

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: 135095	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OR SUPPLIER CHERRY RIDGE OF CASCADIA			STREET ADDRESS, CITY, STATE, ZIP CODE 501 WEST IDAHO BOULEVARD EMMETT, ID 83617		
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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) Seattle on 5/27/20. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6). Total residents: 12	E 000			

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

TITLE

(X6) DATE

Electronically Signed

06/25/2020

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 was conducted by the Centers for Medicare & Medicaid Services (CMS) Seattle on 5/27/20.</p> <p>A deficiency was cited.</p> <p>The survey sample, based on a resident census of 12 included 3 sampled residents and 1 unsampled resident.</p> <p>The CMS Seattle team member was: Terry Aoki, RN</p> <p>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)</p>	F 000			
F 880 SS=D	<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 diseases and infections.</p> <p>§483.80(a) Infection prevention and control program.</p>	F 880		6/8/20	

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F 880	<p>Continued From page 1</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 contact will transmit the disease; and</p>	F 880			

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F 880	<p>Continued From page 2</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> <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 follow manufacturer's instructions for products used for cleaning and disinfecting high-touch items in room and perform hand hygiene between cleaning resident rooms for 2 of 2 sampled resident (R) (R2 and R4) rooms cleaning observed. In addition, the facility failed to prevent cross-contamination when moving from dirty to clean task and perform hand hygiene between glove changes for 1 of 1 (R1) sampled resident observed for incontinence care. These failures have the potential for spreading infection in the facility.</p> <p>Findings include: During Entrance interview on 5/27/20 at 9:45 AM Administrator, Director of Nursing (DON) and</p>	F 880	<p>This plan of correction is submitted to meet requirements established by state law. This plan of correction constitutes this facility's demonstration of compliance for the deficiencies cited. Submission of the plan of correction is not an admission that a deficiency existed or that one was cited correctly.</p> <p>R2 and R4 rooms and high touch areas were cleaned and disinfected observing the correct contact time per the manufacturer's instructions. In addition, all other resident rooms were also cleaned following the manufacturer's instructions. In-service and observation to all housekeeping staff regarding application of Virex 11 256 One Step Disinfectant cleaner and deodorant. Infection prevention and control program will include an on-hire and annual</p>		

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F 880	<p>Continued From page 3</p> <p>Infection Preventionist (IP) stated that facility census was 12 and the facility had no current COVID-19 positive residents or staff.</p> <p>*Room cleaning: Observation on 5/27/20 at 10:10 AM showed Housekeeper (HSPK)1 in R2's room. HSKP1 sprayed liquid from container labeled Virex II 256 one-step cleaner and disinfectant with Environmental Protection Agency (EPA) registration number 70627-24 onto the cloth and then wiped down the bathroom door knobs in R2's room. HSKP1 continued this same task of spraying and wiping down other items in R2's room including tv remote control, over bed table, phone and bedside table. HSKP1 moved from one item to the next within seconds of each other. After a few minutes, HSKP1 doffed gloves and donned new gloves. No hand hygiene was performed between glove changes. With gloved hands, HSKG1 picked up cup from R2's room and took it to the kitchen. HSKG1 doffed gloves and donned gloves. No hand hygiene was performed between glove changes. HSKG1 entered R4's room, bagged trashed and then sprayed Virex onto cloth and wiped over bed table and tv remote control at 10:44 AM. At 10:50 AM, the over bed table was touched and found to be dry.</p> <p>Record review of Medication Administration Record and progress notes showed R2 was admitted on 5/2/17 with diagnosis including diabetes and mental health disorder. R2 did not have COVID-19 and was not on transmission based precautions.</p> <p>Record review of Medication Administration</p>	F 880	<p>competency for housekeeping staff regarding the correct use of products and contact time. CEO/Designee will observe 3 rooms 5x a week for 4 weeks and then 3 rooms 3x a week for 4 weeks, then 1 room a week for 4 weeks and as needed. Results will be reported and monitored by the PI committee and modified when needed.</p> <p>In-service to all clinical, housekeeping, and kitchen staff regarding hand hygiene / handwashing policy. Highlighting preventing cross contamination when moving from dirty to clean task and performing hand hygiene between glove changes. The CNO/ Designee will monitor 5 cares a week for 4 weeks, then 3 cares a week for 4 weeks and as needed. Results will be reported and monitored by the PI committee.</p>		

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F 880	<p>Continued From page 4</p> <p>Record (MAR) and progress notes showed R4 was admitted on 3/8/18 with diagnosis including heart disease and diabetes and did not have COVID-19 and was not on transmission based precautions.</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 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 (Severe Acute Respiratory Syndrome coronavirus 2 the virus that causes COVID-19).</p> <p>Review of EPA website showed Virex II 256 was listed for use against SARS-CoV-2 and had a contact time of 10 minutes.</p> <p>During an interview on 5/27/20 at 11:20 AM when asked what spray was used for cleaning door knobs, over bed table and other high-touch items, HSKG1 pointed to the Virex spray container and said "Virex". When asked what the dwell or contact time was to ensure Virex was effective, HSKG1 frowned and stated that she was not sure. When asked what was taught about use of</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>Virex for cleaning items in the room, HSKG1 stated name of trainer and that she was supposed to wipe down items. When asked how long the items should be kept wet with the disinfectant sprayer, HSKG1 stated that it dries fast, doesn't stay wet for long, "I try to keep items clean". When asked if there was specific time disinfectant should be kept on the items, HSKG1 stated, "10 minutes". When asked if the items wiped down with disinfectant was wet for 10 minutes, HSKG1 smiled and said that she wasn't sure, but probably not, and apologized. When informed that surveyor touched over bed table within 10 minutes of HSKG spraying and wiping it down and the table was no longer wet, HSKG1 stated that she was sorry. When asked about performing hand hygiene between glove changes and between cleaning different resident rooms, HSKG1 stated that she is supposed to use a hand sanitizer between glove changes but didn't do that.</p> <p>During an interview on 5/27/20 at 12:00 noon with HSKG manager in training (MIT) and HSKG district manager, both stated that Virex's contact time is 10 minutes. HSKG MIT and surveyor reviewed Virex container which showed "for use as a one step cleaner/disinfectant. Apply use solution to hard, non-porous environmental surfaces. All surfaces must remain wet for 10 minutes. Wipe surfaces and let air dry." HSKG MIT and HSKG district manager stated that preferred method is for HSKG staff to fill Virex solution in large container and soak towels, squeeze dry and then wipe surfaces, instead of spraying solution and then wiping down. HSKG MIT stated that staff should use hand sanitizer or wash hands after removing gloves and after cleaning one room and then entering another</p>	F 880			

