

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:  <b>135141</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/11/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>TERRACES OF BOISE, THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5301 E WARM SPRINGS AVE BOISE, ID 83716</b>		
(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 &amp; Medicaid Services (CMS) Seattle on 5/7/20, 5/8/20 and 5/11/20. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6).</p> <p>Total residents: 23</p>	E 000			

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

TITLE

(X6) DATE

Electronically Signed

05/29/2020

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) Seattle on 5/7/20, 5/8/20 and 5/11/20.  A deficiency was cited.  The survey sample, based on a resident census of 23 included 3 sampled residents and 1 unsampled resident.  The CMS Seattle team member was: Terry Aoki, RN  CMS Seattle federal surveyors can be reached at: US Department of Health and Human Services Centers for Medicare and Medicaid Services 701 Fifth Avenue Suite 1600 Region 10, 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	F 880		6/12/20	

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F 880	<p>Continued From page 1 program.</p> <p>The facility must establish an infection prevention 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> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>contact will transmit the disease; and (vi)The hand hygiene procedures to be followed 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 an infection prevention and control program designed to provide a safe and sanitary environment to prevent the development and transmission of communicable diseases and infections when the facility failed to ensure manufacturer's instructions for products used for cleaning and disinfection was followed for 1 of 1 sampled resident (R) (R2) observed for durable medical equipment cleaning and 1 of 1 (R4) unsampled resident room cleaning/disinfection of high-touch items observed. In addition, the facility failed to perform hand hygiene between glove changes for 1 of 1 (R3) sampled resident observed for blood glucose and insulin administration. These failures have the potential for spreading infection in the facility.</p> <p>Findings include:</p>	F 880	<p>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>F880</p> <p>This requirement was not met as evidenced by the determination that the facility failed to ensure that manufacturer's instructions for products used for cleaning and disinfection of durable medical equipment cleaning and resident room cleaning/disinfection of high touch items &amp; facility failed to perform hand hygiene between glove changes.</p>		

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F 880	<p>Continued From page 3</p> <p>*Cleaning of durable medical equipment Observation on 5/7/20 at 8:10 AM showed Certified Nursing Aide (CNA)1 and Licensed Nurse (LN)1 assisting R2 with transfer out of bed with sit-to-stand equipment (durable medical equipment to assist resident from moving from sitting to standing position). A strap was placed behind R2's back while R2's left hand was holding handles of sit-to-stand device. R2 stood up and was then moved to the bathroom in his room. Occupational therapist (OT)1 joined CNA1 in providing assistance. After completing toileting, R2 held onto sit-to-stand while OT1 and CNA1 provided assistance to transfer resident to his wheelchair. CNA1 moved sit-to-stand out of resident's room.</p> <p>Record review of Medication Administration Record (MAR) and progress notes showed R1 was admitted to the facility on 10/23/19 with diagnosis including lewy body dementia. R1 did not have COVID-19 diagnosis.</p> <p>During concurrent record review and interview on 5/7/20 at 11:30 AM when asked about cleaning of sit-to-stand after use by R2, CNA1 stated that he wiped sit-to-stand with purple top sani-wipes. CNA1 stated that sit-to-stand is used by multiple residents and was used by other residents after use by R2. When asked how long sit-to-stand stayed wet with purple top sani-wipes, CNA1 frowned and said he wiped down the sit-to-stand handles but didn't know about needing to keep the device wet for any period of time. CNA1 and surveyor reviewed PDI Super Sani-Cloth Germicidal Disposable wipe (purple top) label which showed "To disinfect and deodorize: "unfold a clean wipe and thoroughly wet surface. Allow treated surface to remain wet for a full two (2) minutes. Let air dry." CNA1 stated "Ok, I didn't know. Will keep wet for two minutes next time."</p>	F 880	<p>1.) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>All residents are at risk for being affected by the deficient practice. One resident was actually effected by this deficiency. Unable to go back and correct the deficient practice.</p> <p>2.) How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;</p> <p>Nursing and Housekeeping staff were reeducated regarding:</p> <ul style="list-style-type: none"> <li>• Infection control policies and procedures regarding cleaning/disinfecting chemical use, and chemical dwell time on durable medical equipment such as Blood Glucose monitoring equipment and resident lift/transfer equipment.</li> <li>• Handwashing: specifically related to resident cares/direct contact and after doffing gloves.</li> </ul> <p>3.) What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not</p>		

