

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>135048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/14/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLEARWATER HEALTH &amp; REHABILITATION OF CASCADIA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1204 SHRIVER ROAD OROFINO, ID 83544</b>		
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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) on June 11, 2020 onsite at at Clearwater of Cascadia.</p> <p>The facility was found to be in substantial compliance with 42 CFR §483.73 related to E-0024 (b)(6).</p> <p>Facility Resident Census 41 . Resident sample 5</p> <p>The CMS Team: Barbara Dagg RN, Health and LSC surveyor</p> <p>Federal surveyors can be reached at: US Department of Health and Human Services Centers for Medicare and Medicaid Services 701 Fifth Avenue Suite 1600 Mailstop 400 Seattle, WA 98104 206.615.2313 206.615.2088 (Fax)</p>	E 000			

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

TITLE

(X6) DATE

Electronically Signed

07/27/2020

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  A COVID-19 Focused Infection Control Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) onsite June 11, 2020 at Clearwater Health & Rehabilitation of Cascadia with remote review of records concluded on 6/14/20.  The facility was not in substantial compliance with 42 CFR §483.80 infection prevention and control.  Facility Resident Census 41. Resident sample 5.  The CMS Team: Barbara Daggy RN, Health and LSC surveyor  Federal surveyors can be reached at: US Department of Health and Human Services Centers for Medicare and Medicaid Services 701 Fifth Avenue Suite 1600 Mailstop 400 Seattle, WA 98104 206.615.2313 206.615.2088 (Fax)	F 000			
F 880 SS=D	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.	F 880		8/7/20	

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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 1 of 2 observations of incontinence care, record review, and staff interviews the facility failed to ensure staff performed hand hygiene when changing gloves visibly soiled with stool. This failure placed Resident R3 at risk of urinary tract infection, skin infection and sepsis.</p> <p>Findings include:</p> <p>Review of the medical record progress notes revealed R3 received antibiotics through a PICC (peripherally inserted central catheter) for antibiotic therapy. R3 experienced a change of condition on 4/29/20 with anxiety, confusion, dry mouth, shortness of breath, and required oxygen through the night. R3 transferred to the acute hospital for admission. The hospital diagnosed sepsis and identified an abscess in the psoas muscle (hip/pelvis). According to the CDC at <a href="https://www.cdc.gov/sepsis/what-is-sepsis.html">https://www.cdc.gov/sepsis/what-is-sepsis.html</a> Sepsis is the body's extreme response to an</p>	F 880	<p>This plan of correction is prepared as submitted as required by law. By submitting this plan of correction, Clearwater of Cascadia does not admit that the deficiencies listed on the CMS Form 2567L exist, nor does the facility admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies. The facility reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts and conclusions that form the basis for the deficiency.</p> <p>Individual: 1 resident potentially affected and CNA1 immediate education provided</p> <p>Other residents have the potential to be impacted. Nursing staff have been educated on hand hygiene with cares.</p> <p>Facility: Staff are educated in proper hand</p>		

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F 880	<p>Continued From page 3</p> <p>infection. It is a life-threatening medical emergency.</p> <p>Sepsis happens when an infection you already have -in your skin, lungs, urinary tract, or somewhere else-triggers a chain reaction throughout your body.</p> <p>Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death.</p> <p>R3 readmitted to the facility on 5/6/20 for long term intravenous antibiotic therapy. The care plan indicated R3 had recurrent areas of open skin on the buttocks from incontinence and moisture. Openings in the skin increase the risk for skin infections.</p> <p>Personal care was observed for R3 on 6/11/20 at 1:42 PM. Nursing Assistant NAC1 and resident support staff RSS1 utilized the mechanical lift to transfer R3 from the wheelchair to the bed. NAC1 wore gloves, RSS had no gloves on. Once R3 was on the bed, NAC1 checked the incontinence brief for wetness. NAC1 advised R3 that she required a brief change.. NAC1 prepared supplies to cleanse the resident. RSS1 donned gloves. RSS said it was her job to assist the staff. RSS1 stood beside the bed to assist the resident in holding position on her side. NAC1 pulled the front of the incontinence brief down and used a moist wipe to cleanse the perineal area (in front between legs). R3 had a large amount of soft bowel movement. NAC1 cleansed R3 as she lay on her right side, then assisted R3 to roll to her left side. NAC1 cleansed the buttocks from both sides, then removed her gloves. NAC1 stated "My left one was poeey" referring to her gloves. Bowel movement was visible on both her gloves. NAC1 removed her gloves and immediately donned clean gloves</p>	F 880	<p>hygiene between glove changes.</p> <p>Re-education was provided by the Chief Nursing Officer to include proper hand hygiene when providing cares to residents.</p> <p>Monitor: The Chief Nursing Officer and/or designee will observe peri-care for 5 residents per week for 4 weeks and then 2 residents per week for 8 weeks. Starting the week of July 27th, observations will be documented on an audit tool. Any concerns will be addressed immediately and discussed with QAPI committee. The QAPI committee may adjust the frequency of the monitoring after 12 weeks, as it deems appropriate.</p>		

