

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>135082</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/17/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>MCCALL REHABILITATION AND CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>418 FLOYDE STREET MCCALL, ID 83638</b>		
(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 on June 16, 2020 through June 17, 2020. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6).</p> <p>The survey was conducted by:</p> <p>Jenny Walker, RN, Team Coordinator Kim Saccomando, RN</p>	E 000			

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

TITLE

(X6) DATE

Electronically Signed

07/05/2020

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 which was conducted on June 16, 2020 through June 17, 2020.  The survey was conducted by:  Jenny Walker, RN, Team Coordinator Kim Saccomando  Abbreviations:  DNS = Director of Nursing LPN = Licensed Practical Nurse PPE = Personal Protective Equipment	F 000			
F 880 SS=F	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		7/10/20	

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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, staff interview, and policy review, and review of nationally recognized standards, it was determined the facility failed to ensure appropriate infection control measures were implemented for hand hygiene. These failures created the potential of exposing residents to the risk of infection and cross-contamination including COVID-19. Findings include:</p> <p>a. The facility's policy for Hand Hygiene, undated, documented, "The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections."</p> <p>The Centers for Disease Control and Prevention website, Hand Hygiene in Healthcare Settings under the tab Guidelines, accessed 6/22/20, stated: * Hands should be decontaminated or washed after removing gloves * Gloves should not be washed or reused</p> <p>On 6/16/20 at 2:47 PM, LPN #1 was wearing gloves at the nurse's cart and applied hand sanitizer to her gloved hands and rubbed her</p>	F 880	<p>1)LPN was immediately educated (6/17/2020)on proper hand washing and use of PPE including gloves, masks, and gowns. Staff will be educated and complete a skills check off and pass knowledge test by July 10, 2020 on proper hand washing and use of PPE. 2)All resident's receiving care in the facility have the potential to be affected 3)Staff will appropriately utilize hand hygiene and be able to identify each scenario when hand hygiene will occur. 4)DON/Infection Preventionist, or designee will audit proper hand washing techniques 3 x weekly for 4 weeks then once weekly for two months. Audits to begin July 6, 2020. Finding will be presented and reviewed at QAPI committee meeting on July 9, 2020.</p>		

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F 880	<p>Continued From page 3</p> <p>gloved hands together until the hand sanitizer was dry. LPN #1 then removed a disinfectant wipe and wiped down the nurse's cart while wearing the gloves. LPN #1 stated she was "pretending" there was a glove shortage and applied the hand sanitizer on her gloved hands. LPN #1 stated the facility did not have a glove shortage. There were two boxes of gloves on the wall next to the nurse's cart and one box of gloves above the nurse's cart. LPN #1 stated she received education regarding hand hygiene which included not to reuse gloves.</p> <p>b. The Centers for Disease Control and Prevention website, How to Wear Cloth Face Coverings, accessed on 6/22/20, stated: * Cloth face coverings are an additional step to help slow the spread of COVID-19 * The correct way to wear cloth face coverings was to put it over your nose and mouth and secure it under your chin * Don't touch the face covering, and, if you do, wash your hands</p> <p>On 6/16/20 at 2:50 PM, LPN #1 was wearing a cloth mask while talking. The mask dropped below her nose and her nostrils were exposed. LPN #1 readjusted the cloth mask above her nose and did not perform hand hygiene after touching her cloth mask. LPN #1 stated the cloth masks did not fit her correctly and this was the second one she had changed since the start of her shift. While LPN #1 was explaining the cloth mask did not fit her correctly, she readjusted the cloth mask to cover her nose five times. LPN #1 did not perform hand hygiene each time after touching her mask. LPN #1 then reached in her pocket and grabbed the keys to the nurse's cart and stated she was going to change masks. LPN</p>	F 880			

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F 880	Continued From page 4 #1 stated she should perform hand hygiene after each time she touched her mask.  On 6/16/20 at 3:05 PM, the DNS stated the facility did not have a glove shortage and LPN #1 should not have applied hand sanitizer to her gloved hands. The DNS stated LPN #1 should have performed hand hygiene after each time she readjusted the cloth mask above her nose.	F 880			