

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: 135077	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/14/2020
NAME OF PROVIDER OR SUPPLIER AVAMERE TRANSITIONAL CARE & REHAB - BOISE			STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH HILTON STREET BOISE, ID 83705		
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E 000	<p>Initial Comments</p> <p>A COVID-19 Focused Emergency Preparedness Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) Seattle on May 5, 2020 to May 6, 2020. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6).</p> <p>Total residents: 48</p>	E 000			

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

TITLE

(X6) DATE

Electronically Signed

05/20/2020

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	<p>INITIAL COMMENTS</p> <p>A COVID-19 Focused Infection Control Survey and complaint investigation (ID00008443) was conducted by the Centers for Medicare & Medicaid Services (CMS) Seattle onsite on 5/5/20, 5/6/20, and 5/8/20. Offsite record review was conducted on 5/12/20. The complaint was substantiated.</p> <p>A deficiency was cited.</p> <p>The survey sample, based on a resident census of 48, included 7 sampled residents, 4 non-sampled residents and 0 closed records.</p> <p>On 5/6/20 at 3:47 PM the Administrator, Director of Nursing (DON), Infection Preventionist Nurse (IP), and Corporate Nurse (CN) was informed of Immediate Jeopardy (IJ) determination for 42 CFR §483.80 (F880) and the IJ template was emailed on 5/6/20. The facility failed to properly prevent and/or contain COVID-19. COVID-19 unit (300 hall) had fans blowing throughout the unit and towards the non-COVID units, COVID unit did not have consistent staff assigned, staff did not properly re-don personal protective equipment (PPE) and this was not addressed in training or staff postings, and staff failed to properly clean and disinfect pulse oximeter after use on several residents on both COVID-19 and non COVID-19 units. These failures increased the likelihood for serious injury, serious harm, or death and required immediate action to prevent transmission of COVID-19 from positive and/or presumptive COVID-19 residents to negative COVID-19 residents and staff.</p> <p>On 5/8/20 at 3:05 PM the DON was informed it</p>	F 000			

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F 000	Continued From page 1 was determined the immediacy was removed based on onsite verification that IJ removal plan was implemented. The Administrator was not present in the facility. 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=K	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 and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents,	F 880		5/14/20	

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F 880	<p>Continued From page 2</p> <p>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 contact will transmit the disease; and</p> <p>(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>	F 880			

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F 880	<p>Continued From page 3</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 properly prevent and/or contain COVID-19. COVID-19 is an infectious disease by a new virus causing respiratory illness with symptoms of cough, fever, and in severe cases difficulty breathing that could result in severe impairment or death.</p> <p>The facility's COVID-19 unit (Hall 300) had fans blowing throughout the unit and towards the non-COVID-19 units (Hall 200 and Hall 100), COVID-19 unit did not have consistent staff assigned as evidenced by staffing schedule showing 12 staff members (Certified Nursing Assistant (CNA) 1, CNA2, CNA10, CNA13, CNA16, CNA26, CNA25, CNA27, Licensed Nurse (LN) 4, LN8, LN9, LN16) had worked on the COVID-19 unit and the next day worked on non-COVID-19 unit, including CNA2 who reported COVID-19 symptoms the day after working on COVID-19 unit and then non-COVID-19 unit and subsequently tested COVID-19 positive. In addition, 1 of 1 staff (CNA1) observed did not properly re-don personal protective equipment (PPE) and this was not addressed in staff training or postings, and 2 of 3 staff (CNA1 and CNA24) observed failed to properly clean and disinfect pulse oximeter after use on several residents on both COVID-19 and non COVID-19 units. In</p>	F 880	<p>1. All residents on 300 hall continue to be monitored for S/S of Coivid 19 every 4 hours. Fans on hallway removed. Staff Inservice related to proper re-donning of PPE once removed. Education and return demonstration provided prior to 1st shift working on 300 hall. Facility developed and implemented dedicated staffing plan. Any variation from this staffing plan due to events outside facility control (Staff call offs etc.) will be documented, and decision making process will reflect efforts taken by facility to cover these shifts. All clinical staff inservice related to disinfection of reusable DME, i.e wait time for keeping equipment wet per manufactures guidelines, utilizing protective barriers to prevent cross contamination etc. Facility to provide inservice related to use of proper supplies, i.e Blue top vs red top disinfection products.</p> <p>2. All residents continue to be monitored for S/S of Coivid 19 every shift . Staff Inservice related to proper re-donning of PPE once removed. Education and return demonstration provided prior to 1st shift working on 300 hall. Facility developed and implemented dedicated staffing plan.</p>		

