

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: 135092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - IDAHO FALLS VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 840 EAST ELVA STREET IDAHO FALLS, ID 83401		
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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 & Medicaid Services (CMS) on June 16, 2020 at Good Samaritan Society-Idaho Falls Village in Idaho Falls Idaho. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6).</p> <p>Total residents: 36</p> <p>US Department of Health and Human Services Centers for Medicare and Medicaid Services Region 10 701 Fifth Avenue, Suite 1600 MailStop RX-400 Seattle, Washington 98104 206-615-2313</p>	E 000			

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

TITLE

(X6) DATE

Electronically Signed

07/11/2020

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) on June 16, 2020 at Good Samaritan Society-Idaho Falls Village in Idaho Falls, Idaho. Total residents: 36 US Department of Health and Human Services Centers for Medicare and Medicaid Services Region 10 701 Fifth Avenue, Suite 1600 MailStop RX-400 Seattle, Washington 98104 206-615-2313	F 000			
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and	F 812		6/20/20	

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F 812	<p>Continued From page 1</p> <p>serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to distribute and serve food in accordance with professional standards for food service safety when 1 of 3 dietary staff failed to wear a hairnet when in the kitchen during a meal service. This failure placed the residents at risk of food-borne illness.</p> <p>Findings include:</p> <p>The facility's policy, "Employee Hygiene and Dress Code" dated 7/1/2018 indicated under the "Hairnets" section that "Hairnets or hair restraints and beard nets or beard restraints are used: a. When in the food preparation kitchen including the dish rooms and storage areas ...Hair is to be covered completely."</p> <p>On 6/16/20 between 12:15 PM and 1:00 PM, observations were made of a meal service in the dining room:</p> <p>There was a sign posted on the door to the kitchen that read: "Please put on a hairnet before coming into the kitchen. Hairnets are on the counter by the refrigerator or ask the cook for one. Thank You Management."</p> <p>During this observation time (12:15 PM - 1:00 PM) a Dietary Aide (DA) was seen doing a number of tasks associated with the meal service. At approximately 12:17 PM, the DA was</p>	F 812	<p>Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. For the purposes of any allegation that the center is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the center's allegation of compliance in accordance with section 7305 of the State Operations Manual.</p> <p>POC Abbreviations: CLDS = Clinical Learning & Development Specialist AD = Activities Director TD = Transportation Driver F812 (Food Procurement, Store/Prepare/Serve-Sanitary)</p> <p>1. It was determined that the facility failed "to distribute and serve food in accordance with professional standards for food service safety when 1 of 3 dietary staff failed to wear a hairnet when in the kitchen during a meal service." Dietary department staff were individually re-educated on proper use of hairnets by the Food & Nutrition Manager between 6/17/2020 and 6/20/2020. New signage was placed on both doors leading from the dining room to the kitchen, and a new</p>		

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F 812	Continued From page 2 observed to leave the dining room and enter the kitchen area without putting on a hairnet. The DA was observed going into the area behind the steam table, which was an area for food preparation. At 12:45 PM, the DA again was observed leaving the dining room and entering the kitchen area without putting on a hairnet. An interview was conducted with the Dietary Manager (DM) on 6/16/20 at 1:40 PM, The DM was asked about the use of hairnets in the kitchen. The DM stated that all the cooks wear hairnets. When asked about the dietary aides the DM did not have an answer. The DM did acknowledge the sign posted on the kitchen door as being the facility practice. An interview with the Administrator on 6/16/20 at 3:50 PM revealed that the Administrator expected all staff that entered the kitchen would wear a hairnet. The Administrator indicated that was the policy of the facility.	F 812	hairnet receptacle box was attached to the main door leading into the kitchen from the dining room. 2. It is acknowledged that residents currently residing in the facility have the potential to be affected by this deficient practice. 3. The Food & Nutrition Manager or designee will add the "Employee Hygiene and Dress Code" policy to the training materials which will be used for onboarding new dietary department staff, as well as continual training. 4. The facility administrator or designee will add audits to the facility QAPI process – ensuring compliance with the hairnet usage procedures listed in the "Employee Hygiene and Dress Code" policy. 5. Compliance Date: 6/20/2020.		
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.	F 880		7/31/20	

