

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>135102</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/12/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUNNY RIDGE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2609 SUNNYBROOK DRIVE NAMPA, ID 83686</b>		
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E 000	<p>Initial Comments</p> <p>A COVID-19 Focused Emergency Preparedness Survey was conducted on June 11, 2020 through June 12, 2020. The facility was found to be in compliance with 42 with 42 CFR §483.73 related to E-0024 (b)(6).</p> <p>The survey was conducted by:</p> <p>Presie C. Billington, RN, Team Leader Brad Perry, LSW</p>	E 000			

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

TITLE

(X6) DATE

Electronically Signed

07/08/2020

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 deficiency was cited during a COVID-19 Focused Infection Control Survey conducted on June 11, 2020 through June 12, 2020.  The survey was conducted by:  Presie Billington, RN, Team Leader Brad Perry, LSW	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 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;	F 880		8/7/20	

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F 880	<p>Continued From page 1</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> <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.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, policy review, and staff interview, it was determined the facility failed to ensure infection control prevention practices were implemented and maintained to provide a safe and sanitary environment. This was true for 4 of 4 residents (#1, #2, #3, and #4) observed for infection control prevention practices. This failure created the potential of exposing residents to the risk of infection and cross-contamination including COVID-19. Findings include:</p> <p>1. The facility's Hand Hygiene, Standard Precautions, and Personal Protective Equipment (PPE) policies, dated 11/15/19 and 9/26/19; respectively, directed staff to perform hand hygiene before and after resident care and after contact with the resident's environment. The policies directed staff to change gloves after contact with residents and/or their environment and to perform hand hygiene after removing gloves.</p> <p>These policies were not followed.</p> <p>On 6/11/20 from 9:27 AM to 10:07 AM, Physical Therapy Assistant #1 (PTA) was observed while assisting Resident #1. PTA #1 had on blue disposable gloves and used both of her gloved hands to adjust Resident #1's cloth mask, touching the front of the mask. PTA #1 then disposed of the blue gloves and underneath the disposable gloves were white cotton gloves. PTA #1 did not remove the cotton gloves and did not perform hand hygiene.</p>	F 880	<p>This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Sunny Ridge does not admit that the deficiency on this form exists, nor does the Center Admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency statements, facts, and conclusions which form the basis for the deficiency.</p> <p>F 880 (E)</p> <p>AFFECTED: Resident #1, #2, #3 and #4 were assessed by the licensed nurse on 6/30/20 for signs or symptoms of infection including COVID-19. Resident #3 had her pillow case changed by CNA on 6/11/20 immediately following the occurrence.</p> <p>POTENTIAL: An audit was completed by the Center Nurse Executive or designee on 07/01/20 for infection control concerns with hand washing and PPE. Follow up was completed by CNE or designee at the time the audit was conducted. An audit was completed by the Center Nurse Executive or designee on 7/1/20 for infection control concerns with the</p>		

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F 880	<p>Continued From page 3</p> <p>PTA #1 then went into Resident #2's room to speak to her. While in the room, PTA #1 adjusted the front of her own face mask with her right cotton gloved hand and did not remove the gloves or perform hand hygiene. She then left Resident #2's room and while speaking to another staff member in the hallway, PTA #1 adjusted the front of her mask two times with her right cotton gloved hand and did not remove the gloves or perform hand hygiene.</p> <p>PTA #1 then walked down the hallway and stopped and adjusted Resident #3's cloth mask, who was in the hallway, touching the left front of the mask with her right cotton gloved hand. PTA #1 did not remove her white cotton gloves or perform hand hygiene.</p> <p>PTA #1 then walked to the West Side nurses' station and removed a set of blue disposable gloves from her right jacket pocket. She then put the blue disposable gloves on over the same white cotton gloves. PTA #1 next went into Resident #4's room and picked up his oxygen tubing and cleaned it with a sanitation wipe. PTA #1 and CNA #2 then assisted Resident #4 down the hallway with his 4-wheeled walker. PTA #1 held her right blue gloved hand on his gait belt and CNA #2 pushed his wheelchair behind him. At 9:47 AM, PTA #1 applied the wheelchair brake with her right hand so Resident #4 could sit down to rest for a minute. Then she assisted him back up to a standing position. At 9:51 AM, PTA #1 applied the brakes again and the resident rested in his wheelchair. At 9:55 AM, PTA #1 adjusted the front of her mask with her right gloved hand and then released the wheelchair brake and finished assisting him back to his room using the walker.</p>	F 880	<p>management of linens. Follow up will be completed by CNE or the designee at the time the audit was conducted.</p> <p><b>SYSTEMIC:</b> On 7/8/20, facility staff will be educated by the Nurse Practice Educator or designee on the policy and procedures for hand hygiene and PPE to include appropriate face mask and glove handling. On 07/01/20Therapy staff completed a hand hygiene and PPE competency administered by the Nurse Practice Educator or designee. On 7/8/20, facility staff will be educated by the Nurse Practice Educator or designee on the policy and procedures for linen handling.</p> <p><b>QAPI:</b> Beginning the week of 7/6/20, the Nurse Practice Educator or designee will audit 5 staff members to ensure that hand hygiene and PPE is being handled per policy and procedures. These audits will be completed weekly X4 weeks and then monthly X2 months. The results of these audits will be reported to the performance improvement committee monthly X3 months or until substantial compliance is achieved. The Center Nurse Executive is responsible for monitoring and oversight. Beginning the week of 7/6/20, the Nurse Practice Educator or designee will audit 5 staff members to ensure that linen is being handled per policy and procedures. These audits will be completed weekly X4 weeks and then monthly X2 months. The results of these audits will be reported to</p>		