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F 880	<p>Continued From page 4</p> <p>without performing hand hygiene. NAC1 did not wash her hands and did not use ABHR (alcohol based hand rub) after removing the visibly soiled gloves. NAC1 proceeded to apply ski protectant cream to R3 then applied a clean dry brief and adjusted the bed linens. NAC1 removed gloves and washed her hands before leaving the resident room.</p> <p>On 6/11/20 at 2:30 PM the DNS (Director of Nursing) and licensed nurse LN1 were interviewed regarding infection control practices. The DNS said the facility followed CDC (Centers for Disease Control and Prevention) infection control guidelines. When informed of the observation of incontinence care for R3 and failure to perform hand hygiene with change of gloves grossly soiled with bowel movement. The DNS said it was a standard infection control practice, a facility expectation, and required by facility policy to perform hand hygiene with change of soiled gloves. DNS said employees were trained in the use of gloves and the need for hand hygiene after removing soiled gloves before donning clean gloves. DNS said failure to perform appropriate hand hygiene with change of gloves was unacceptable practice.</p> <p>When asked about the UTI (urinary tract infection) rate in the facility, the DNS said in April the facility identified an increase in UTI with urine cultures showing E-Coli (a specific bacteria found in stool). The DNS said the facility conducted peri-care (care of perineal area) audits and staff education. DNS said the rate went down in May 2020.</p> <p>LN1 provided documentation of an all-staff memo dated May 2020. The memo read in part; The</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>following information requires your immediate review and acknowledgment. By signing below you are verifying that you understand the information given. The topic was UTI (urinary tract infection) Prevention and read; recently we have had an increase in UTI in the building. 5 of the 7 UTIs were E Coli (specific bacteria). This is indicative of fecal (bowel movement) contaminant (stool in the urine sample) and/or poor peri-care. The All Staff memo noted handwashing was the single most important procedure for preventing the spread of infection. The memo described how to use soap and water and ABHR and when to use each for hand hygiene. The memo directed: before you begin, wash your hands thoroughly and put on a pair of gloves. The memo did not discuss when to change gloves or need to perform hand hygiene with glove change. Eleven staff signed acknowledgment of the all staff memo, NAC1's name was not included.</p> <p>Glove use according to the CDC at: <a href="https://www.cdc.gov/handhygiene/providers/guide/line.html">https://www.cdc.gov/handhygiene/providers/guide/line.html</a></p> <p>" Wear gloves, according to Standard Precautions, when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin or contaminated equipment could occur.</p> <p>" Gloves are not a substitute for hand hygiene.</p> <ul style="list-style-type: none"> <li>o If your task requires gloves, perform hand hygiene prior to donning gloves, before touching the patient or the patient environment.</li> <li>o Perform hand hygiene immediately after removing gloves.</li> </ul> <p>" Change gloves and perform hand hygiene during patient care, if</p>	F 880			

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F 880	Continued From page 6 o gloves become damaged, o gloves become visibly soiled with blood or body fluids following a task, o moving from work on a soiled body site to a clean body site on the same patient or if another clinical indication for hand hygiene occurs. " Never wear the same pair of gloves in the care of more than one patient. " Carefully remove gloves to prevent hand contamination.	F 880			