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F 880	<p>Continued From page 4</p> <p>addition, the disinfectant used was not effective against emerging viral pathogens and human coronavirus.</p> <p>These failures increased the likelihood for serious injury, serious harm, or death and required immediate action to prevent transmission of COVID-19 from positive and/or presumptive COVID-19 residents to negative COVID-19 residents and staff. The facility census was 57; which included 18 known or presumed COVID-19 positive residents in Hall 300 COVID-19 unit and 2 known COVID-19 positive residents in non-COVID-19 units. This is in addition to 2 residents who died from COVID-19 and 4 current residents who were COVID-19 positive and since recovered. There were 15 staff who were COVID-19 positive and either returned to work or were still out and one staff member had COVID-19 symptoms with test results pending.</p> <p>On 5/6/20 at 3:47 PM the Administrator, Director of Nursing (DON), Infection Preventionist Nurse (IP), and Corporate Nurse (CN) was informed of Immediate Jeopardy (IJ) determination for 42 CFR §483.80 (F880) and the IJ template was emailed on 5/6/20.</p> <p>On 5/8/20 at 3:05 PM the DON was informed it was determined the immediacy was removed based on onsite verification that IJ removal plan was implemented. The Administrator was not present in the facility.</p> <p>Additionally,</p> <p>After using glucometer to check blood sugar for 1 of 2 blood sugar testing observations, staff did not use a barrier to protect used glucometer from</p>	F 880	<p>Any variation from this staffing plan due to events outside facility control (Staff call offs etc.) will be documented, and decision making process will reflect efforts taken by facility to cover these shifts. All clinical staff Inservice related to disinfection of reusable DME, i.e wait time for keeping equipment wet per manufactures guidelines, utilizing protective barriers to prevent cross contamination etc. Facility to provide Inservice related to use of proper supplies, i.e Blue top vs red top disinfection products.</p> <p>3. All clinical staff to receive education related to proper procedures for re-donning of PPE to ensure consistent infection control procedures. All clinical staff to receive education of proper wait time for disinfecting of DME, why it is important, and where to locate this information, as well as how to identify the proper selection of disinfectant as part of their new hire, and annual infection control information. Staff to provide documented return demonstration of these knowledge/skills. Facility has implemented new consistent staffing model in regard to infection control/out break guidelines. Facility will utilize this process, as well as documented decision making process utilizing new work flow form should facility need to deviate from staffing model d/t staff call offs.</p> <p>4. Facility to conduct audits related to the presence of fans on the 300 hall, re-donning of PPE consistent staffing, and proper cleaning of DME. Audits to be conducted daily x30, weekly x4, monthly</p>		

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F 880	<p>Continued From page 5</p> <p>contaminating non sampled resident (R) (R10)'s room environment.</p> <p>Findings include:</p> <p>Record review of Midnight Census Report showed the facility census was 48. 300 Hall Census Sheet, COVID-19 Resident and Staff Line Listing showed 18 known or presumed COVID-19 positive residents in Hall 300 COVID-19 unit and 2 known COVID-19 positive residents in non-COVID-19 Hall 100. This is in addition to 2 residents who died from COVID-19 and 4 current residents who were COVID-19 positive and since recovered. The majority of the residents had multiple room changes from Hall 100/200 to Hall 300 and sometimes back to Hall 100/200. There were 15 staff who were COVID-19 positive and either returned to work or were still out and one staff member had COVID-19 symptoms with test results pending.</p> <p>1. Fans in COVID-19 unit During an interview on 5/5/20 at 7:40 AM, LN23, who was also a Resident Care Manager (RCM), stated that Hall 300 was designated as a COVID-19 unit 2-3 weeks ago, with residents having mild to moderate COVID-19 symptoms in late March. All staff wear a gown, mask (either surgical mask or N95), eye protection, and gloves, enough PPE supplies are available, N95 masks are worn in Hall 300 since opening but N95 masks only started in Hall 100 and Hall 200 about a week ago.</p> <p>Observation on 5/5/20 at 7:50 AM showed facility was configured in a cross pattern, with Hall 200 at the top of the cross, conference room and kitchen</p>	F 880	<p>3. Audits to be reviewed at QAPI committee. Audits to be conducted by DNS or designee.</p>		

