

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

PRINTED: 08/27/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2020
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NAME OF PROVIDER OR SUPPLIER BOUNDARY COUNTY NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6640 KANIKSU STREET BONNERS FERRY, ID 83805
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(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
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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) on May 21 2020 at Boundary County Nursing Home</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 22 . Resident sample 7</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		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/16/2020
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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 was conducted by the Centers for Medicare & Medicaid Services (CMS) on May 21, 2020 at Boundary County Nursing Home.</p> <p>The facility was not in substantial compliance with 42 CFR §483.80 infection prevention and control and has not fully implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices regarding handwashing to prepare for COVID-19.</p> <p>Facility Resident Census 22. Resident sample 7.</p> <p>The CMS Team: Barbara Dagg 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>	F 000			
F 880 SS=E	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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</p>	F 880		6/16/20	

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F 880	<p>Continued From page 1 diseases and infections.</p> <p>§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:</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 	F 880			

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F 880	<p>Continued From page 2</p> <p>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 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 develop and consistently implement infection control policy and procedures in accordance with CDC guidelines for hand washing to prevent the spread of infectious disease from one resident or staff member to another person in the facility.</p> <p>Findings include;</p> <p>1. The lunch meal was observed on 5/21/20 from 12:02 PM until 12:35 PM. The meal was served from a steam table in a very large dining room. All staff wore face masks. Most residents wore face masks and removed them only to eat. Staff brought residents into the dining room 1 by 1 and seated residents at tables with good social distancing. Although alcohol gel hand dispensers</p>	F 880	<p>Corrective Action #1: No residents residing the Boundary County Nursing Home have had any adverse effects from the failure of staff to follow the Hand washing and Hand Hygiene Policy. We have had no residents or staff with the Covid-19 virus in our facility. All residents who reside in the Boundary County Nursing Home have the potential to be affected by staff non-compliance with the recommended hand hygiene practices.</p> <p>Action Plan: All residents will be reminded and/or assisted to wash their hands before and after meals, after toileting and when</p>		

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F 880	<p>Continued From page 3</p> <p>were present on each table; with few exceptions, staff did not remind, encourage, or assist residents to perform hand hygiene before and after eating.</p> <p>While feeding a resident, licensed nurse LN2 repeatedly held the bottom of her facemask away from her face. LN2 did not perform hand hygiene after touching her face and/or facemask.</p> <p>Surveyor informed charge nurse LN1 of the observation. LN2 observed LN1 holding her facemask away from her face with one hand while feeding a resident. LN2 immediately intervened and instructed LN2 to keep her facemask properly applied while within six feet of a resident and directed LN2 to perform hand hygiene whenever she touched her face or facemask. LN2 said the mask was warm and she just needed some air.</p> <p>2. On 5/21/20 at 11:20 AM, NAC 2 brought a mechanical lift out of resident room 222 and parked it in the corridor near the shower room then walked to the nurse station. When interviewed at 11:25 AM NAC2 confirmed she used the lift to get R2 out of bed. When asked if she sanitized the lift, LN2 said she did not. NAC2 said the lift was "wiped down a couple of times a day. NAC2 said she thought the night shift cleaned lifts but she did not know how often. When asked if the lifts were sanitized after each use, NAC2 said "No, maybe every other time or so." NAC2 sanitized the lift with sanitizing wipes immediately after the interview.</p> <p>3. During observation of care on 5/21/20 at 11:35 AM, NAC3 used the stand-assist lift (mechanical lift for persons who can bear some weight to</p>	F 880	<p>hands are visibly soiled. All staff will perform proper Hand Hygiene upon entering the dining room, when moving from assisting one resident to another resident, moving from a contaminated-body site to a clean-body site and after touching any unclean surface or item with soap and water or use an alcohol-based hand sanitizer that contains at least 60% alcohol.</p> <p>Systemic Changes: Staff in-service has been provided to all activities, clerical and patient care staff regarding proper Hand Hygiene practices before, during and after resident care, resident meals and when moving from a contaminated-body site to a clean-body site and after touching any unclean surface or item.</p> <p>Quality monitoring: Audits will be completed to ensure proper hand washing and hand hygiene practices are being followed. These will be divided to ensure all areas of concern are evaluated as follows: 1)Residents are being encouraged / assisted with hand hygiene before and after meals and after toileting. 2)Staff are performing hand hygiene upon entering dining room, moving from a contaminated-body site to a clean-body site and after touching any unclean surface or item. We will complete 10 observations of residents and staff 3 x weekly x 4 weeks, 2 x weekly x 4 weeks then 1 x weekly x 4 weeks.</p>		