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F 880	<p>Continued From page 3</p> <p>§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:</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> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct 	F 880			

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F 880	<p>Continued From page 4</p> <p>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. 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 a process to: 1) monitor all residents for symptoms of COVID-19 (COVID-19 is an infectious disease by a new virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, dizziness, nausea, vomiting, diarrhea, loss of taste and/or smell, and in severe cases difficulty breathing that could result in severe impairment or death) for 1 of 5 residents (Resident (R)5) reviewed for COVID-19 monitoring and, 2) ensure staff followed isolation precautions for residents in isolation for COVID-19 when 2 staff members entered isolation rooms without the appropriate use of personal protection equipment (PPE).</p> <p>The facility also failed to maintain an infection prevention and control program to provide a safe</p>	F 880	<p>F880 (Infection Prevention & Control)</p> <p>1. It was determined that the facility failed</p> <p>a. to "maintain a process to... monitor all residents for symptoms of COVID-19 for 1 of 5 residents (resident (R)5) reviewed for COVID-19 monitoring"</p> <p>b. to "ensure staff followed isolation precautions for residents in isolation for COVID-19 when 2 staff members entered isolation rooms without the appropriate use of personal protection equipment (PPE)"</p> <p>c. to "maintain an infection prevention and control program to provide a safe and sanitary environment to aide in the prevention and transmission of communicable disease and infections when a staff member failed to perform hand hygiene during the delivery of meals</p>		

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F 880	<p>Continued From page 5</p> <p>and sanitary environment to aide in the prevention and transmission of communicable disease and infections when a staff member failed to perform hand hygiene during the delivery of meals to residents in the dining room.</p> <p>Findings include:</p> <p>1. The Centers for Disease Control and Prevention (CDC) indicated that "Symptoms of Coronavirus" (COVID-19) and "What you need to know" is that anyone can have mild to severe symptoms and that older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness (https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html). The CDC indicates that those people who are at a higher risk for serious illness from COVID-19 are those "at high-risk for severe illness from COVID-19 are: people aged 65 years and older, people who live in a nursing home or long-term care facility, people of all ages with underlying medical conditions, particularly if not well controlled, including: people with chronic lung disease or moderate to severe asthma, and people who have serious heart conditions" (https://www.cdc.gov/coronavirus/2019-ncov/faq.html#People-at-Higher-Risk-for-Severe-Illness).</p> <p>The facility's policy entitled "Emerging Threats-Acute Respiratory Syndromes Coronavirus (COVID)-Enterprise" with a reviewed/revised date of 4/16/2020 indicated</p>	F 880	<p>to residents in the dining room. Immediate corrective actions are as follows: For resident #5, vital sign orders were placed in orders on 6/16/2020. Vitals signs including oxygen saturation levels have been monitor twice a day since that date. Chart audits were completed and no other residents were missing the vital sign order sets for COVID-19 screening. A statement was added to the facility admission checklist that states "COVID monitoring to include obtaining and recording vital signs twice a day on residents currently residing in the facility and will be placed in their order set on admission." Licensed nurses were re-educated on this requirement by Donna B., RN, CLDS by 7/9/2020. The AD and TD were reeducated on proper PPE use for residents on Contact and Droplet precautions by the facility administrator on 6/17/2020. Dietary Aides were individually re-educated on proper hand hygiene during meal pass by the administrator and Food & Nutrition Manager between 6/17/2020 and 6/20/2020.</p> <p>2. It is acknowledged that residents currently residing in the facility have the potential to be affected by this deficient practice.</p> <p>3. Staff were re-educated on COVID-19 screening, isolation procedures with proper PPE use, and hand hygiene by the administrator or designee on or by 6/17/2020. Education will include the following information: (Currently facility is utilizing two separate cohorting zones. Gray zone and Green zone. In addition to</p>		

