

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: 135021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OR SUPPLIER LEWISTON TRANSITIONAL CARE OF CASCADIA			STREET ADDRESS, CITY, STATE, ZIP CODE 3315 8TH STREET LEWISTON, ID 83501		
(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 & Medicaid Services (CMS) on June 16 2020 at Lewiston Transitional Care 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 65 . Resident sample 7</p> <p>The CMS Team: Surveyor \$29087</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) LABORATORY</p>	E 000			

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

TITLE

(X6) DATE

Electronically Signed

07/30/2020

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 Lewiston Transitional Care of Cascadia. The facility was not in substantial compliance with 42 CFR §483.80 infection prevention and control. Facility Resident Census 65. Resident sample 7. The CMS Team: Surveyor #29087 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=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	F 880		8/5/20	

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F 880	Continued From page 1 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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (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: (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 contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.	F 880			

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F 880	<p>Continued From page 2</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, and interview the facility failed to ensure standard infection control practices were implemented during resident room cleaning on the 200 and 300 halls. These failures could potentially contaminate surfaces in the resident environment placing residents at risk for exposure to infectious organisms and at risk for facility-transmitted infection.</p> <p>Findings include: During the entrance interview on 6/16/20 at 9:00 AM the facility administrator reported the facility had no COVID positive residents. The 300 hall had two new residents on 14-day quarantine. The facility was in phase four of the re-opening plan.</p> <p>During observation of the 300 hall on 6/16/20 at 11:10 AM, environmental services staff HK1 damp-mopped the floor in room 311. HK1 returned to the housekeeping cart in the corridor and removed the mop pad, then removed gloves. HK1 did not perform hand hygiene (no use of hand sanitizer and no hand washing). The</p>	F 880	<p>This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Lewiston Transitional Care 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>F880 Infection Prevention & Control</p> <p>Resident Specific: The housekeeping supervisor disinfected the entire housekeeping cart and cleaned rooms 310 and 203 while maintaining standard infection control practices and proper hand hygiene.</p> <p>Other Residents:</p>		

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F 880	<p>Continued From page 3</p> <p>administrator, while passing by, cued HK1 to wash or sanitize hands between rooms. HK1 did not wash or sanitize his/her hands and moved the housekeeping cart to room 310.</p> <p>Signage posted on room 310 read; STOP Neutropenic Precautions *perform hand hygiene when entering and before leaving room *put on gloves before entering and remove before leaving room *put on gown before entering and remove before leaving the room *Put on mask before entering room if you have a respiratory infection.</p> <p>HK1 placed a hand-carry caddy which contained cleaning supplies on the floor just inside room 310. One spray bottle with clear solution fell out of the caddy onto the floor. HK1 picked up the bottle and returned it to the caddy. HK1 did not sanitize the spray bottle. HK1 did not sanitize or wash hands after handling the spray bottle which was considered contaminated when on the floor. HK1 wore a face mask and proceeded to don a gown and gloves and entered room 310. HK1 used the spray bottle to wet a cleaning cloth and used the cloth to wipe down surfaces in the room. HK1 did not touch the bottle with the cloth. While wiping the fixtures under the sink, the cloth fell to the floor. HK1 retrieved the cloth from the floor and placed the cloth on the edge of the sink. HK1 did not change gloves after handling the cloth that was on the floor. HK1 later without first rinsing or sanitizing it, used the cloth, to wipe down the sink. HK1 then sprayed the sink with disinfectant and let it air dry. HK1 carried the caddy to the bathroom and placed it on the bathroom floor while cleaning the bathroom. HK1 did not place a barrier to protect the caddy from floor contaminates.</p>	F 880	<p>The housekeeping supervisor reviewed other resident's rooms to validate proper infection control practices were maintained.</p> <p>Facility systems: Housekeeping staff were educated on standard infection control practices, neutropenic precautions and hand hygiene. Infection Control Preventionists and/or designee provided education, to include but not limited to, the facility's policy on standard infection control practices, hand hygiene and facility-transmitted infections. The system is amended to include oversight of housekeeping as part of the infection control preventions weekly surveillance audits.</p> <p>Monitor: Infection Control Preventionists will audit housekeeping for implementation of standard infection control practices 3 times weekly for 4 weeks, then 2 times weekly for 8 weeks. Starting the week of 8/10/2020, the review will be documented on the QAPI audit tool. Any concerns will be addressed immediately and will be reviewed with QAPI committee. The QAPI committee may adjust the frequency of the monitoring after 12 weeks, as it deems appropriate.</p> <p>Date of Compliance: August 20, 2020</p>		