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F 880	<p>Continued From page 6</p> <p>at the bottom of the cross, Hall 100 on the left side of the cross and Hall 300 on the right side of the cross. The entry to Hall 300 had closed heavy metal doors and special droplet/contact transmission-based precaution signs on the doors. LN23 stated that anyone that entered Hall 300 could not go to other parts of the facility that same day. Two staff members, CNA1 and LN9, on Hall 300 wore eye protection, surgical mask, N95 mask, long gown, and gloves. It was notably hotter in Hall 300. Observed four fans blowing air in Hall 300; all four fans were facing COVID-19 Hall 300 entrance doors in the direction of non-COVID-19 Hall 100 and Hall 200 on the other side of the doors. Hall 300 had residents residing in rooms 305, 307, 309, 311, 313, 315 and 317 on the left side of the hall and rooms 310, 312, 314, and 316 on the right side of the hall. The room numbers became higher the further away from the entrance doors.</p> <p>Record review of 300 Hall Census Sheet and COVID-19 Resident Line Listing and observation showed on the left side of Hall 300 was:</p> <p>*Room 305: this was the first room closest to the entrance door. R6 and R7, both presumed COVID-19 positive, resided here. The room door was opened.</p> <p>*Room 307: R8 and R9, both COVID-19 positive, resided here. The room door was closed. A large standing fan, blowing in the direction of the entrance doors, was outside the room. The fan was about 15 feet from the Hall 300 entrance doors.</p> <p>*Room 309: R12, COVID-19 positive, resided here. The room door was open.</p> <p>*Room 311: R15, COVID-19 positive, resided here. The room door was open.</p> <p>*Room 313: R18, COVID-19 positive, resided</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>here. The room door was open.</p> <p>*Room 315: R20 and R21, both COVID-19 positive, resided here. The room door was closed.</p> <p>*Room 317: R24, COVID-19 negative but symptomatic on 4/27/20 and R25, COVID-19 negative but symptomatic on 4/28/20, resided here. The room door was open. A large standing fan, blowing in the direction of the entrance doors, was outside the room.</p> <p>On the right side of Hall 300 was:</p> <p>*Room 310: R13, COVID-19 positive, and R14, presumed COVID-19 positive, resided here. The room door was open.</p> <p>*Room 312: R16 and R17, both COVID-19 positive, resided here. The room door was open.</p> <p>*Room 314: R19, COVID-19 positive, resided here. The room door was closed. A commercial carpet drying fan, labeled Hawk air mover, was outside the room. Fan used for drying carpets; designed take dry air from above and direct it across the floor, working at high-velocity airflow rates.</p> <p>*Room 316: R22 and R23, both COVID-19 positive, resided here. The room door was opened. A large standing fan, blowing in the direction of the entrance doors, was outside the room.</p> <p>During concurrent observation and interview on 5/5/20 at about 8:00 AM, CNA1's face was flushed with perspiration on face and stated "it's very warm here" the building is old, built in the 50's. The fans have been here for three weeks, think it's very warm when the (Hall 300) doors are closed.</p> <p>Observation on 5/5/20 at about 8:00 AM showed</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>Hall 300 doors opened for about 5 minutes while staff transferred each meal tray into a meal cart that was already in Hall 300. 18 residents resided in Hall 300.</p> <p>Observation on 5/5/20 from 8:00 AM to 9:30 AM showed surveyor's hair blowing continuously, when standing near Room 313, from one or all three fans blowing forcible air located outside Room 314, Room 316 and Room 317. A table with masks, cleaning solutions, tissue boxes, papers and manila folders was located outside Social Services office across from Room 307 and 309. The manila folder and papers were observed flapping from the forcible air blown from fans. CNA1 moved large trash barrel lined with plastic bag down the hall, plastic bag was heard making a very loud crinkly noise and was observed moving vigorously when passing standing fans. CNA1 and LN9 was overheard stating how hot it was and observed wiping their foreheads which glistened and appeared wet.</p> <p>During a concurrent observation and interview on 5/5/20 at 8:35 AM in the social services office on Hall 300, DON stated that all residents on COVID-19 Hall 300 were known or presumed COVID-19 positive. DON further stated that the fans have been in place since COVID-19 Hall 300 opened on 4/16/20. When asked about concerns with fans blowing in COVID-19 Hall 300 and towards non-COVID Halls 100 and 200, DON stated that facility's regional team has seen the fans without any concerns. Surveyor pointed to the wall of social services office where multiple papers taped to the wall was observed to be moving and flapping around from the forcible air blown from the fans. When asked if DON saw papers flapping from the fans, DON nodded his</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>head in acknowledgment. DON stated that in March, Hall 300 was under construction and no residents resided here but facility was allowed to finish construction 7 days before 4/16/20 and opened Hall 300 as their dedicated COVID-19 unit on 4/16/20. Prior to 4/16/20, known or presumed positive COVID-19 residents resided on Halls 100 and 200 with transfer to Hall 300 on or after 4/16/20 when construction was completed.</p> <p>During an interview on 5/5/20 at 9:50 AM with DON and IP, IP stated that Hall 300 has a separate air handling system and fans are for staff comfort because it is too hot, especially with PPE.</p> <p>During an interview on 5/5/20 at 2:40 PM with Administrator, DON, and IP, Administrator stated that the building was built in 1974 and the windows and siding are old which makes it hot inside the building. Fans in Hall 300 are for staff and resident comfort and temperatures cannot be regulated in each resident room, each hall has its own runs and there is no co-mingling of air between runs.</p> <p>Observation on 5/5/20 at 3:15 PM showed two unknown staff members talking with Hall 300 doors opened. The doors were opened at least several minutes.</p> <p>Overheard over staff walkie system on 5/5/20 at 3:20 PM "move fans, can't be pointed towards fire door, needs to be pointed the other way."</p> <p>During concurrent record review and interview on 5/5/20 at 5:20 PM when asked about facility's policy, "Infection Prevention and Control Interim</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>Policy for Suspected or Confirmed Coronavirus (COVID-19)", dated 4/13/20, which showed, "a resident with known or suspected COVID-19, immediate infection and control measures will be put in place. Resident will be placed in an Airborne Infection Isolation Room (AIIR) that is constructed and maintained in accordance with current guidelinesIf no AIIR is available in the facility, the resident should be transferred as soon as possible to a facility with an AIIR. While awaiting transfer, place a facemask on the resident and place resident in a private room with the door closed, preferably not in a room where room exhaust is recirculated within the building without HEPA filtration ..." IP stated that the facility did not have any AIIRs, residents were offered transfer to facility with AIIRs, facility COVID-19 outbreak started on 3/30/20, and fans are not blowing far enough past Hall 300 doors and there is no direct bleed from Hall 300 to Hall 100/200.</p> <p>During concurrent observation and interview on 5/5/20 at 5:45PM showed Hall 300 fans were pointed away from Hall 300 entrance doors and towards exit. Surveyor and IP agreed and pointed fans towards Hall 300 entrance doors to conduct tissue test (rudimentary test where tissue is placed at the bottom of closed doors to assess pressure differences between two areas; tissue should move from positive to negative pressure). At about 6:00 PM, IP placed tissue at the bottom of closed doors and the tissue moved in the direction of the Hall 300; this indicated that air was not moving from Hall 300 to Halls 100/200, although sufficient time may not have been allowed to conduct tissue test.</p> <p>During interview on 5/6/20 at 7:05 AM Maintenance Director stated that at least one fan</p>	F 880			

