

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: 135137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OR SUPPLIER PROMONTORY POINT REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 3909 SOUTH 25TH EAST AMMON, ID 83406		
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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 18, 2020 at Promontory Point Rehab in Ammon, Idaho. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6).</p> <p>Total residents: 25</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

07/10/2020

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 18, 2020 at Promontory Point Rehab in Ammon, Idaho. Total residents: 25 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 880 SS=L	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 and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual	F 880		6/22/20	

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F 880	<p>Continued From page 1</p> <p>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> <p>§483.80(e) Linens. Personnel must handle, store, process, and</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 operationalize all components of their infection prevention and control program and Centers for Disease Control and Prevention (CDC) recommendations for 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) when 1) new admissions were not quarantined for 14 days pending COVID-19 testing and/or asymptomatic, and 2) residents were not asked and/or encouraged to wear masks when out of their rooms. These failures placed all residents and staff at risk for exposure to COVID-19 resulting in an Immediate Jeopardy (IJ-a situation of non-compliance that has placed the health and safety of residents at risk for serious injury, serious harm, serious impairment or death).</p> <p>On 6/18/2020 at 4:00 PM, the Administrator, Infection Preventionist (IP), Corporate Nurse, and two other administrative staff were notified of the Immediate Jeopardy. On 6/18/2020 at 5:20 PM, the facility provided an acceptable removal plan that addressed the findings that resulted in the Immediate Jeopardy. The plan included an</p>	F 880	<p>This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Promontory Point Rehabilitation does not admit that the deficiencies listed on the CMS 2567 exists, nor does the facility admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiencies.</p> <p>1. Patients that were admitted in the last 14 days from 6/18/20 were placed on quarantine pending a COVID-19 test or they completed 14 days without signs or symptoms of COVID-19. Patients will be encouraged to wear masks outside of their room and during patient care. Patients will be provided masks by the facility.</p> <p>2. Patients that were admitted in the last 14 days from 6/18/20 were placed on quarantine pending a COVID-19 test or they completed 14 days without signs or symptoms of COVID-19. Patients will be encouraged to wear masks outside of their room and during patient care. Patients will be provided masks by the facility.</p> <p>3 New admissions will be quarantined to</p>		

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F 880	<p>Continued From page 3</p> <p>immediate action to place all residents who were admitted in the past 14-days in quarantine pending a COVID-19 test, and future new admissions would be quarantined in a private room until COVID-19 test results were obtained. In either case, if the resident had gone 14 days without signs and symptoms of COVID-19 they would be removed from quarantine. The plan also included an immediate action to encourage all residents to wear a mask when outside of their room and during cares. Training would be provided to staff and residents regarding these procedures.</p> <p>On 6/25/2020, a follow-up survey was conducted to verify the implementation of the facility's 6/18/20 removal plan. The survey found that the facility had successfully implemented the Immediate Jeopardy removal plan.</p> <p>Findings include:</p> <p>The facility's policy entitled "COVID-19 Admission and Re-admission Policy" (undated) indicated the following: "Promontory Point Rehabilitation has a plan for managing new admissions and readmissions whose COVID-19 status is unknown or patients with signs or symptoms of COVID-19. Policy Interpretation and Implementation, New Admissions 1. New admissions will be tested for COVID-19. Patients will remain quarantined to their private room until results for COVID-19 are received. 2. Patient will be asked to wear a mask during therapy or when cares are provided ...4. If the COVID-19 test is negative, quarantine restrictions for patients will</p>	F 880	<p>their private room until their test comes back negative or they have gone 14 days without signs or symptoms of COVID-19. Staff were trained on 6-18-20 on the plan for quarantining and testing new admissions and encouraging patients to wear masks outside of their room and during patient care. As part of our QAPI program our Infection Control Committee will meet on a weekly basis to review and discuss CDC and CMS recommendations to ensure that we are up-to-date on the latest information. We will hold this weekly meeting while we are under pandemic precautions.</p> <p>4. Starting the week of July 5th - July 11th, we will be auditing 4 admissions a week for 4 weeks then 4 admissions a month for 2 months to verify that new patients are being quarantined for 14 days or until they test negative for COVID-19. We will be auditing 4 patients a week for 4 weeks then 4 patients a month for 2 months to verify that patients are being encouraged to wear masks outside of their room and during patient care. If the CDC and CMS change their recommendations related to these processes we will re-evaluate our processes and our audits. The Director of Nursing or designee will complete the audits. The Director of Nursing or designee will report the findings to the Infections Control Committee and the QAPI Committee.</p>		

