

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>135094</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/17/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WELLSPRING HEALTH &amp; REHABILITATION OF CASCADIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2105 12TH AVENUE ROAD NAMPA, ID 83686</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 17, 2020. The facility was found to be in compliance with 42 CFR 483.83 related to E-0024 (b)(6).</p>	E 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>07/06/2020</b>
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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	F 000			
F 880 SS=E	<p>A COVID-19 Focused Infection Control Survey was conducted by the Centers for Medicare &amp; Medicaid Services (CMS) on June 17, 2020. The facility was found not to be in compliance with 42 CFR §483.80 infection control regulations and had not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19 (an illness caused by the novel coronavirus SAR-CoV-2).</p> <p>Total census 58.</p> <p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</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>	F 880		7/17/20	

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TITLE

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F 880	Continued From page 1  §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.  §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.  §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880			

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F 880	<p>Continued From page 2</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:</p> <p>Based on observation, interview and record review, the facility failed to maintain an infection control program designed to prevent the transmission of COVID-19 when they</p> <ol style="list-style-type: none"> <li>Failed to implement and follow the CDC's guidance to use all COVID-19 Personal Protective Equipment (PPE) for newly admitted residents during a fourteen day observation period and</li> <li>Failed to implement and follow mitigation strategies for limited PPE.</li> </ol> <p>These failures had the potential to transmit and spread the coronavirus that causes COVID-19 to other residents at higher risk for severe illness which included residents who have serious underlying medical conditions, and staff.</p> <p>Findings: Observed Licensed Practical Nurse (LPN) 3 prepare and administer medications for Resident 22 on 06/16/2020 at 09:30 AM. While preparing medications, LPN3 stated she had been working at the facility for about one year. She stated that Resident 22 went to dialysis 3 days a week, used oxygen and had a tracheostomy (a surgically created hole (stoma) in the windpipe (trachea) that provides an alternative airway for breathing). LPN3 entered Resident 22's room at 09:45 AM with the medications wearing a mask and hands the prepared medication to the resident. LPN3 exited the room at 09:51 AM and performed hand hygiene. LPN3 confirmed she was assigned to work on the hallway with residents who had tracheostomies, and ventilators (the 500 hallway)</p>	F 880	<p>This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Wellspring Health and Rehabilitation of Cascadia does not admit that the deficiencies listed on the CMS Form 2567 exist, not 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 SS=E</p> <p>Citation #1</p> <p>Implementation of Corrective Actions Failed to implement and follow CDC's guidance to use all COVID-19 Personal Protective Equipment for newly admitted residents during 14-day observation period.</p> <p>Resident Specific Corrective action for the resident #24. The Isolation cart now has gowns, gloves, masks and goggles. We have received reusable gowns which are available for staff.</p>		

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F 880	<p>Continued From page 3 as well as the hallway where the new admissions were co-horted together (hallway 400) during the COVID-19 observation period.</p> <p>Resident 22's "Admission Record" was reviewed on 06/17/2020. It revealed Resident 22 was admitted on 12/21/2019 and diagnosis included acute respiratory failure, end stage renal disease, dependence on dialysis, and had a tracheostomy.</p> <p>On 06/16/2020 at 10:10 AM observed LPN3 prepare to apply topical medication for a resident on the 400 hallway. LPN3 who was already wearing a mask, gathered Resident 24's medication and gloves and entered the room. Following application of medication, LPN3 removed gloves in the room and discarded them. She then exited the room and proceeded to a sink and washed hands. LPN3 did not don an isolation gown, or eye protection prior to entering the room.</p> <p>During an interview immediately following this observation, LPN3 stated that new admissions were quarantined for 14 days. LPN3 described the required precautions needed for new admissions were the standard precautions, "a mask, and extra handwashing." When asked if Resident 24's COVID-19 status was known or unknown, she stated "Right now they don't have any symptoms." When asked to clarify if any of the newly admitted residents were "negative" for COVID-19, she stated "We don't know for sure." When asked if she was aware of the CDC's recommended PPE for new admissions with unknown COVID-19 status, she was unable to relay what the recommendation was, asking "Just a mask and hand washing?"</p>	F 880	<p><b>Other Residents</b> All isolation boxes have gowns, gloves, masks and goggles (eye protection) for all new admits on 14-day observation.</p> <p><b>Facility Systems</b> All new admits in 14-day observation are put on droplet precautions – which would include gowns, gloves, masks and goggles. All staff was in-serviced on 06/17/2020.</p> <p><b>Monitor</b> The DNS/SDC will conduct observations on the observation unit as follows: 3 times per week X 1 month 2 times per week X 1 month 1 time per week X 3 months Any problems will be brought to and discussed at QAPI</p> <p><b>Date of Compliance</b> 06/17/2020</p> <p><b>Name and Title of person responsible</b> Maureen Karr, RN, CNO</p> <p><b>Citation #2</b></p> <p><b>Implementation of Corrective Actions</b> We reached out to sister facilities and received a substantial supply of reusable gowns. In addition, staff has been in-serviced on donning and doffing said reusable gowns.</p> <p><b>Resident Specific</b> Resident #24's isolation box was filled with disposable and reusable gowns and</p>		