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F 880	<p>Continued From page 11</p> <p>is usually blowing in Hall 300 and was unaware four fans were currently in use in Hall 300. Maintenance Director stated that the commercial carpet drying fan was from housekeeping and not Maintenance.</p> <p>During interview on 5/6/20 at 8:30 AM with Maintenance Director, Admission staff who used to work in Maintenance, DON, Administrator, Corporate Nurse, IP, and Idaho State survey team members including Life Safety surveyor, Survey Director and managers, Maintenance Director stated that the Hall 300 temperature measured 68 to 72.5 degrees Fahrenheit this morning, there's one thermostat in one room that controls temperature for the entire hall, observed four fans in Hall 300 this morning and the fans were pointed in all different directions; some were pointed towards the Hall 300 entrance doors and others were pointed towards the exit, the direction of the fans seemed to be based on where staff are standing, the fans are facing towards nursing carts, where nurses are standing at the cart, some are facing towards the corridor (Hall 300 entrance) and others facing towards the exit. Maintenance Director further stated that the heat was turned off and staff turned on and off the heat all the time. When asked if the air conditioner was on, Maintenance Director stated, "no, still in heat mode. Not an automated system." System needed to be manually put into a cool mode to drop the temperature. DON stated "it's very hot with all PPE on and that's why the fans are there."</p> <p>Review of temperature for Boise area on 5/5/20 showed a high temperature of 82 degrees Fahrenheit, accessed 5/14/20, https://w2.weather.gov/climate/getclimate.php?wf</p>	F 880			

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F 880	<p>Continued From page 12 o=boi.</p> <p>Record review of facility's policy, "Infection Prevention and Control Interim Policy for Suspected or Confirmed Coronavirus (COVID-19)", dated 4/13/20, showed, "it is the policy of this facility to minimize exposures to respiratory pathogens ...and adhere to Standard, Contact and Airborne Precautions ..."</p> <p>The Centers for Disease Control and Prevention (CDC)'s Guidelines for Environmental Infection Control in Health-Care Facilities, updated July 2019, accessed 5/14/20, https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html, showed airflow between two different areas such as rooms or hallways should be from clean-to-dirty airflow. The COVID-19 Hall 300 is considered dirty and the four fans blowing forced air towards the non-COVID-19 Hall 100 and Hall 200 was not aligned with the principle of clean-to-dirty airflow.</p> <p>CDC's Nursing Home Infection Preventionist Training Course Environmental Cleaning module, accessed 5/14/20, https://www.train.org/cdctrain/training_plan/3814, showed infection prevention principle of clean-to-dirty work flow to prevent contamination.</p> <p>State Operations Manual Appendix PP-Guidance to Surveyors for Long Term Care Facilities, revision 11/22/17, stated "if using fans in laundry processing areas, prevent cross-contamination of clean linens from air blowing from soiled processing areas (i.e., the ventilation should not flow from soiled processing areas to clean laundry areas)." This reference outlines basic infection prevention principle from clean-to-dirty</p>	F 880			

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F 880	<p>Continued From page 13 airflow direction to prevent contamination.</p> <p>CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings Mode of transmission, accessed 5/14/20, https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html, states "current data suggest person-to-person transmission most commonly happens during close exposure to a person infected with the virus that causes COVID-19, primarily via respiratory droplets produced when the infected person speaks, coughs, or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity. Transmission also might occur through contact with contaminated surfaces followed by self-delivery to the eyes, nose, or mouth. The contribution of small respirable particles, sometimes called aerosols or droplet nuclei, to close proximity transmission is currently uncertain."</p> <p>2. Consistent staff assigned to COVID unit</p> <p>Record review of facility's policy, "Infection Prevention and Control Interim Policy for Suspected or Confirmed Coronavirus (COVID-19)", dated 4/13/20, showed, "in the event of a facility outbreak when AIIR rooms are not available in the community, institute outbreak management protocols:7. Implement consistent assignment of employees". Policy attachment, "COVID-19 Proactive Preparation Planning" showed ...10. Review and identify staff deployment (i.e. consistent assignment)".</p>	F 880			

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F 880	<p>Continued From page 14</p> <p>CDC's Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, accessed 5/14/20, https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html, showed "Dedicate Space in the Facility to Monitor and Care for Residents with COVID-19: dedicate space in the facility to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19. Assign dedicated HCP to work only in this area of the facility." In addition, "HCP (health care professionals) continue to be sources of introduction of COVID-19 into nursing homes ... Recent experience with outbreaks in nursing homes has also reinforced that residents with COVID-19 may not report typical symptoms such as fever or respiratory symptoms; some may not report any symptoms. Unrecognized asymptomatic and pre-symptomatic infections likely contribute to transmission in these settings."</p> <p>During an interview on 5/5/20 at 8:35 AM DON stated that staff who work on Hall 300 have to leave the facility and are not allowed in other parts of the building until the next day. Staff can work on the Hall 300 on one day and work Hall 100 or Hall 200 the next day. Staff can work on the Hall 100/200 and then work on Hall 300 on the same day but cannot work on Hall 300 and then work on Hall 100/200 on the same day. The general rule is when you come to Hall 300 you leave from Hall 300 and don't re-enter the building.</p>	F 880			