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F 880	<p>Continued From page 4</p> <p>be lifted. 5. If the COVID-19 test results are positive, following provider will be notified and patient will be sent back to the ER of the hospital they were admitted from ..."</p> <p>CDC recommendations include the following: "Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. 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 be monitored for evidence of COVID-19. HCP [healthcare 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 ...Implement Source Control Measures ...Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility."</p> <p>1. On 6/18/20, the facility had 25 residents, only one resident (Resident (R)6) was on isolation precautions (quarantined).</p> <p>R6 was admitted to the facility on 6/15/20. R6's diagnoses included a history of falls, a fractured arm (Humerus-bone in upper arm), and dementia (cognitive decline including forgetfulness, impaired memory, communication, and thinking). The resident was on droplet precautions, which indicated that staff entering the resident's room</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>needed to wear (don) personal protection equipment (mask, gloves, gowns, and a face shield/goggles). A Nursing Progress Note dated 6/17/20 documented the "Pt [patient] continues on COVID Precautions until COVID test returns."</p> <p>An interview regarding R6 was conducted with the IP on 6/18/20 at 11:00 AM. The IP indicated that R6 had a fall at home and she injured both arms. When she was discharged from the hospital she returned home; however, her husband was unable to provide the needed care of her so their physician arranged admission to the facility. The IP further explained that because R6 did not have a current negative COVID-19 test R6 was placed on isolation precautions. The IP stated that the facility was awaiting the results from a COVID-19 test that the facility had completed. The IP was asked about residents coming from the hospital. The IP stated that if the resident had a negative COVID test at the hospital, the facility did not place the resident in isolation/quarantine.</p> <p>Resident 1: R1 was admitted to the facility on 5/16/20. Resident 1's diagnoses included sepsis (an extreme response to an infection), mild cognitive impairment (related to thinking, reasoning, and/or remembering), diabetes (sugars in the blood are too high), protein-calorie malnutrition (decreased protein requirements), and adult failure to thrive (a state of decline including weight loss, poor appetite, and inactivity).</p> <p>R1 had a Physician's Order dated 6/17/20 to "R/O</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>[rule out] COVID for discharge." The results of the test were still pending on 6/18/20. There was no other COVID test results or documentation of a previous COVID test. The resident's medical record did not indicate that the resident had been on any isolation precautions at the beginning of his stay at the facility. The resident's COVID status was unknown at the time of his initial admission.</p> <p>Resident 2 R2 was admitted to the facility on 5/5/20. R2's diagnoses included aftercare from left shoulder surgery, asthma (a respiratory condition that causes difficulty in breathing), sleep apnea (a sleep disorder in which breathing repeatedly stops and starts), depression (feelings of sadness), congestive heart failure (a condition that affects the pumping power of the heart) , and diabetes. There was no documentation of the resident's COVID-19 status at admission or that the resident had been on isolation precautions at admission.</p> <p>On 6/12/20, R2 was sent to the hospital for altered mental status. The resident was admitted to the hospital for treatment of a urinary tract infection and sepsis. R2 returned to the facility on 6/17/20. There was no documentation of the resident's current COVID status at the time of readmission. The resident was not placed on isolation precautions after returning from the hospital.</p> <p>Resident 3 R3 was admitted to the facility on 4/7/20. R3's</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>diagnosis included surgery aftercare, muscle weakness, heart disease, diabetes, and respiratory failure (a condition in which the blood does not have enough oxygen). There was no documentation that the facility knew the resident's COVID status at admission or that the resident had been placed on isolation precautions following admission.</p> <p>Resident 4 R4 was admitted to the facility on 6/3/20. R4's diagnoses included stenosis of the spine (narrowing of the spaces within the spine, which puts pressure on the nerves), history of falls, multiple sclerosis (a potentially disabling disease of the brain and spinal cord), and dementia. There was no documentation indicating what R4's COVID status was at admission or that the resident had been placed on isolation precautions following admission.