

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: 135130	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
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NAME OF PROVIDER OR SUPPLIER ASPEN TRANSITIONAL REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2867 EAST COPPER POINT DRIVE MERIDIAN, ID 83642
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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 from August 12, 2020 through August 13, 2020. The facility was found to be in compliance with CFR §483.73 related to E-0024 (b)(6).</p> <p>The survey was conducted by:</p> <p>Cecilia Stockdill, RN, Team Coordinator Brad Perry, LSW</p>	E 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 08/25/2020
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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	INITIAL COMMENTS The following deficiency was cited during a COVID-19 Focused Infection Control survey which was conducted from August 12, 2020 through August 13, 2020. The survey was conducted by: Cecilia Stockdill, RN, Team Coordinator Brad Perry, LSW Survey Abbreviations: CDC = Centers For Disease Control and Prevention CNA = Certified Nursing Assistant DON = Director of Nursing PPE = Personal Protective Equipment	F 000			
F 880 SS=E	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			

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TITLE

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08/25/2020

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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, policy review, nationally recognized standards of practice, and staff interview, it was determined the facility failed to ensure infection control prevention practices were consistently implemented and maintained to provide a safe and sanitary environment. This failure created the potential for negative outcomes by exposing residents to the risk of infection and cross-contamination including COVID-19. Findings include:</p> <p>1. The facility's policy for Cleaning Blood Pressure Equipment, dated 3/12/18, documented the purpose was to prevent cross contamination between residents. The policy directed staff to clean the blood pressure cuff in the following manner:</p> <ul style="list-style-type: none"> * Use disinfecting wipes to clean the blood pressure cuff, tubing, and sphygmomanometer (the gauge that provides the blood pressure measurement) in a circular motion. * Remove gloves and discard them. Wash and dry hands thoroughly. * Use disinfecting wipes to clean and disinfect the surface area used to clean the blood pressure cuff. 	F 880			

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F 880	<p>Continued From page 3</p> <p>The facility's policy for Cleaning a Stethoscope, dated 3/12/18, documented the purpose was to prevent cross contamination between residents and/or when a stethoscope was used by multiple staff members. The policy directed staff to clean the stethoscope in the following manner:</p> <ul style="list-style-type: none"> * Use disinfecting wipes to clean the stethoscope ear pieces, tubing, diaphragm, and bell in a circular motion. * Remove gloves and discard them. Wash and dry hands thoroughly. * Use disinfecting wipes to clean and disinfect the surface area used to clean the stethoscope. <p>These policies were not followed.</p> <p>On 8/12/20 at 9:12 AM, a plastic storage chest which contained PPE was outside the door of Resident #1's room, and a sign was on top of the storage chest that provided directions regarding cleaning equipment. The sign directed staff to clean equipment in the following manner:</p> <ol style="list-style-type: none"> 1. Perform hand hygiene. 2. Put on gloves. 3. Using the "Blue Top" [Micro-Kill bleach disinfectant wipes]: a. Wipe the equipment b. Wipe the table top. 4. Remove gloves. 5. Perform hand hygiene. <p>A container of Micro-Kill bleach wipes was on top of the storage chest, and the directions on the container stated the required contact time was 30 seconds.</p> <p>On 8/12/20 at 9:45 AM, CNA #1 donned (put on) the appropriate PPE and entered Resident #1's</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>room carrying a stethoscope and blood pressure cuff. CNA #1 checked Resident #1's blood pressure, and after she exited the room she obtained a Micro-Kill bleach wipe from the container on the storage cart outside the room. CNA #1 wiped down the stethoscope and immediately draped it around the back of her neck. CNA #1 then wiped down the blood pressure cuff, and immediately draped it around her the back of her neck. She did not allow for 30 seconds of contact time after wiping them with the Micro-Kill bleach wipe. CNA #1 then wiped down the top of the storage cart and walked down the hall to Resident #2's room with the stethoscope and blood pressure cuff still draped around the back of her neck. CNA #1 then donned the appropriate PPE and entered Resident #2's room with the blood pressure cuff and stethoscope around the back of her neck.</p> <p>On 8/12/20 at 9:52 AM, CNA #1 exited Resident #2's room, and she was holding the blood pressure cuff and stethoscope in her hand. CNA #1 laid the blood pressure cuff and stethoscope on top of the storage cart outside Resident #2's room, removed her PPE, and performed hand hygiene. CNA #1 then donned gloves, obtained a Micro-Kill bleach wipe from the container on top of the storage cart outside Resident #2's room, and wiped down the stethoscope. CNA #1 immediately placed the stethoscope around the back of her neck, wiped down the blood pressure cuff, and hung the blood pressure cuff over her arm near her wrist. She did not allow 30 seconds of contact time with the Micro-Kill bleach wipe. CNA #1 wiped down the top of the storage cart while outside of Resident #2's room. She removed her gloves, and then she walked down the hall to Resident #4's room with the blood</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>pressure cuff over her arm and the stethoscope around the back of her neck.</p> <p>CNA #1 said it was "probably not a good practice" to wipe down the stethoscope and blood pressure cuff and then immediately place them around her neck. CNA #1 said she thought the required contact time for the Micro-Kill bleach was 20 seconds, and she had received training for wiping down equipment between residents. CNA #1 said she was in a hurry at the time she was observed.</p> <p>On 8/12/20 at 1:37 PM, the DON said when staff entered a resident's room that was on precautions, they should don the appropriate PPE and clean any equipment they used. The DON said the required contact time for the Micro-Kill bleach wipes was 30 seconds, and staff should clean the stethoscope and blood pressure cuff and place it on top of the storage cart to dry outside the resident's room.</p> <p>2. The facility provided a document from the CDC with guidance for donning PPE, which was undated. The document provided the following directions for donning a gown:</p> <ul style="list-style-type: none"> * Fully cover the torso from the neck to the knees and from the arms to the end of the wrists and wrap the gown around the back. * Fasten the gown behind the neck and waist. <p>This guidance was not followed.</p> <p>On 8/12/20 at 12:54 PM, the housekeeper was observed entering Resident #3's room to clean. An orange caution sign was posted on Resident #1's doorframe. A plastic storage chest that contained PPE was outside the door, and</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>directions for donning PPE were posted near the door. The housekeeper was wearing a blue washable gown which was tied in the front of her neck and waist instead of behind her neck and waist. The housekeeper wiped down Resident #3's room and cleaned the bathroom.</p> <p>On 8/12/20 at 1:03 PM, the housekeeper exited Resident #3's room carrying a bottle of cleaning product and a toilet bowl brush. The housekeeper's gown, which was tied in front, had a gap in the lower portion of the gown between the ties and her scrubs were exposed. The bottle of cleaning product and toilet bowl brush were in direct contact with the housekeeper's scrubs as she returned them to her cart. The housekeeper said she had received hands-on training for proper use of PPE, and her gown should have been tied in the back. The housekeeper said she had her gown tied in the front because she forgot the correct way to wear it.</p> <p>On 8/12/20 at 1:37 PM, the DON said if there was a gap in the gown that was not good, and most people tied their gown in the back.</p>	F 880			