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F 880	<p>Continued From page 6 room.</p> <p>During an interview on 5/27/20 at 1:30 PM with IP and Administrator, IP stated that facility's hand hygiene policy applies to housekeeping staff and hand hygiene should be performed between glove changes and between cleaning resident rooms. IP further stated that cleaning/disinfecting manufacturer's instructions should be followed.</p> <p>Review of facility policy, "Hand Hygiene", dated 11/15/19, showed hand hygiene should be performed after contact with the patient's environment.</p> <p>Review of facility contracted housekeeping services, Healthcare Services Group, Inc., document titled, "Housekeeping In-Service for 3-step daily patient room cleaning", undated, did not show information about cleaning/disinfectant/germicide use and their contact time.</p> <p>*Incontinence care:</p> <p>Record review of Medication Administration Record (MAR) and progress notes showed R1 was admitted on 7/27/17 with diagnosis including multidrug resistant organism (Multi-drug resistant organism - a group of bacteria that constantly finding new ways to avoid the effects of antibiotics used to treat the infections they cause. MDRO occurs when the germs no longer respond to the antibiotics designed to kill them), diabetes and stroke.</p> <p>Observation on 5/27/20 at 10:50 AM showed Certified Nursing Assistant (CNA)1 provide incontinence care for R1. CNA1 donned gloves,</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>lowered the head of R1's bed and raised the bed up, exposed and opened R1's wet brief and wiped R1's periaerea with several wipes. CNA1 assisted resident turning on her side towards the door and with same gloved hands, CNA1 placed new clean brief under resident. CNA1 then doffed gloves and moved behind the drawn curtains near the entrance door. CNA1 stated, "hmmm ...there's no hand sanitizer" and then donned gloves and repositioned and fastened brief, placed old brief in trash can and doffed gloves. R1 stated that she needed to be changed again. CNA1 again doffed gloves, without performing hand hygiene in between glove changes and got new briefs and placed on the bed. CNA1 donned gloves and removed soiled briefs, cleaned periaerea with wipes and then placed new brief on resident, rolled resident towards the door, repositioned and fastened briefs and then doffed gloves. CNA1 then donned new gloves, without any hand hygiene between glove changes, and pulled up resident's pants. CNA1 then pushed call light and told resident she was getting help to transfer resident to wheelchair with sit-to-stand mechanical device. CNA1 helped resident with putting on her shoes and then doffed gloves. CNA1 took gloves from her pants pockets. CNA1 donned gloves and assisted resident to sit on the edge of her bed, removed resident's gown, applied deodorant, sports bra and shirt. Minutes later CNA2 arrived and both CNAs assisted resident to wheelchair.</p> <p>During an interview on 5/27/20 at 11:30 when asked why CNA1 was looking for hand sanitizer, CNA1 stated that she usually uses hand sanitizer after removing gloves but she could not find any wall mounted hand sanitizer in R1's room but she thought there was one. CNA1 stated that she</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>usually carries a small container of hand sanitizer with her, but didn't have one today, so she continued without using sanitizing her hands. When asked if she could have called for someone to bring her a container of hand sanitizer, CNA1 stated, "I could have, but look how long it took for someone to come when I called for assistance with getting her up." CNA1 further stated that she didn't want to leave the resident exposed while getting hand sanitizer and felt it was a dignity thing and she made a decision to continue without. When asked about not changing gloves before touching clean brief after touching dirty brief, CNA1 stated that she should have changed her gloves after touching the dirty brief and before touching the clean brief so that the clean brief was not contaminated.</p> <p>Review of facility Infection Control Monthly Line Listing, dated April 20, showed R1 had a healthcare associated urinary tract infection on 4/9/20.</p> <p>Review of facility policy, "Hand Hygiene", dated 11/15/19, showed hand hygiene should be performed after any contact with blood or other body fluids, even if gloves are worn and after contact with the patient's environment.</p> <p>During an interview on 5/27/20 at 1:30 PM with IP and Administrator, IP stated that gloves should be removed after touching dirty brief, hand hygiene performed and then new gloved applied before touching clean brief. Clean gloves should be used for clean briefs and hand hygiene should be done between glove changes. IP stated that R1 just had a urinary tract infection so it was important that briefs were not contaminated. IP also stated that staff should not be reaching into their pockets</p>	F 880			

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F 880	Continued From page 9 to retrieve gloves and instead gloves should be placed on the table. During an interview on 5/27/20 at 2:00 PM with IP, DON and Administrator, DON stated that there should be a wall-mounted hand sanitizer in each room. Administrator stated that the wall mounted hand sanitizer was removed from R1's room because of a safety concern with resident dispensing hand sanitizer.	F 880			