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F 880	<p>Continued From page 4</p> <p>Facility policy, "Cleaning and disinfection of reusable medical equipment", undated, showed "In accordance with existing Infection Control Prevention Policies and Procedures. The Terraces of Boise will implement and maintain process to ensure all non-critical, reusable patient medical equipment is routinely cleaned before and after use ....H. Steps for cleaning: 1. Follow manufacturers recommendations for cleaning ...3. Follow product disinfectant recommendations."</p> <p>During interview on 5/7/20 at 12:45 with Director of Nursing (DON), Infection Preventionist (IP) and Administrator, when asked if staff should be following manufacturer's instructions for contact time for cleaning and disinfecting sit-to-stand equipment, DON stated "yes". When asked if staff training included contact time, DON and IP stated that they were unsure because both had only been at the facility for about a month but contact time should have been covered.</p> <p>*Hand hygiene between glove changes Observation on 5/7/20 at 11:05 AM showed LN1 measure R3's blood sugar with glucometer. LN1 removed R3's personal glucometer from resident's cabinet in room. With gloved hands, LN1 pricked resident's finger with lancet and moved glucometer with strip inserted to resident's finger to place drop of blood on strip. After blood sugar reading obtained, LN1 wrapped strip in gloves, doffed and discarded gloves. Without performing hand hygiene, LN1 donned new gloves and cleaned glucometer with purple top sani-cloth disinfecting wipes. LN1 doffed gloves. LN1 prepared insulin to administer. Without performing hand hygiene, LN1 donned gloves and administered insulin and then doffed gloves and washed her hands.</p>	F 880	<p>recur.</p> <p>Staff were reeducated before 6/12/2020 by DON or designee to the above. Infection Control education will be done no less than twice a year to include the above.</p> <p>4.) Indicate how the corrective action(s) will be monitored to ensure the corrective action(s) are effective and compliance is sustained will not recur.</p> <p>Beginning the week of 6/8/2020 the IDT will complete rounds to audit Infection control policies and procedures regarding use of cleaning/disinfecting chemicals to clean DME, chemical dwell times and appropriate hand washing related to resident direct contact and after doffing gloves. Rounds will be completed 5 times weekly for 2 weeks, then 2 times weekly for 4 weeks. Identified concerns from audits will be corrected at the time identified, as possible, and appropriate staff education will be provided as indicated. Results of the rounds will be presented in the facility QAPI meeting monthly for three months. Any identified negative trends will be addressed through system modification and staff education as appropriate.</p> <p>5.) Date Corrective action will be completed: June 12, 2020</p>		

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F 880	<p>Continued From page 5</p> <p>During an interview on 5/7/20 at about 11:15 AM when asked how many times gloves were changed during glucometer check and insulin administration, LN1 stated, "several times". When asked how many times LN1 performed hand hygiene for the aforementioned tasks, LN1 stated, "oh, I should have done hand hygiene more than I did. I should have washed my hands after changing my gloves."</p> <p>Record review of Medication Administration Record (MAR) and progress notes showed R3 was admitted to the facility on 1/15/20 with diagnosis including diabetes.</p> <p>Facility policy, "Hand Hygiene-CDC Guidelines", undated, showed "to provide guidelines for effective hand hygiene, in order to prevent the transmission of bacteria, germs and infections" ...."all staff will use the hand-hygiene techniques ...always after removing gloves ....."</p> <p>During interview on 5/7/20 at 12:45 with Director of Nursing (DON), Infection Preventionist (IP) and Administrator, when asked about hand hygiene between glove changes, DON stated that hand hygiene should be done between glove changes.</p> <p>*Cleaning of high-touch items in resident's room Observation on 5/7/20 at 10:20 showed Housekeeper (HSPK)1 in R4's room. HSKP1 sprayed liquid from container labeled Turbo DC spray onto the cloth and then wiped down the door handles in R4's room. HSKP1 continued this same task of spraying and wiping down with other items in R4's room including cupboard, sink counter, walker surfaces, remote control, over bed table, phone, bedside table, bed control. HSKP1 moved from one item to the next within</p>	F 880			

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F 880	<p>Continued From page 6 seconds of each other. Record review of Medication Administration Record (MAR) and progress notes showed R4 did not have COVID-19. R4 was not on transmission based precautions.</p> <p>Review of Turbo DC spray showed EPA (Environmental Protection Agency) registration number of 10324-93.</p> <p>Review of EPA's List N: Disinfectants for Use Against SARS-CoV-2 (Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is the strain of coronavirus that causes coronavirus disease 2019 (COVID-19), a respiratory illness) showed EPA registration number 10324-93 was effective against the human coronavirus and directed users to follow the disinfection directions and preparation which had a contact time of 10 minutes.</p> <p>During an interview on 5/8/20 at 9:50 AM Housekeeping supervisor stated that Clorox fusion should be used for cleaning and disinfecting high-touch points in the room. Fusion should be sprayed, let it sit there for 30 seconds. When asked how long Turbo DC spray needed to sit for, Housekeeping supervisor stated, "10 minutes". When informed of observation of HSPK1 using Turbo DC spray for cleaning/disinfecting high-touch items in resident's room, Housekeeping supervisor stated that shouldn't have been done because without adequate contact time, the items were not properly cleaned/disinfected. Housekeeping supervisor stated that training informing housekeepers of required contact time was done recently.</p>	F 880			

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F 880	Continued From page 7 Review of facility policy, "Cleaning Resident Rooms/Apartments/Houses," dated 3/2020, showed "damp wipe all high touch areas, all flat surfaces, bedside tables, telephone, coffee table, chairs, stools, ledges, light switches, lamps and spots on walls or cabinets, and door knobs with a hospital-approved germicidal solution." The policy did not show information about contact time.	F 880			