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F 880	<p>Continued From page 4</p> <p>Resident 24's "Admission Record" was reviewed on 06/17/2020. It revealed Resident 24 was admitted on 06/10/2020 from an acute care hospital. The acute care hospital "Emergency/Urgent Care" exam read the resident's diagnoses were homelessness, alcohol and prescription drug abuse, and oppositional behavior.</p> <p>Registered Nurse (RN) 2 stated during an interview on 06/16/2020 at 10:40 AM she had worked at the facility for at least a year. She confirmed she does work on the New Admission hallway sometimes, though she usually works on a different hallway. When asked to describe the process for new admissions in light of the public health emergency, she stated they are quarantined for 14 days. When asked to explain what that meant, she stated they are "separated from everyone else". She further described that the facility does not accept COVID-19 positive residents due to the ventilator dependent residents in the facility. When asked what transmission precautions were utilized on the new admission hallway, she stated "well, standard [precautions]." RN2 was able to relay the CDC's recommendation of droplet precautions for residents with confirmed or suspected COVID-19. When asked if the current "standard precautions" would protect other residents and staff if an asymptomatic COVID-19 positive resident was admitted to the facility she stated "probably not."</p> <p>During an interview with the Rehab Director on 06/16/2020 at 11:38 AM she listed the required PPE for providing care to a resident on quarantine as a mask, and gloves. She also described that they tried to see the new admissions at the end of the day, and if they used</p>	F 880	<p>goggles (eye protection).</p> <p>Other Residents All 14-day observation isolation boxes for new admits have disposable and reusable gowns and goggles (eye protection).</p> <p>Facility Systems Policy for droplet precautions has been instituted for all 14-day observation and new admit residents. All staff has been in-serviced.</p> <p>Monitor The DNS/SDC will conduct observations on the observation unit as follows: 3 times per week X 1 month 2 times per week X 1 month 1 time per week X 3 months Any problems will be brought to and discussed at QAPI</p> <p>Date of Compliance 06/17/2020</p> <p>Name and Title of person responsible Maureen Karr, RN, CNO</p>		