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F 880	<p>Continued From page 6</p> <p>under the section for "Long Term Care or Skilled Nursing Facility" that "Residents are screened at least daily for exposure and symptoms using the screening process."</p> <p>Resident 5 was admitted to the facility with diagnoses that included wound care of the lower extremities, decreased cognition (mental function), depression (an illness that negatively affects how a person feels about life), and chronic obstructive pulmonary disease (COPD-lung disease that is affects lung airflow that interferes with normal breathing).</p> <p>During review of resident's (R1, R2, R3, and R4) medical records, Physician Orders were received for the following, "COVID-19 Monitoring: Full set of vital signs, lung sounds (LS), and presence of cough (C) to be completed Q (every) shift by hall nurse during assigned Med (medication) Pass. Temp (temperature) greater than or equal to 100.4, and presence of cough INFORM MANAGEMENT ASAP." Review of R5's medical record revealed that R5 did not have a Physician's Order for COVID-19 monitoring. Resident 5's care plan dated 6/5/2020 indicated that for COVID monitoring the resident should have "full vital signs" taken.</p> <p>The Director of Nursing (DON) was asked on 6/16/2020 at approximately 3:15 PM if full vital signs included an oxygen saturation reading (pulse oximetry is a test that measures oxygen saturation level. The pulse oximeter is a small, clip-like device that attaches to a body part, like a finger to detect how efficiently oxygen is being</p>	F 880	<p>that a separate area has been set aside and prepared as a RED zone and will be utilized if need arises. Designated zones now include signs indicating what zone staff are entering. Signs include instructions on proper PPE for that zone).</p> <p>4. Medical records will be audited for COVID-19 screening order and screening documentation daily X5 days, then weekly X 3 weeks, then monthly X 2 months by Director of Nursing or designee. Observation audits of staff entering isolation rooms and providing direct resident care for proper PPE utilization and hand hygiene will be conducted the administrator or designee at random times each shift daily X 5 days, weekly X 3 weeks, then monthly X 2 months. Observation audits of hand hygiene during meal delivery will be conducted daily X5 days, then weekly X 3 weeks, then monthly X 2 months by Administrator or designee. Audit results will be submitted to monthly QAPI Committee for review and further recommendation as indicated.</p> <p>5. The facility claims substantial compliance will be completed by 7/31/2020.</p>		