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F 880	<p>Continued From page 15</p> <p>During an interview on 5/5/20 at 9:50 AM IP stated that staff who work on Hall 300 can work on Hall 100 or Hall 200 the next day as long as staff passes screening at the start of their shift.</p> <p>During an interview on 5/6/20 at about 7:45 AM CNA24 stated she works where she is assigned; there is no specific staff assigned to Hall 300. She stated she worked Hall 100 yesterday for 8 hours and then worked Hall 300 for 4 hours.</p> <p>During an interview on 5/6/20 at 9:05 AM IP stated that CNA26 was first staff member with COVID-19 symptoms on 3/24/20 and then on 3/31/20 R2 was the first resident with COVID-19 symptoms. Subsequently, multiple residents and staff had COVID-19 symptoms, several residents and staff were COVID-19 positive. IP stated that several residents continued to go out to appointments as well as out in the community. IP stated that facility recommended residents not going out into the community and practice social distancing but these were elements outside their control. Staff were also lax in infection control and prevention and were counseled and re-educated. IP stated that CNA26 was patient zero. Initially, the facility didn't have PPE, used cloth masks when Hall 300 COVID-19 unit opened on 4/16/20 as couldn't get surgical face masks or N95 masks despite calling several community and government entities.</p> <p>Record review of COVID-19 Resident and Staff Line Listing and R2's progress notes showed CNA26 was ill at work on 3/24/20 and was sent home for self-monitoring. CNA26 had a cough and reported direct exposure to known COVID-19 positive person, date of exposure was not</p>	F 880			

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F 880	<p>Continued From page 16 documented. CNA26 tested positive for COVID-19 on 4/2/20. On 3/31/20, R2, who resided on Hall 200, had fever and low oxygen saturation levels with suspected COVID-19. On 4/1/20, R2 was transferred to the hospital and tested positive for COVID-19 on 4/1/20. R2 was intubated in the ICU, recovered and readmitted to facility on 4/7/20.</p> <p>Record review of Daily Staffing Sheet showed CNA26 was assigned to work as a restorative nursing aide (March 16, 22, 23, 24, 2020) as well as Hall 100 (March 17 and 18, 2020).</p> <p>During an interview on 5/6/20 at 10:00 AM Staffing Coordinator (SC) stated that he schedules staff and makes staffing assignments. When asked how staff assignments are made, SC stated use of new software program based on a template. When asked if there are any parameters or guidelines for scheduling staff on Hall 300, SC stated that he tries first to use a list of staff who have volunteered to work on Hall 300 and also refers to list of staff who requested not to work on Hall 300. SC stated that we try to keep consistent staffing best we can but we had a lot of people out. "We use whoever we can find." When asked if a staff could work on Hall 300 on Monday and then Hall 200 on Tuesday, SC stated, "I don't see why we wouldn't allow that." Maybe staff want to work on another hall, not burn them out. Once staff goes into Hall 300, they can't come back out through the building, but if they go home after their shift, they can work any hall the next day.</p> <p>During concurrent record review and interview on 5/6/20 at 11:55 AM with DON, IP, Corporate Nurse, MDS Coordinator, facility policy, "Infection Prevention and Control Interim Policy for</p>	F 880			

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F 880	Continued From page 17 Suspected or Confirmed Coronavirus (COVID-19)", dated 4/13/20, was reviewed which showed, "in the event of a facility outbreak when AIIR rooms are not available in the community, institute outbreak management protocols:7. Implement consistent assignment of employees". DON and IP nodded their heads and stated consistent assignment of staff is achieved by asking which staff are willing and unwilling to work on Hall 300 and try to keep staff consistent to the best of their ability, which is especially difficult with staff being out. DON stated that nursing leadership has all worked the floors recently to supplement staffing. DON further stated that think we do 90% consistent staffing, if staff work on Hall 300 they only work on Hall 300 and only time we pull someone off is when we have a crisis. We want consistent staffing in Hall 300 to prevent staff from spreading COVID-19. IP stated our staffing requires staff to work Hall 300 and then have 16 hours in between and then come back next calendar day. We haven't done that, instead staff who work Hall 300 have two day break and then return to work and then they are allowed to work Hall 100/200, this gives time for symptoms to develop after working Hall 300. When asked how facility defines consistent assignment of employees or consistent staffing as outlined in their policy and if CMS Guide to Improving Nursing Home Employee Satisfaction which references Pioneer Network's definition of consistent assignment (sometimes called primary or permanent assignment) that refers to the same caregivers (RNs, LPNs, CNAs) consistently caring for the same residents almost (80% of their shifts) every time they are on duty is used, DON, IP, Corporate Nurse nodded their heads and said yes that meets the intent of their policy. When asked if use of consistent staffing helps	F 880			