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F 880	<p>Continued From page 4</p> <p>HK1 returned the caddy to the bottom shelf of the housekeeping cart. HK1 did not sanitize the caddy and did not place a barrier in the housekeeping cart to protect the cart from the contaminated caddy.</p> <p>The CDC (Centers for Disease Control and Prevention) official web site indicated neutropenic precautions are used when a patient has a low number of neutrophils (white blood cells, main defense against infection) in their immune system, making them immunocompromised.</p> <p>The administrator and the Infection Preventionist (IP) were immediately informed of the observations. IP said Resident (R1) was on chemotherapy and was at higher risk for infection. IP said her blood counts were good but she (IP) felt better keeping R1 on precautions. The administrator and IP went directly to the 300 hall and observed HK1 exited room 311 and placed the cleaning supply caddy directly on the corridor floor while unlocking the housekeeping cart. The administrator directed HK1 to not place supplies or equipment directly on the floor and directed staff to clean the rooms again with supervision.</p> <p>On 6/16/20 at 11:50 AM HK2 cleaned room 203. HK2 said the room did not require transmission-based precautions. HK2 sanitized hands and donned gloves. HK2 took a cleaning supply hand-carry caddy from the housekeeping cart and placed it directly on the bathroom floor with no barrier to protect the caddy from contamination. The caddy held a toilet brush. HK2 used the brush to clean the toilet then immediately returned the brush to the caddy. HK1 used a cloth wetted with disinfectant solution to wipe the outside of the toilet, the rim, and toilet</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>seat. HK2 held the now soiled cloth in a gloved hand and carried the caddy to the housekeeping cart. HK2 while still wearing the soiled gloves, unlocked the housekeeping cart and placed the caddy on the bottom shelf next to multiple spray bottles of cleaning solutions. HK2 did not place a barrier to protect the cart from contamination by the caddy. HK2 still held the soiled cleaning cloth which was finally placed in a plastic bag.</p> <p>In an interview immediately following the observation, HK2 said she was employed by a company contracted to provide environmental services to the facility. HK2 said the company provided training and education about infection control and housekeeping procedures. HK2 sated the housekeeping cart contained one supply caddy and one toilet brush which she carried from bathroom to bathroom. IP approached during the interview and the observations were described. IP observed inside the housekeeping cart and directed HK2 to not place supplies on the floor without a barrier. IP acknowledged the caddy was contaminated now and so were all the items in the same housekeeping cart compartment. IP directed HK2 to remove the contents of the housekeeping and sanitize the outside and inside of the housekeeping cart then discard or sanitize the contents before returning them to the cart.</p> <p>When asked about facility surveillance for infection control with housekeeping procedures, IP said housekeeping surveillance was not something the facility had been doing. IP stated the facility provided contracted employees education regarding hand washing and use of hand sanitizer. IP said the facility utilized surveillance tools for linen handling with respect to the nursing staff and patient care but not for</p>	F 880			

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F 880	Continued From page 6 housekeeping processes. During the exit interview on 6/16/20 the administrator reported the facility contracted environmental services which included housekeeping and laundry. IP reported the facility had two housekeeping carts, two housekeepers and one supervising environmental services staff.	F 880			