

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 295097	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2020
NAME OF PROVIDER OF SUPPLIER WELBROOK CENTENNIAL HILLS, LLC		STREET ADDRESS, CITY, STATE, ZIP 6650 GRAND MONTECITO PARKWAY 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 - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and document review, the facility 1) failed to consistently follow the implemented COVID-19 screening process, and 2) failed to fit test employees for N95 masks (a particulate-filtering face piece respirator). Findings include: 1) Screening: On 04/28/2020 at 7:55 AM, the main entrance of the building was locked. An inspector pressed the doorbell which was answered by the nurse at the nurse's station. The two inspectors were screened by the Receptionist for body temperature using a non-contact digital thermometer and were asked to sign-in and answer Yes or No for any signs and symptoms of COVID-19. The inspectors were given a sticker which indicated they had been screened. The Receptionist conveyed staff members were screened daily upon initial arrival, signed-in and answered the screening questionnaire on a different sheet of paper. On 04/28/2020 at 9:13 AM, a Licensed Practical Nurse (LPN) indicated employees pressed the doorbell to get into the building. The nurses at the nursing stations received the call and opened the door from the nurse station. The LPN revealed staff members took their own temperature and completed the Coronavirus Self-Assessment form at the front desk prior to the start of their shift. On 04/28/2020 at 9:21 AM, the Infection Control Nurse (ICN) indicated vendors and employees were screened for temperature and signs and symptoms of COVID-19 by the Receptionist. The Charge Nurse performed the screening after office hours. The Nursing Daily Assignment was cross-referenced with the Coronavirus Self-Assessment forms filled-out by the employees. The document review revealed the following: On 04/26/2020, an LPN and two Certified Nursing Assistants (CNA) failed to perform the Coronavirus Self-Assessment. On 04/27/2020, an LPN failed to perform the Coronavirus Self-Assessment. On 04/28/2020 at 11:20 AM, the ICN indicated all employees were expected to follow the COVID-19 screening process and should be screened by the Charge Nurse prior to the start of their shift. The ICN confirmed the three employees failed to perform the Self-Assessment. The ICN indicated the LPN worked for another rehabilitation facility. The facility Emergency Procedure titled Pandemic Influenza, dated August 2012, documented residents, employees, contract employees, and visitors would be evaluated daily for symptoms. 2) N95 Mask Fit Testing: On 04/28/2020 at 8:00 AM, the Executive Director (ED) indicated the facility had prepared a COVID-19 unit for future presumptive and positive residents. The ED conveyed there would be designated employees for the unit. On 04/28/2020 at 9:00 AM, two CNAs indicated the facility had not performed a fit test for wearing the N95 masks. On 04/28/2020 at approximately 9:45 AM, the Executive Director (ED) was not aware the employees needed to be fit tested for N95 masks. The ED presented a box of N95 Particulate Respirator masks. The front of the box indicated a fit test was required per the National Institute for Occupational Safety and Health. The ED indicated the employees had not been fit tested for the N95 mask. On 04/28/2020 at 11:00 AM, the Infection Control Nurse presented two different boxes of N95 masks. One box documented respirator fitting instructions for the N95 Respirator Mask. The second box of N95 masks documented all approved respirators should be selected, fitted, used and maintained in accordance with Mine Safety and Health Administration, Occupational Safety and Health Administration, and other applicable regulations.		
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.