

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: 135019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OR SUPPLIER ORCHARDS OF CASCADIA, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH HORTON STREET NAMPA, ID 83651		
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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 5/26/20 to 5/27/20. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6). Total residents: 69	E 000			

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

TITLE

(X6) DATE

Electronically Signed

06/05/2020

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 5/26/20 to 5/27/20.</p> <p>A deficiency was cited.</p> <p>The survey sample, based on a resident census of 69 included 11 sampled residents, 3 unsampled residents and 2 closed records.</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=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 diseases and infections.</p> <p>§483.80(a) Infection prevention and control program.</p>	F 880		6/10/20	

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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 cleaning and disinfecting glucometer and use a protective barrier for 3 of 3 unsampled residents (R) (R16, R10 and R11) observed for blood sugar testing. These failures have the potential for spreading infection in the facility.</p> <p>Findings include:</p> <p>During Entrance interview on 5/26/20 at 11:45 AM Administrator and Director of Nursing (DON) stated that facility census was 69, facility was still admitting residents, the facility had no current COVID-19 positive residents or staff.</p> <p>Observation on 5/26/20 at 3:55 PM showed</p>	F 880	<p>F880</p> <p>Resident Specific Residents #10, #11, #16 assessed by licensed nurse on 6/3/2020, respectively to ensure residents were free from infection. Assessment of residents concluded no findings of infection.</p> <p>Other Residents The clinical management team reviewed other diabetic residents to ensure proper infection control practices being followed per infection control policy.</p> <p>Facility Systems Licensed nursing staff were educated by Infection Preventionist designee to facility infection control policy including but not limited to proper glucometer disinfecting technique and proper usage of barrier on or before 6/10/2020.</p>		

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F 880	Continued From page 3 Licensed Nurse (LN)1 perform hand hygiene, donned gloves and gather Assure Platinum glucometer, container of glucometer strips, lancet, gauze and alcohol swab and cup and brought to R16's room. R16 was sitting in wheelchair at the entrance of room. LN1 used the glucometer to check R16's blood sugar by obtaining blood from R16's finger placed in contact with the small strip on the glucometer. After obtaining blood sugar, LN1 returned to medication cart and placed the glucometer directly on binder that was on medication cart. A barrier was not used between the used glucometer and the binder. LN1 opened a Super Sani-Cloth large wipe packet and wiped the glucometer for approximately 15 seconds then placed the glucometer on the medication cart. LN1 then gather the container of glucometer strips, lancet, gauze, alcohol swab, cup and glucometer and entered R10's room. LN1 placed a paper towel on resident's over bed table and then placed the glucometer and container of glucometer strips on the paper towel. The gauze, alcohol swab and lancet were in a cup that was also placed on the over bed table. LN1 opened the container of strips and placed a strip in the glucometer and then set the container of strips directly on the resident's over bed table and not on the paper towel barrier. LN1 used the glucometer to check R10's blood sugar by obtaining blood from R10's finger placed in contact with the small strip on the glucometer. After completing blood sugar test, LN1 returned to medication cart and opened Super Sani-Cloth wipe packet and vigorously wiped glucometer for about 10 seconds. The glucometer was touched about a minute later and it was dry. The glucometer strip container, which was previously observed on the resident's over bed table was	F 880	Monitor The Infection Preventionist or designee will audit 3 random residents for glucometer disinfecting technique and proper usage of barrier 1 time a week for 3 weeks and then one time monthly x 3. Any concerns will be addressed immediately and discussed with the PI committee. The PI committee may adjust the frequency of the monitoring after 3 months, as it deems appropriate.		

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F 880	<p>Continued From page 4</p> <p>placed on the medication cart. No cleaning was done for the glucometer strip container before it entered R11's room. LN1 then gathered glucometer and supplies and entered R11's room. The above process was repeated with LN1 wiping glucometer with Super Sani-Cloth for about 10-15 seconds after the glucometer was used. The glucometer did not remain wet for at least two minutes.</p> <p>During concurrent record review and interview on 5/26/20 at 4:10 PM when asked how glucometers are disinfected between resident use, LN1 stated that she wipes down the glucometer after using it and leaves it so it dries. When asked LN1 what the dwell or contact time was to ensure Super Sani-Cloth was effective, LN1 frowned and stated that she was not sure. LN1 and surveyor reviewed glucometer manufacturer's instructions and the label of the Super Sani-Cloth packet which showed it was a germicidal disposable wipe with directions "to disinfect nonfood contact surfaces only. Unfold a clean wipe and thoroughly wet surface. Allow treated surface to remain wet for a full two (2) minutes." LN1 stated that she did not know the glucometer needed to be wet for two minutes and but will make sure this is done in the future. LN1 stated that she used the glucometer earlier on another resident prior to use of R16 and the glucometer was used on multiple residents, all residents who receive their medications from Medication Cart 2 uses the same glucometer.</p> <p>During an interview on 5/26/20 at 4:50 PM Infection Preventionist (IP) stated that glucometers are used on multiple residents and was always supposed to be cleaned following the manufacturer's instructions on the Super</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>Sani-Cloth wipe packages to ensure the glucometer was cleaned and sanitized properly between residents. IP also stated that barriers should be used to protect glucometer and other shared or multiple use items between the items and any different surfaces, including resident's room and binder on the medication cart.</p> <p>Record review of Medication Administration Record (MAR) and progress notes showed R16 was admitted to the facility on 11/22/19 with diagnosis including diabetes. The MAR showed 215 units of Insulin was to be administered subcutaneously one time a day at 5:00 PM. The order start date was 11/5/19.</p> <p>Record review of Medication Administration Record (MAR) and progress notes showed R10 was admitted to the facility on 11/22/17 with diagnosis including diabetes. The MAR showed Novolog penfill solution cartridge 100 units/ml, inject as per sliding scale subcutaneously before meals for diabetes. Times listed were 0700, 1200 and 1700. The order start date was 1/30/20.</p> <p>Record review of Medication Administration Record (MAR) and progress notes showed R11 was admitted to the facility on 10/25/17 with diagnosis including diabetes. The MAR showed Blood glucose level before meals for diabetic control. Times listed were 0700, 1100, and 1600. The order start date was 11/6/17.</p> <p>The Centers for Disease Control and Prevention (CDC) website, at www.cdc.gov, section titled, "Infection Prevention During Blood Glucose Monitoring and Insulin Administration", showed that if the glucose meters must be shared, the device should be cleaned and disinfected after every use per the manufacturer's instructions.</p>	F 880			

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F 880	<p>Continued From page 6</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 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>Facility document, "Blood Glucose-Assure Platinum Glucose Monitoring", dated 10/12/17, showed a list of procedural steps with columns for "date of 1st review" with sub column heading of "S" and "U". Legend showed "S=satisfactory demonstration of skill and U=unsatisfactory demonstration of skill." Additional columns also showed "date of 2nd review" with same sub column headings of S and U. Step #21 showed "cleanse exterior of glucometer with Germicidal wipe for blood glucose monitors, wait 2 minutes and dry with damp non-sterile cloth (gauze). Place cleaned machine on a barrier and/or store for next patients use."</p>	F 880			