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F 880	<p>Continued From page 4</p> <p>stand) to transport R2 to the toilet in the shower room. Once in the shower room, NAC3 removed R2's incontinence brief then used the lift controls and lowered R2 onto the toilet. NAC2 removed her gloves and put on clean gloves without first performing hand hygiene. NAC3 placed a clean brief in R2's pants then left the room to allow private toilet time. When R2 called out, NAC3 put on gloves then moistened and soaped disposable wipes. NAC3 stood R2 off the toilet using the lift then wiped and cleaned R2. While still wearing the soiled gloves, NAC3 applied ointment with a gloved hand, then fastened the brief. NAC3 used the lift to place R2 in the wheelchair. NAC3 did not encourage or assist R2 to wash her hands after using the toilet. R2 went directly to the dining room.</p> <p>On 5/21/10 the findings were reviewed with charge nurse LN1 who was acting for the Director of Nursing. LN1 said the facility expected staff wash or sanitize hands after removing gloves, before moving from a contaminated body site to a clean body site or before performing a clean procedure such as applying ointment. LN1 said NAC3 should absolutely have removed gloves and washed her hands after assisting R2 with toileting. LN1 said NAC3 should not have applied ointment with soiled gloves on. LN1 said staff should have assisted R2 to wash hands after toileting. LN1 said she thought staff provided hand hygiene for residents before and after meals, it was a facility expectation.</p> <p>CDC (Centers for Disease Control) website for May 2020 listed steps to prevent the spread of COVID-19 that included 1. Clean your hands often. Wash your hands often with soap and water for at least 20 seconds. If soap and water</p>	F 880	<p>The audit results will be reported to the Interdisciplinary Quality committee monthly for review and approval.</p> <p>Responsible Party: Director of Nursing or designee.</p> <p>Corrective Action #2: No residents at our facility have experience any adverse effects from the failure of staff to follow the Infection Control Plan and sanitize the mechanical lifts after each use. All residents residing at Boundary County Nursing Home have the potential to be affected by this process.</p> <p>Action Plan: All mechanical lifts will be sanitized between each use.</p> <p>Systemic Changes: Staff in-service provided to resident care staff regarding the need to sanitize all mechanical lifts after each use per the facility infection prevention plan.</p> <p>Quality Monitoring: An audit of staff will be completed to ensure mechanical lifts are being sanitized after each use. We will complete 10 observations of staff weekly x 3 months.</p> <p>The audit results will be reported to the Interdisciplinary Quality Committee monthly for review.</p>		

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F 880	<p>Continued From page 5</p> <p>are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol. Washing hands is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.</p> <p>CMS State Operations Manual: If residents need assistance with hand hygiene; staff should assist with washing hands after toileting, before meals, and use of ABHR (alcohol based hand rub) or soap and water at other times when indicated. Appropriate use of PPE (personal protective equipment includes but is not limited to the following: Gloves and hand hygiene performed before moving form a contaminated- body site to a clean- body site during resident care.</p> <p>Staff must perform hand hygiene: After removing protective equipment (e.g., gloves, gowns, facemask's)</p> <p>Review found the facility's current infection control policies were consistent with CMS and the CDC guidelines regarding hand washing after removing gloves, after toileting, and before eating.</p>	F 880	Responsible Party: Director of Nursing or designee.		