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F 880	<p>Continued From page 7 carried through the body), the DON indicated full vital signs included oxygen saturation readings.</p> <p>Review of R5's medical record revealed that other vital signs (temperature, pulse, and respirations) were taken three times a day since R5's admission (6/5/2020); however, oxygen saturations were only documented as being done on 6/9/2020, 6/10/2020 (twice), 6/11/2020, and on 6/16/2020 (4 days of the 11 days since admission).</p> <p>On 6/6/2020 at 4:05 PM, the DON explained that because the Physician's Order was not entered into R5's medical record; the prompt for oxygen saturation reading did not come up as needing to be completed by nursing staff. The DON further explained that the facilities portable vital sign machines (ROSIE a vital signs machine with connectivity software that takes and records vital signs and records them in a resident's electronic health record) will record the oxygen saturations; however, the machines had not been working so R5's oxygen saturations were not completed as needed for COVID-19 monitoring.</p> <p>2. The Centers for Disease control and prevention (CDC) indicated that long-term care facilities should "Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown, which included the following guidance: "Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>be monitored for evidence of COVID-19. HCP (Healthcare Professionals) should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission ..." https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html.</p> <p>The facility's policy entitled "Emerging Threats-Acute Respiratory Syndromes Coronavirus (COVID)-Enterprise" with a Reviewed/Revised date of 4/16/2020 indicated that the purpose of the policy was "1. to provide guidance to healthcare personnel working in healthcare settings who have the potential for exposure to patients presenting with an emerging respiratory threat including coronavirus. 2. To prevent the transmission from person to person of respiratory pathogens ...LONG TERM CARE OR SKILLED NURSING FACILITY ...Infection Prevention and Control Recommendations ...The resident will be isolated in their room with the door closed ...1. Limited only essential personnel to enter the room with appropriate PPE (personal protection equipment) and respiratory protection. PPE includes: Gloves, Gown, Eye Protection (goggles or face shield)"</p> <p>On 6/16/2020 starting at 9:45 AM, observations were made in the hallway where the isolation rooms were located (Rooms 132,134, 135, 136, 137, and room 139). These residents had</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>potential exposure to COVID-19 due to their status as new admissions or the residents went out of the facility on a regular basis for appointments (doctors, dialysis, etc.). At 9:50 AM, the AD was observed entering resident room 132 (an isolation room). The only PPE utilized by the AD was a mask when entering the isolation room. Continual observation in the isolation unit revealed at 10:52 AM, the facility's transportation person (TP) entered resident room 136. The TP only used a mask when entering the isolation room.</p> <p>An interview was conducted with TP on 6/16/20 at 1:35 PM, TP stated that he drives residents to their appointments. He indicated that staff gets the resident ready for the appointment and he then takes them to their appointment. TP stated he goes into the resident's room to get the resident. He indicated that he only wears a mask when he goes into the resident's room.</p> <p>An interview with the AD was conducted on 6/16/20 at 1:50 PM, the AD was asked about how she provides activities to those residents in isolation. The AD stated that she provided in room activities and that she does all the isolation residents at the same time. The AD explained that she puts on (dons) the PPE then visited each resident in their rooms. The AD indicated that once you go through the double doors you have to have on full PPE and that she did not need to change PPE between residents.</p> <p>On 6/16/20 at 4:00 PM during a meeting with the Administrator, Director Nursing, and the Infection</p>	F 880			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/16/2020
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F 880	<p>Continued From page 10</p> <p>Preventionist, the facility's isolation process was discussed. The facility administrative team indicated that they expected staff to don full PPE when entering the isolation rooms.</p> <p>3. The facility's policy entitled "Hand Hygiene and Handwashing" with a reviewed/revised date of 4/14/20 indicated under the section, "During Service of Meals" that "2. Nursing and all other employees: a. Wash hands before meal service begins, when visibly soiled and whenever hands are contaminated by touching a resident, self or any surface (e.g., table, chair, counter) ..."</p> <p>On 6/16/20 at 12:15 PM, observations were made of meal service in the dining room. A dietary aide (DA) was assisting residents during the meals service. The DA failed to perform hand hygiene during these times:</p> <p>*At 12:28 PM, the DA was at the steam table (dining room side) looking at resident's dietary slips. The DA shuffled through the dietary slips and then took a number of them out to residents where the DA asked the resident what they would like for lunch. The DA would mark the dietary slips. After speaking with a number of residents the DA took the dietary slips back to the steam table and placed the dietary slips on top of the steam table. The DA then went back to providing drinks to the residents, this entailed getting cups/glasses, filling them and taking the prepared drinks to residents. The DA did not perform any hand hygiene during the process of filling out dietary slips and providing drinks to the residents.</p> <p>*At approximately 12:40 PM, the DA got a</p>	F 880			

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

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F 880	<p>Continued From page 11</p> <p>prepared plate from the top of the steam table and took the plate to a resident. He assisted the resident with set up. The DA then went back to the steam table and got another prepared plate from the top of the steam table and served another resident. The resident stated something to the DA. The DA removed the plate from in front of the resident, moving it to the other side of the table. The DA went back to the steam table and got a third plate and delivered it to a resident. Before the DA could set the plate in front of the resident, the DA had to move the resident's glass of water. The DA spoke with a resident and went to the steam table and wrote on a dietary slip. The DA then picked up another prepared plate and took the plate to a resident. No hand hygiene was preformed between these activities. At this time, there was only the DA and one Certified Nursing Assistant (CNA) who was seated and assisting a resident with eating and there were 14 residents in the dining room.</p> <p>An interview with the Administrator on 6/16/20 at 3:50 PM was conducted, the Administrator was told about the observations made during the meal service regarding the lack of hand hygiene. The Administrator acknowledged that staff should wash hands between residents and when they touch other surfaces.</p>	F 880			