director indicated there was enough PPE. Staff in the COVID -19 area were observed wearing gloves, N95 masks, gowns and goggles.	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: 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.

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	Staff were observed wearing N95 or surgical masks throughout the facility. Allegation #3 There were positive residents who were not isolated and not getting adequate care. This allegation could not be substantiated based upon the following: Observed three sectioned off positive COVID -19 units in the 200 hall, 300 hall, and the secured unit. A plastic barrier from the ceiling to the floor prohibited staff and residents from walking into the areas. Each unit had a designated nurse and one to two CNAs. A CNA explained Activities of Daily Living (ADL), meals trays and housekeeping were provided to the residents on these units. The DON and the Administrator explained the staff were assigned for the entire shift to the positive COVID -19 unit and did not float to other halls. Allegation #4 There was no system in place for a respiratory outbreak within the facility. This allegation could not be substantiated based upon the following: Staff performed screening for signs and symptoms of COVID -19. Residents were monitored for fevers, shortness of breath and oxygen status. Eight CNAS, two LPNS, one RN, one laundry staff member and two housekeepers indicated they were being screened at the beginning of each shift and they knew the signs and symptoms of COVID -19. Masks were provided, hand washing was encouraged, and social distancing was maintained. Eight CNAs knew to inform the nurses if a resident displayed symptoms of COVID -19. Allegation #5 The facility had not been contacting the health authorities properly for fear of getting shut down. This allegation could not be substantiated based upon the following: Document review revealed the facility had reported to the state, local health authorities and other state and national health authorities as required. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigation,			

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	actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. There were no regulatory deficiencies identified, please keep a copy of this document for your records.			