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F 880	<p>Continued From page 5</p> <p>any equipment they would leave it in the room as dedicated to that resident.</p> <p>Interviewed the Infection Preventionist (IP) on 6/16/2020 at 11:15 AM on the facility's plan to prevent the spread of COVID-19 in the facility. The IP described the current level of PPE was limited and that "contingency capacity" mitigation actions were being used. When asked to describe how new admissions were handled, she stated the facility did not take residents known to be COVID-19 positive, "due to the ventilator patients". Ventilator residents were vulnerable she explained. Newly admitted residents were quarantined on the 400 hallway for 14 days. She clarified that "Quarantined" meant separated from the rest of the population. She described that residents were observed and monitored for sign or symptoms twice a day. When asked what transmission based precautions the facility used to prevent the spread of possible coronavirus infection, she stated "Contact precautions." The IP also stated that during the initial assessment, staff wear gown, mask, and gloves. When asked if they also wore eye protection, she confirmed "Yes." When asked if the facility knew if newly admitted residents had COVID-19 or not, she stated their status was "unknown". The IP confirmed she was aware the CDC recommended "droplet precautions". When asked if the current level of transmission based precautions would prevent the spread of COVID-19 if an asymptomatic resident was admitted, the IP stated "No it wouldn't." The IP stated, "We wouldn't have enough [PPE] if we were using enhanced droplet precautions."</p> <p>During a phone interview on 6/17/2020 at 04:30 PM with the Administrator and Director of Nursing</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>(DON), they both confirmed that the facility was operating under "contingency capacity" as described on the CDC's website for "Strategies to Optimize the Supply of PPE and Equipment". They confirmed they were reviewing the website during the interview. The DON also confirmed that the licensed nurse assignment to cover both the "vent unit" and the new admissions hallway was an established practiced. When asked if they had considered the risk of cross-contamination from the new admissions to the high-risk ventilated residents, the DON stated "Yes" and there was not a risk "because they [nursing staff] would practice all the precautions."</p> <p>During this same interview with the Administrator and DON, when asked if they followed the CDC's guidance for transmission based precautions for newly admitted residents with an unknown COVID-19 status, they replied "We discussed it with our medical director. If we would have had anyone with signs or symptoms [of COVID-19], we would have done droplet precautions." When asked how they mitigated the PPE shortage, they said "We don't accept anyone with signs and symptoms of COVID." And that during the initial admission assessment all PPE was utilized. When asked to clarify what they had done other than opt not to use gowns and eye protection, they replied they understood that because they were having trouble getting PPE from suppliers, that it would be understandable to not use it.</p> <p>Reviewed the facility's undated "COVID-19 PREPAREDNESS PLAN" on 06/16/2020. The first bullet point under "Local Threat (Community Spread)" read in part "Infection Preventionist/CNO to research specific ... CDC recommendations." The 11th bullet read "Screen</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>new admits prior to facility entry and upon admission." A sub-bullet read "Use droplet precautions to complete initial assessment". The document did not further detail what precautions were to be implemented after the initial assessment. The 15th bullet read "Infection Preventionist/CNO review CDC Guidelines ... for COVID-19 regularly for changes/updates and community exposure."</p> <p>Idaho's Southwest District Health reported COVID-19 stats were reviewed on 06/09/2020. They revealed that Canyon County (the county where the facility was located) had the highest count of confirmed cases and deaths for this district. Confirmed cases read 316, with 6 deaths. Other counties in the district read between 3 and 42 cases, and 0-2 deaths.</p> <p>Reviewed CDC guidance titled "Preparing for COVID-19 in Nursing Homes" accessed on 06/16/2020 at web site, <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a> . It read in part, "Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. ... HCP [health care provider] 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."</p> <p>CDC Guidance titled "Strategies to Optimize the Supply of PPE and Equipment" accessed on 06/16/2020 at web site, <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/pe-strategy/index.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/pe-strategy/index.html</a> read "Contingency and</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>then crisis capacity measures augment conventional capacity measures and are meant to be considered and implemented sequentially. As PPE availability returns to normal, healthcare facilities should promptly resume standard practices." CDC Guidance titled "Strategies for Optimizing the Supply of Isolation Gowns" listed "Contingency Capacity Strategies" as "Shift gown use towards cloth isolation gowns ... Consider the use of coveralls ...Use of expired gowns beyond the manufacturer-designated shelf life for training ...and Use gowns or coveralls conforming to international standards." "Crisis Capacity Strategies" listed "Extended use of isolation gowns ... Re-use of cloth isolation gowns ... Prioritize gowns during high-contact care activities ... such as Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care." Under the heading "When No Gowns Are Available" guidance read, "Consider using gown alternatives that have not been evaluated as effective". Nowhere did the guidance read to omit the use of gowns.</p> <p>The April 2, 2020 CMS letter titled "COVID-19 Long-Term Care Facility Guidance" bullet point "1." read, "Nursing Homes should immediately ensure that they are complying with all CMS and CDC guidance related to infection control." A sub-bullet read, facilities should refer to and "use guidance on conservation of personal protective equipment (PPE) when unable to follow the long-term care facility guidance."</p>	F 880			