

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

PRINTED: 08/26/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/07/2020
NAME OF PROVIDER OR SUPPLIER ROYAL PLAZA HEALTH & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 2870 JUNIPER DRIVE LEWISTON, ID 83501		
(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	
E 000	<p>Initial Comments</p> <p>A COVID-19 Focused Emergency Preparedness Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on May 7 2020 at Royal Plaza Health and Rehabilitation</p> <p>The facility was found to be in substantial compliance with 42 CFR §483.73 related to E-0024 (b)(6).</p> <p>Facility Resident Census 37 . Resident sample 6</p> <p>The CMS Team: Barbara Daggy RN, Health and LSC surveyor</p> <p>Federal surveyors can be reached at: US Department of Health and Human Services Centers for Medicare and Medicaid Services 701 Fifth Avenue Suite 1600 Mailstop 400 Seattle, WA 98104 206.615.2313 206.615.2088 (Fax)</p>	E 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/10/2020

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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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on May 7, 2020 at Royal Plaza Health and Rehabilitation Center. The facility was not in substantial compliance with 42 CFR §483.80 infection control . Facility Resident Census 37. Resident sample 6. The CMS Team: Barbara Daggy RN, Health and LSC surveyor Federal surveyors can be reached at: US Department of Health and Human Services Centers for Medicare and Medicaid Services 701 Fifth Avenue Suite 1600 Mailstop 400 Seattle, WA 98104 206.615.2313 206.615.2088 (Fax)	F 000			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention	F 880		6/12/20	

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F 880	<p>Continued From page 1 and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed 	F 880			

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F 880	<p>Continued From page 2 by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to maintain transmission based precautions-droplet precautions during 1 of 4 observations of care. This failure potentially placed residents residing on Maple and Tamarac wings at risk for respiratory illness.</p> <p>Findings include;</p> <p>Observation of care on 5/7/2 at 10:26 AM revealed NAC1 prepared to enter R1's room. The resident room had signage on the door that indicated "special droplet precautions" were required to enter R1's room. NAC1 wore a facemask and correctly donned (put on) PPE (personal protective equipment) including gown, eye protection (goggles) and gloves. After providing care NAC1 removed the gown and gloves in the room. NAC1 exited R1's room wearing the goggles and a mask. NAC1 walked to the Maple Wing nurse station and asked Staff 3 for wipes. NAC1 said she wanted only the "red wipes." Staff 3 said the wipes should be in</p>	F 880	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice? There was no negative outcomes and no resident identified.</p> <p>How the facility will identify other residents having the potential to be a effected by the same deficient practice and what corrective action will be taken?</p> <p>The staff member was educated on the deficient practice verbally by facility ADON. Nurses and Staff education on proper EPA, sanitations, and policies. Divisional Director of Clinical did EPA education at facility on 5/9/20. Bleach is readily available for floor staff. Education for staff was conducted on the EPA approved cleaners for eyewear. The staff were educated on location and policy</p>		

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F 880	<p>Continued From page 3 central supply.</p> <p>NAC1 walked down the corridor to Tamarac nurse station carrying a clipboard and equipment to measure vital signs. NAC1 walked to the main nurse station and back to Tamarac nurse station. NAC1 finally located red wipes (germicidal wipes in a red topped container). NAC1 donned gloves and used the wipes to sanitize her goggles while she walked down the hall. NAC1 put the goggles back on, removed the gloves and sanitized her hands.</p> <p>On 5/7/20 at 11:27 AM NAC1 and NAC2 prepared to enter R1's room to provide care. NAC1 and NAC2 properly donned PPE to enter the room and properly doffed (removed) the appropriate PPE when exiting the room. NAC1 and NAC2 sanitized their goggles prior to exiting the room.</p> <p>During an interview on 5/7/20 at 11:50 AM was asked about the process to sanitize her goggles when she completed R1's care this AM at 11:26 AM. NAC1 said bleach wipes were available in R1's room to wipe down the goggles. NAC said she did not want to use bleach. NAC1 said the bleach wipes left a permanent haze or fog on the goggles and NAC1 wanted to keep them clear. When asked about walking through the facility before sanitizing the goggles. NAC1 acknowledged "Oh, yes I walked all over" and said she should have removed them at the room or used the bleach wipes. NAC1 said she was trained about PPE and isolation precautions and said she knew what to do but just did not think first.</p> <p>Review of admission records revealed R1 readmitted to the facility on 5/1/20 following a</p>	F 880	<p>and procedures.</p> <p>Random audits will be conducted by our facility Infection Control Nurse to ensure compliance with PPE wear and cleaning.</p> <p>Measures the facility will take or the systems it will alter to ensure that the problem does not reoccur.</p> <p>Random audits will be performed 1x per week times 4 week of PPE wear and sanitation.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not reoccur i.e. what quality assurance will be put in place?</p> <p>The Infection Perventionist will bring audits to QAPI for compliance and review. The ED and Infection Perventionist is responsible for oversight.</p>		

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F 880	<p>Continued From page 4</p> <p>hospitalization for non-COVID pneumonia with acute respiratory failure. R1 was placed on droplet precautions for a 14-day period following readmission to observe for potential signs or symptoms of COVID-19 infection.</p> <p>The observations and interview findings were shared with the ADON (Assistant Director of Nursing) and Infection Control nurse in an interview on 5/7/20 at 2:00 PM. The ADON said NAC1 told the ADON about searching for wipes with contaminated goggles on. The ADON said NAC1 should have sanitized the goggles before leaving R1's room. The ADON said she reviewed proper procedure with NAC 1.</p> <p>CDC droplet precautions per CDC website: Droplet Precautions. Everyone MUST: make sure their eyes, nose, and mouth are fully covered before room entry. Remove face protection before room exit.</p>	F 880		