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F 880	<p>Continued From page 18</p> <p>ensures staff are familiar with the resident to identify subtle changes of conditions with COVID-19 symptoms, IP stated, "yes" and also staff could be vector for transmitting COVID-19 when staff work on COVID-19 Hall 300 on one day and Hall 100/200 the next day. When asked how facility addresses pre-symptomatic or asymptomatic COVID-19 amongst staff, for which daily staff screening of assessing temperature and symptoms would not detect, IP stated that consistent staffing is to the best of our ability, we can't see if there are no symptoms.</p> <p>*LN9 Observation on 5/5/20 between 7:50 AM and 12:45 PM showed LN9 on COVID-19 Hall 300 administering medications, checking blood sugars and transferring resident with hooyer lift with CNA1. LN9 was the only LN working on the COVID-19 Hall 300.</p> <p>Concurrent observation and interview on 5/6/20 at 7:45 AM showed LN9 on non-COVID-19 Hall 100 administering medications. LN9 stated that she worked on the COVID-19 Hall 300 yesterday and was working on the non-COVID Hall 100 today.</p> <p>Record review of Daily Staffing Sheet for 4/16/20 (start date for Hall 300) to 5/6/20 showed LN9 worked Hall 300 on 5/5/20 and the following day, 5/6/20, worked on Hall 100.</p> <p>*CNA1 Observation on 5/5/20 between 7:50 AM and 12:45 PM showed CNA1 on COVID-19 Hall 300 providing cares.</p> <p>During an interview on 5/5/20 at 9:30 AM CNA1 stated that she works solely on Hall 300 since</p>	F 880			

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F 880	<p>Continued From page 19</p> <p>Hall 300 was opened as a COVID-19 unit. CNA1 mentioned two CNAS work Hall 300 on her days off.</p> <p>Record review of Daily Staffing Sheet for 4/16/20 (start date for Hall 300) to 5/6/20 showed CNA1 worked Hall 300 on 5/3/20 and the following day, 5/4/20, worked on Hall 200.</p> <p>*CNA2 Record review of Daily Staffing Sheet for 4/16/20 (start date for Hall 300) to 5/6/20 showed CNA2 worked Hall 300 on 4/19/20 and the following day, 4/20/20, worked on Hall 200.</p> <p>Record review of COVID-19 Staff Line Listing showed CNA2 had COVID symptoms, date of suspected illness, on 4/21/20, the day after working on Hall 300 and then working on Hall 200. On 4/22/20, CNA2 reported she had a sore throat 3 days ago (4/19/20-4/22/20) and was tested on 4/21/20 for COVID-19. Test results on 4/24/20 showed CNA2 was COVID-19 positive.</p> <p>*CNA10 Record review of Daily Staffing Sheet for 4/16/20 (start date for Hall 300) to 5/6/20 showed CNA10 worked Hall 300 on 4/28/20 and the following day, 4/29/20, worked on Hall 200/100. CNA10 again worked Hall 300 on 5/5/20 and the following day, 5/6/20, worked on Hall 100.</p> <p>*CNA13 Record review of Daily Staffing Sheet for 4/16/20 (start date for Hall 300) to 5/6/20 showed CNA13 worked Hall 300 on 4/17/20 and the following day, 4/18/20, worked on Hall 200. CNA13 again worked Hall 300 on 4/22/20 and the following day, 4/23/20, worked on Hall 100.</p>	F 880			

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F 880	Continued From page 20 *CNA16 Record review of Daily Staffing Sheet for 4/16/20 (start date for Hall 300) to 5/6/20 showed CNA16 worked Hall 300 on 4/30/20 and the following day, 5/1/20, worked on Hall 100. CNA16 again worked Hall 300 on 5/2/20 and the following day, 5/3/20, worked on Hall 100. *CNA20 Record review of Daily Staffing Sheet for 4/16/20 (start date for Hall 300) to 5/6/20 showed CNA26 worked Hall 300 on 5/4/20 and the following day, 5/5/20, worked on Hall 100/200. *CNA25 Record review of Daily Staffing Sheet for 4/16/20 (start date for Hall 300) to 5/6/20 showed CNA25 worked Hall 300 on 4/28/20 and the following day, 4/29/20, worked on Hall 200. *CNA27 Record review of Daily Staffing Sheet for 4/16/20 (start date for Hall 300) to 5/6/20 showed CNA27 worked Hall 300 on 4/16/20 and the following day, 4/17/20, worked on Hall 100. *LN4 Record review of Daily Staffing Sheet for 4/16/20 (start date for Hall 300) to 5/6/20 showed LN4 worked Hall 300 on 4/16/20 and the following day, 4/17/20, worked on Hall 100/200. *LN8 Record review of Daily Staffing Sheet for 4/16/20 (start date for Hall 300) to 5/6/20 showed LN8 worked Hall 300 on 4/25/20 and the following day, 4/26/20, worked on Hall 100/200.	F 880			

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F 880	<p>Continued From page 21</p> <p>*LN16 Record review of Daily Staffing Sheet for 4/16/20 (start date for Hall 300) to 5/6/20 showeLN16 worked Hall 300 on 4/24/20 and the following day, 4/25/20, worked on Hall 100.</p> <p>3. Re-donning PPE</p> <p>Record review of facility's policy, "Infection Prevention and Control Interim Policy for Suspected or Confirmed Coronavirus (COVID-19)", dated 4/13/20, showed, "it is the policy of this facility to minimize exposures to respiratory pathogens ...and adhere to Standard, Contact and Airborne Precautions" Policy attachment, "COVID-19 Proactive Preparation Planning" showed ...12. Re-train all employees on Infection Prevention and Control: hand hygiene, PPE"</p> <p>Observation on 5/5/20 between 7:50 AM and 12:45 PM showed CNA1 on COVID-19 Hall 300 providing cares wearing long lab coat/gown surgical mask, N95 mask and eye protection.</p> <p>Observation on 5/5/20 at 12:45 showed CNA1 returning from break and re-donning PPE in the COVID-19 changing 318 room. With bare hands, CNA1 donned previously worn long lab coat/gown with buttons present on the length of the gown. CNA1 placed one arm into the lab coat/gown and then placed the other arm through and then fastened each button. CNA1 then placed walkie talkie ear piece around ear, donned previously worn N95 mask, surgical face mask and eye protection. CNA1 touched multiple surfaces of the masks and eye protection. Hand hygiene with hand sanitizer was observed after all PPE was donned. However, no hand hygiene was</p>	F 880			