</p> <p>An interview was conducted with the IP on 6/18/20 at 1:05 PM to clarify the facility's process for determining new admission's COVID-19 status. The IP stated the facility required each new admission to have had a negative COVID-19 test during their hospital stay and no symptoms of COVID. The IP indicated that the facility did not necessarily get a copy of the COVID test but a verbal confirmation from the hospital that the resident had had a negative test. The IP was asked about the time frame for the COVID-19 test, the IP stated just a negative test anytime during the hospitalization. It was pointed out that the resident could have had the test at or before their hospitalization. The IP acknowledged that the test could have been completed early on in</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>the resident's hospitalization, which made it possible that the resident could have been exposed to COVID-19 between testing and admission to the facility.</p> <p>2. On 6/18/20 at approximately 9:15 AM, therapy staff were observed ambulating with residents in the hallways of the facility. The staff were wearing masks; however, none of the residents were observed wearing a mask. At approximately 10:20 AM, a resident was seen ambulating in the hallway without staff; the resident was not wearing a mask. At 11:20 AM, observations in the therapy gym revealed four residents working with therapy staff. The therapy staff were all wearing masks; however, none of the residents were wearing masks. At no time during the survey were residents seen wearing masks.</p> <p>Resident 8 R8 was admitted to the facility with diagnoses that included a fall that resulted in a fracture of the left femur (thigh bone). A Minimum Data Set (MDS-assessment tool) dated 4/28/20 revealed a Brief Interview for Mental Status (BIMS-a test for measuring cognitive status) score of 9 (Moderate cognitive impairment) for R8. During an interview on 6/18/20 at approximately 2:35 PM, R8 was asked about wearing a mask while in the facility. R8 stated "I don't need to wear a mask because you are wearing one, so that protects me." R8 was asked if he had a mask and he indicated he did not have one.</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>Resident 9 R9 was admitted to the facility for surgery aftercare and had diagnoses that included diabetes and chronic kidney disease (the kidneys are damaged and cannot filter blood the way they should, which can cause waste to build up in the body). A Minimum Data Set (MDS-assessment tool) dated 6/2/20 revealed a Brief Interview for Mental Status (BIMS-a test for measuring cognitive status) score of 15 (no cognitive impairment) for R9. An interview with R9 on 6/18/20 at 2:50 PM was conducted. R9 had a surgical mask lying on her bedside table, which R9 indicated she wore when she went out of the facility for doctor's appointments. R9 stated she did not wear a mask when in the facility.</p> <p>Resident 7 On 6/18/20 at approximately 3:15 PM, R7 was interviewed. R7 explained that she was in the facility for therapy, which she needed after having surgery. R7 was asked about her stay at the facility and COVID-19. R7 stated that she was never isolated during her stay at the facility. In her description of her stay at the facility, R7 indicated that she had never worn a mask when she worked with therapy or when she was out of her room. R7 did state that she had gone out of the facility to a doctor's appointment that morning and her daughter made her wear a mask.</p> <p>On 6/18/2020 at 4:00 PM, a meeting was held with the facility's Administrator, Infection Preventionist (IP), Corporate Nurse, and two other administrative staff. The facility's COVID-19 procedure for admitting new residents and mask use were discussed. The staff confirmed that</p>	F 880			

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F 880	Continued From page 10 resident's being admitted from the hospital only had to have a negative COVID-19 test sometime during their hospitalization. The facility staff acknowledge that between the time of the COVID-19 test and the time the resident was admitted to the facility; a resident could have been exposed to COVID-19. Therefore, the facility did not really know the COVID status of residents when they were admitted to the facility. The staff also acknowledge that the resident should be wearing a mask when out of their rooms. The facility's policy was reviewed and it was confirmed that the facility staff were not following the facility policy regarding COVID-19. These failures resulted in an Immediate Jeopardy situation.	F 880			