

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: 135015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OR SUPPLIER PAYETTE HEALTHCARE OF CASCADIA			STREET ADDRESS, CITY, STATE, ZIP CODE 1019 THIRD AVENUE SOUTH PAYETTE, ID 83661		
(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	Initial Comments	E 000			
	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).				
	The survey was conducted by:				
	Brad Perry, LSW, Team Leader Presie C. Billington, RN				
F 000	INITIAL COMMENTS	F 000			
	The following deficiency was cited during a COVID-19 Focused Infection Control Survey conducted on June 16, 2020 through June 17, 2020.				
	The survey was conducted by:				
	Brad Perry, LSW, Team Leader Presie Billington, RN				
	Survey Abreviations:				
	ICP = Infection Control Preventionist NA= Nursing Assistant PPE = Personal Protective Equipment RN = Registered Nurse UM = Unit Manager				
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control	F 880		7/10/20	

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

TITLE

(X6) DATE
07/06/2020

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

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F 880	<p>Continued From page 2 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. 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, policy review, and staff interview, it was determined the facility failed to ensure infection control prevention practices were maintained to provide a safe and sanitary environment. This was true for 4 of 10 residents (#5, #6, #7, and #10) observed for infection control prevention practices. These failures 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 Screening and Management of Coronavirus COVID-19 policy and procedure,</p>	F 880	<p>This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Payette Healthcare of Cascadia does not admit that the deficiencies listed on the CMS Form 2567 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>		

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F 880	<p>Continued From page 3</p> <p>dated 5/19/20, directed staff to place their newly admitted residents in quarantine precautions and to place a sign outside of the rooms indicating they were under quarantine. According to the U.S. Department of Health and Human Services, website accessed 6/23/20, quarantine is defined as separation and restriction of movement of people who may have been exposed to a contagious disease to see if they become sick.</p> <p>A facility in-service Transmission Based Precautions, dated 6/10/20, directed staff to post the appropriate precaution signage outside the resident's room and to place and maintain an adequate supply of appropriate PPE at the door.</p> <p>On 6/16/20 at 8:30 AM, during the initial tour of the facility's quarantine unit, PPE carts were observed outside the rooms of Residents #5, #6, #7, and #10. There were no signs posted outside their rooms.</p> <p>On 6/16/20 at 8:45 AM, NA #1 entered Resident #10's room. NA #1 wore a mask but did not don a gown or gloves when she entered Resident #10's room.</p> <p>On 6/16/20 at 10:38 AM, RN #1 said resident rooms in the quarantine unit with a PPE cart outside their doors were newly admitted residents whose COVID-19 test results were still pending. RN #1 said staff should wear a facial mask, gown, and gloves when they enter residents' rooms with PPE carts outside their doors.</p> <p>On 6/16/20 at 12:05 PM, UM #1 together with the ICP, said resident rooms in the quarantine unit with a PPE cart outside their doors were newly admitted residents whose COVID-19 test results</p>	F 880	<p>Resident Specific Resident #10 no longer resides at our facility. Residents #5, #6, #7 were assessed by a licensed nurse on 6/30/20 and 7/1/20, respectively to ensure residents were free from infection. Assessments of residents concluded no findings of infection.</p> <p>Other Residents Other residents on the non-quarantine unit have been assessed and are not demonstrating any signs or symptoms of infection. Will continue to monitor ongoing per facility policy.</p> <p>Facility Systems Staff were educated by Infection Preventionist or designee to transmission based precautions and screening and management of COVID-19 policy, including but not limited to proper PPE usage, hand hygiene, appropriate signage on resident doors and communication to staff regarding policies and procedures.</p> <p>Monitor The Infection Preventionist or designee will audit 3 random staff for proper PPE usage, hand hygiene and appropriate signage on resident door 2 times weekly for 2 weeks, 1 time weekly for 2 weeks and one time monthly x 2. The infection Preventionist or designee will audit 3 staff members knowledge of policies and procedures 2 times a week for 2 weeks, 1 time a week for 2 weeks</p>		

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F 880	<p>Continued From page 4</p> <p>were still pending, residents on dialysis, or residents who had frequent medical appointments such as wound clinic visits. UM #1 said there should be a sign which stated "STOP please see the nurse" outside the residents' doors in the quarantine unit. UM #1 said staff entering resident rooms with a PPE cart outside their door should wear a facial mask, gown, and gloves before entering these rooms. When asked why there were no signs posted outside of the resident rooms in the quarantine unit, UM #1 said the facility had a recent change of management and all of the signs had the name of their former corporation.</p> <p>On 6/16/20 at 12:45 PM, NA #1 said she knew she had to wear a gown before entering Resident #10's room but there were no gowns in the PPE cart. NA #1 said she "just wanted her job done" and she made a "poor choice."</p> <p>2. The Centers for Disease Control and Prevention's website, accessed on 6/17/20, stated hand hygiene should be performed before donning PPE.</p> <p>On 6/16/20 at 1:45 PM, NA #1 walked toward Resident #6's room and opened the PPE cart, then took a gown out and put it on over her clothes. NA #1 then put on a pair of gloves and entered Resident #6's room. NA #1 did not perform hand hygiene before donning her PPE.</p> <p>On 6/16/20 at 2:00 PM, NA #1 said she did not perform hand hygiene before donning her PPE when she entered Resident #6's room because there was no hand sanitizer of top of the PPE cart.</p>	F 880	<p>and one time monthly x 2.</p> <p>Any concerns will be addressed immediately and discussed with the PI committee. The PI committee may adjust the frequency of the monitoring after 3 months, as it deems appropriate.</p>		

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F 880	<p>Continued From page 5</p> <p>3. A facility in-service Transmission Based Precautions, dated 6/10/20, documented isolation and quarantine interventions were to be communicated to staff through clinical alerts, communication boards, signage, and stand-up meetings.</p> <p>On 6/16/20 at 12:55 PM, CNA #1 stepped out of Resident #6's room carrying a food tray and placed it inside the food cart. CNA #1 was not wearing a gown when she stepped out of Resident #6's room. NA #1 was heard saying to CNA #1 "I am confused now, are we supposed to wear gowns when we enter residents' rooms with a PPE cart outside their rooms?" CNA #1 said she was told she did not need to wear a gown to enter residents' rooms if she was only collecting food trays.</p> <p>On 6/16/20 at 1:05 PM, the ICP said she was appointed as Infection Control Nurse four days ago and had recently started training the staff regarding hand hygiene and infection control and prevention practices.</p>	F 880			