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F 880	<p>Continued From page 22</p> <p>observed after donning previously worn, and therefore contaminated, lab coat/gown before touching ear piece, masks and eye protection.</p> <p>During concurrent observation, interview and record review on 5/5/20 at 2:35 PM when asked how staff should re-don PPE after returning from a break during their shift, IP stated staff should wear gloves or do hand hygiene to prevent contaminating themselves or their PPE. When informed that staff was using bare hands to re-don PPE and did not perform hand hygiene after touching contaminated gown and before touching multiple surfaces of masks and eye protection, IP stated that staff were re-educated on donning/doffing PPE but additional education is needed. Surveyor and IP reviewed inservice, "Donning and Doffing Protected PPE", dated 4/2/20, that was posted outside COVID-19 Hall 300 which showed "how to remove a gown for reuse: while wearing clean gloves, carefully untie the gown and remove it" The inservice also had a infographic with basic overview of how to safely don and doff PPE equipment, however the inservice did not cover the process for re-donning which staff did daily after breaks because of extended and reuse of PPE. IP stated that education and posters for donning and doffing did not cover re-donning process and that will need to be addressed.</p> <p>Record review of "PPE In-Service for Clinical Staff", dated 4/20/20, presented by DON showed "300 Hall is our COVID-19 Unit. While on this hall staff are to wear a gown, gloves, face shield or goggles, N95 mask and surgical mask over the N95we have cloth, reusable and washable, gowns to sue and disposable ones. You can choose to wear either oneOnce you [sic] shift</p>	F 880			

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F 880	<p>Continued From page 23</p> <p>is over you go into room 318 and change out of your PPE, observing correct donning and doffing procedures for reusable and disposable PPE"</p> <p>4. Cleaning and disinfection of reusable medical equipment</p> <p>Observation on 5/5/20 at 12:20 PM showed CNA1 on COVID-19 Hall 300 taking R12's temperature and oxygen saturation with pulse oximeter. CNA1 wiped pulse oximeter with Microkill Plus (red top) sani-cloth wipes, performed hand hygiene and then entered R8's room. Two minutes did not lapse between exiting R12's room and entering R8's room. CNA1 took R8's temperature and oxygen saturation with pulse oximeter. CNA1 wiped pulse oximeter with Microkill sani-cloth wipes, performed hand hygiene and 20 seconds after took R9's temperature and oxygen saturation. CNA1 wiped pulse oximeter with Microkill sani-cloth wipes, performed hand hygiene and 10 seconds later entered R6's room and proceeded to take R6's temperature and oxygen saturation using the process above. 40 seconds was time between wiping pulse oximeter and using it on R7. After taking R7's pulse and oxygen saturation, CNA1 wiped pulse oximeter. After pulse oximeter was used on R7, the pulse oximeter was not observed to be wet for 2 minutes.</p> <p>During an interview on 5/5/20 at 12:40 when asked about the contact time for sani-wipes used, CNA1 was not aware of a contact time. CNA1 stated that she thinks the pulse oximeter is wet for about 15 to 30 seconds. LN9 joined the conversation and stated that there's a dwell time. Surveyor, CNA1 and LN9 reviewed sani-wipe container label and LN9 stated, "These say 2 minutes". LN9 further stated that there's a dwell</p>	F 880			

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F 880	<p>Continued From page 24</p> <p>time and sometimes you need to use multiple wipes to keep it wet. CNA1 stated "I didn't know I had to keep it wet for a period of time."</p> <p>Review of Micro-kill plus (red top) label showed to disinfect hard, non-porous surfaces, thoroughly wet the surface to be treated. Treated surface must remain visibly wet for two minutes.</p> <p>Observation on 5/6/20 at about 7:10 AM showed CNA24 on Hall 100 taking R11's blood pressure using BP cuff, temperature with scan thermometer, and oxygen saturation with pulse oximeter. After taking oxygen saturation, CNA24 wiped pulse oximeter with Microkill Plus (red top) sani-cloth wipes for 40 seconds and then BP cuff for about 40 seconds. CNA24 and another staff assisted resident with repositioning, CNA24 performed hand hygiene and then entered R3's room. R3's room had droplet precautions sign and PPE on room door. CNA24 stated that she needed to check if R3 was wet and closed R3's room door. After a few minutes, CNA24 opened R3's door and was observed wiping pulse oximeter with sani-cloth wipes. Surveyor touched pulse oximeter one minute after CNA24 wiped pulse oximeter and the pulse oximeter was dry.</p> <p>During interview on 5/6/20 at 7:35 AM CNA24 stated that the pulse oximeter was ready for use on other residents because she had cleaned it after use. CNA24 stated that she wiped inside and outside of the pulse oximeter because the resident's finger touched there. When asked how long she keeps pulse oximeter wet with sani-cloths used, CNA24 stated that she doesn't keep it wet for a certain period of time, "just wipe it." CNA24 was not aware that cleaning and disinfection of pulse oximeter required a certain</p>	F 880			