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F 880	<p>Continued From page 4</p> <p>At 9:59 AM, Resident #4 was in his room and he sat back in his wheelchair and PTA #1 grabbed the walker's handles with both hands and moved it out of the way to the side of the room. CNA #2 removed her gloves and performed hand hygiene and at the same time, Resident #4 spilled some coffee on his tray table. PTA #1 removed her disposable blue gloves and held them in her right cotton gloved cupped hand and picked up his coffee cup with the same hand by the handle while CNA #2 cleaned his tray table. PTA #1 then threw away the dirty pair of disposable blue gloves and she did not remove her white cotton gloves and did not perform hand hygiene.</p> <p>At 10:04 AM, PTA #1 took out a piece of folded paper from her left jacket pocket and held it with both cotton gloved hands and then placed it back in her pocket. She next took off her white cotton gloves, placed them in her left jacket pocket and then pulled out hand sanitizer out of her right jacket pocket and performed hand hygiene. PTA #1 then left the room and briefly went into another resident's room. While there she adjusted the front of her mask with her right bare hand and did not perform hand hygiene after touching her face mask.</p> <p>On 6/11/20 at 11:55 AM and 12:55 PM, PTA #1 said she had multiple pairs of sanitized white cotton gloves she wore due to a skin condition. She said she also used special soap because the facility's soap and hand sanitizer were rough on her skin. She said the Infection Control Preventionist (ICP) had educated her on hand hygiene practices but she did not always perform hand hygiene due to her skin condition and did not always change the cotton gloves after working</p>	F 880	<p>the performance improvement committee monthly X3 months or until substantial compliance is achieved. The Center Nurse Executive is responsible for monitoring and oversight.</p>		

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F 880	<p>Continued From page 5 with residents.</p> <p>On 6/11/20 at 1:15 PM, the ICP said PTA #1 was educated to perform hand hygiene between residents and to change her white cotton gloves between residents' cares. She said she expected staff to perform hand hygiene after each glove change and after they touched their masks. The ICP said staff should not store new or used gloves in their pockets due to cross contamination concerns. The ICP also said PTA #1 should not have kept the dirty disposable gloves in her hand while she held Resident #4's coffee mug.</p> <p>2. The facility's Linen Handling policy and procedure, revised 3/1/18, directed staff to wash any linen dropped on the floor.</p> <p>On 6/11/20 at 11:00 AM, Resident #3 was sitting in her wheelchair by the East nurse's station. Resident #3 was eating fresh fruits when she dropped her small pillow on the floor. CNA #1 walked toward the nurse's station and picked-up the pillow from the floor and positioned the pillow under Resident #3's right forearm. CNA #1 did not change the pillow case on Resident #3's small pillow prior to placing it back under Resident #3's arm.</p> <p>On 6/11/20 at 11:17 AM, CNA #1 said she picked up Resident #3's pillow and placed it under Resident #3's right forearm. CNA #3 said "I know I did not change the pillow case."</p> <p>On 6/11/20 at 1:40 PM, the ICP said when CNA #1 picked-up Resident #3's pillow from the floor, she should have changed the pillow case of Resident #3's pillow before giving it back to her to</p>	F 880			

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F 880	Continued From page 6 use.	F 880			