

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

PRINTED: 08/26/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135127</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE CARE CENTER OF SANDPOINT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1125 NORTH DIVISION STREET SANDPOINT, ID 83864</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	<p>Initial Comments</p> <p>A COVID-19 Focused Emergency Preparedness Survey was conducted by the Centers for Medicare &amp; Medicaid Services (CMS) from June 08 to June 09, 2020. The facility was found to be in compliance with 42 CFR 483.83 related to E-0024 (b)(6).</p> <p>Total census at the start of the survey was 76 residents.</p>	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	INITIAL COMMENTS  The following represents the findings of a COVID-19 Focused Infection Control Survey that was conducted by the Centers for Medicare & Medicaid Services (CMS) from June 08 to June 09, 2020. The facility implemented actions to promote compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. However, during one of three care observations, a staff member did not utilized all recommended personal care equipment (PPE) in the facility isolation unit (Refer to F880).  The total census at the beginning of the survey was 76 residents and of that total 18 were in the isolation unit.	F 000			
F 880 SS=F	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	F 880		7/10/20	

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F 880	<p>Continued From page 1</p> <p>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> <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 2</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 follow recommended transmission based precautions to prevent the spread of infections while obtaining a finger stick blood glucose reading for a resident with unknown COVID-19 status. Failure to utilize all recommended personal protective equipment (PPE) during the provision of care for a resident on droplet isolation with questionable COVID-19 status has the potential to contribute to the spread that infection to other residents and/or staff.</p> <p>Findings include:</p> <p>Resident 1 is a 76 year old male that was admitted into the facility on June 10, 2019. Some of his multiple diagnoses included malignant neoplasm of rectum, malignant neoplasm of prostate muscle weakness, history of coronary artery bypass grafts, diabetes mellitus, hypertension, dyspepsia, dry eye syndrome of both eyes, psoriasis, depression and anxiety. On June 08, 2020 shortly after 4:30 PM Staff 2 was observed completing a finger stick blood sugar reading on Resident 1 who currently was being housed in the COVID-19 isolation unit. Staff 2 put on all PPE except for the eye goggles or face</p>	F 880	<p>Corrective Action: LN was re-educated on recommended personal protective equipment.</p> <p>Identification of Others at Risk: Residents residing in isolation are currently at risk due to this unmet requirement.</p> <p>Systemic Changes: Facility staff were re-educated on recommended personal protective equipment be worn while on the isolation hall, to include gloves, gowns, face shield/goggles, respirator/facemask.</p> <p>Monitoring: Director of Nursing/Designee will conduct random observation audits to verify staff are wearing the recommended personal protective equipment for residents in isolation. Audits will consist of 7 staff per week x 4 weeks; 5 staff per week x 4 weeks; 3 staff per week x 4 weeks. Results of the audits will be brought forward to the QAPI committee for a period of 3 months, or until a lesser frequency is deemed appropriate.</p>		

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F 880	<p>Continued From page 3</p> <p>shield. After the procedure was complete Staff 2 was interviewed in the presence of the Director of Nurses (DON) regarding the goggles or face shield. Staff 2 stated she thought the use of her eye glasses was sufficient eye protection. The DON acknowledged Staff 2's misunderstanding and verbally clarified to Staff 2 eye protection (goggles or face-shield) were required.</p> <p>The facility "CORONAVIRUS 2019" What you need to know posting /in-service indicates "The virus is thought to spread mainly from person to person: Through respiratory droplets produced when an infected person coughs or sneezes."</p> <p>Another posting used by the facility regarding Droplet Precautions states: -"Make sure the eyes, nose, and mouth are fully covered before room entry...." The facility guidance on Standard and Transmission-Based Precautions (Chapter 4 on page 5 of 26) states: -"All residents on the 'unknown' unit will need to be placed in Droplet + Contact precautions +eye protection" From that same document on page 8 of 26 it states -"NOTE: glasses are not sufficient for protection."</p>	F 880			