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F 880	<p>Continued From page 25 contact time with disinfecting wipes.</p> <p>Record review of COVID-19 Resident Line Listing and R3s progress notes, on 5/11/20 showed R3 tested COVID-19 positive on 4/9/20. On 4/17/20 R3 was removed from droplet precautions because she was considered recovered from COVID-19. On 4/28/20, R3 was placed back on droplet precautions because of diarrhea and low grade fever with questions if R3 was again showing COVID-19 symptoms.</p> <p>During an interview on 5/6/20 at 9:05 AM IP stated that reusable medical equipment should be cleaned and disinfected according to disinfectant manufacturer's instructions.</p> <p>Record review of Environmental Protection Agency (EPA) N-list, https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2, accessed 5/14/20, showed Medline Microkill plus (red top) (EPA registration number: 59894-10) was not listed as a product with emerging viral pathogens and human coronavirus claims 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).</p> <p>CDC's Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, accessed 5/14/20, https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html, showed "Environmental Cleaning and Disinfection: Develop a schedule for regular cleaning and</p>	F 880			

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F 880	<p>Continued From page 26</p> <p>disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas; Ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.</p> <p>During an interview on 5/14/20 at 11:25 AM DON confirmed EPA registration number for Microkill Plus (red top) sani-cloth. When informed that Microkill Plus is not on EPA N-list as a product effective against emerging viral pathogens and human coronavirus, DON stated the facility switched disinfectant products this week "probably yesterday" when corporate said something. DON stated that he finalizing switching out to Microkill with bleach (EPA 37549-1) today. Record review with EPA N list confirms Microkill with bleach product is listed for emerging viral pathogens and human coronavirus.</p> <p>Facility policy, "Cleaning and Disinfection of Resident-Care Items and Equipment," dated October 2009, showed reusable items are cleaned and disinfected between residents. Reusable resident care equipment will be decontaminated and/or sterilized between residents according to manufacturer's instructions.</p> <p>5. Protective barrier for used glucometer</p> <p>During concurrent observation and interview on 5/5/20 at about 5:00 PM showed LN20 checking R10's blood sugar. LN20 placed paper towel on</p>	F 880			

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F 880	<p>Continued From page 27</p> <p>R10's over bed table, then placed glucometer with strip inserted, lancet, gauze and alcohol pad on the paper towel. With gloved hands, LN20 swabbed and pricked resident's finger and brought glucometer with strip inserted to resident's finger and placed blood on strip. After reading blood sugar and wiping resident's finger, LN20 gather paper towel, lancet and gauze with glove, removed and discarded gloves. At resident's room hand sink, LN20 washed hands and placed glucometer, just used to check resident's blood sugar, on sink counter. After washing hands, LN20 exited room and wiped glucometer with sani-cloth wipes. When asked about placing used glucometer on resident's hand sink, LN20 stated, "I should have placed glucometer on new paper towel to protect sink from blood splatters and COVID".</p> <p>During an interview on 5/6/20 at 9:05 AM IP stated that resident's environment should be protected from used medical equipment before it is cleaned and disinfected.</p> <p>Facility policy, "Obtaining a Fingerstick Glucose Level," dated December 2011, did not direct staff to ensure barrier was used to protect glucometer from resident's room environment.</p> <p>The Centers for Disease Control and Prevention (CDC)'s Guidelines for Environmental Infection Control in Health-Care Facilities, updated July 2019, accessed 5/14/20, https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html, showed "Recommendations-Environmental Services ...Cleaning and Disinfecting Strategies for Environmental Surfaces in Patient-Care Areas," " ...use barrier protective coverings as appropriate</p>	F 880			

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F 880	<p>Continued From page 28 for noncritical equipment surfaces that are touched frequently with gloved hands during the delivery of patient care; likely to become contaminated with blood or body substances"</p> <p>On 5/8/20 at 3:05 PM the DON was informed it was determined the immediacy was removed based on onsite verification that IJ removal plan was implemented. The Administrator was not present in the facility.</p> <p>IJ removal plan included: *All Fans will be taken down on the COVID unit in the Hallway. The only fan that has been approved is a smaller desk fan in the Social Services/Nurse Charting room.</p> <p>*All Staff will be educated through an in-service and with return demonstration prior to their next shift on appropriately donning re-donning and doffing PPE.</p> <p>*A dedicated staffing plan will be put in place with a list of staff and what halls they work. When staffing halls for upcoming shifts we will abide by this staffing model and if unable to fill shift will show the process through documentation of our effort to obtain consistent staffing.</p> <p>*All clinical staff will be educated on the process of disinfecting reusable equipment like a Pulse Oximeter through in-services and return demonstrations prior to their next shift. Staff will be educated on proper wait time for disinfectant and why this is important.</p> <p>In addition, interview with DON on 5/14/20 confirmed only disinfectant on EPA N list for</p>	F 880			

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F 880	Continued From page 29 emerging viral pathogens and human coronavirus will be used for disinfecting reusable medical equipment.	F 880			