

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>135147</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/19/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>MERIDIAN MEADOWS TRANSITIONAL CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2656 E MAGIC VIEW DRIVE MERIDIAN, ID 83642</b>		
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E 000	Initial Comments  A COVID-19 Focused Emergency Preparedness Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on June 19, 2020. The facility was found to be in compliance with 42 CFR 483.83 related to E-0024 (b)(6).	E 000			

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

TITLE

(X6) DATE

Electronically Signed

07/02/2020

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	F 000			
F 880 SS=D	<p>A COVID-19 Focused Infection Control Survey was conducted by the Centers for Medicare &amp; Medicaid Services (CMS) on June 19, 2020. The facility was found not to be in compliance with 42 CFR §483.80 infection control regulations.</p> <p>Total census 21.</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> <p>§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</p>	F 880		7/31/20	

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F 880	<p>Continued From page 1</p> <p>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 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</p>	F 880	This Plan of Correction constitutes the		

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F 880	<p>Continued From page 2</p> <p>review the facility failed to maintain an infection control program when a staff member did not follow precautions for one out of four residents observed for transmission based precautions. The staff member walked in and out of Resident 3's room, which was under contact precautions, without doffing (removing) contaminated Personal Protective Equipment (PPE). The staff member also placed a contaminated gloved hand inside her pocket to retrieve keys. The failure to maintain contact precautions had the potential to spread an infectious disease to other residents and staff.</p> <p>Findings: Observed stop sign posted on the door of Resident 3's room on 06/17/2020 at 09:50 AM. A cart with PPE was located just outside the room.</p> <p>Observed staff 1 , a certified nursing assistant (CNA) on 06/17/2020 at 10:13 AM, exited Resident 3's room, disinfected a pair of goggles, and then proceeded to a sink and washed their hands. CNA1 stated the stop sign indicated the resident was on "contact precautions" while awaiting test results for bowel problem.</p> <p>Observed Housekeeping Staff 2 as she cleaned Resident 3's room on 06/17/2020 at 10:25 AM. Staff 2 was wearing a mask, a yellow isolation gown, and gloves while she swept just inside the doorway. Staff 2 stepped out of the room, removed gloves, performed hand hygiene, re-gloved and then retrieved a dust pan from the housekeeping cart positioned a couple feet outside of the doorway. Staff 2 did not remove the gown and gloves before exiting the room. Staff then reentered the room, swept the dust into the dust pan, emptied it into a trash can and then</p>	F 880	<p>facility's written allegation of compliance for the deficiencies cited in the CMS 2567. However, the submission of this plan is not an admission that a deficiency exists. The Plan of Correction is prepared and executed solely because it is required by federal and state law. This response and Plan of Correction does not constitute an admission or agreement by the provider of the facts alleged or set forth in the statement of deficiencies.</p> <p>Corrective Action:</p> <p>Housekeeping Staff #2 received education regarding policy and procedure for PPE use during infection outbreaks and hand hygiene on June 17, 2020.</p> <p>Identification of Other Residents:</p> <p>All residents are identified as possibly being affected by this deficiency.</p> <p>Systemic Changes:</p> <ol style="list-style-type: none"> <li>1. Housekeeping Staff to received inservice regarding facility policy and procedure for PPE use during infection outbreaks and hand hygiene.</li> <li>2. Facility staff to receive inservice regarding facility policy and procedure for PPE use during infection outbreak, hand hygiene, and the different precautions they may encounter in the facility.</li> </ol> <p>Monitor:</p>		

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F 880	<p>Continued From page 3</p> <p>stepped out of the room, in full PPE, to replace the broom and dust pan on the cart. Staff 2 then reached under the gown and placed a gloved hand into her right pocket and removed a set of keys. She used the keys to unlock the cart and removed additional supplies. At 10:28 AM she took the supplies into the bathroom. At 10:35 AM Staff 2 exited the room, wearing the gown, gloves and mask. She discarded an item in the housekeeping cart receptacle, removed gloves and performed hand hygiene while standing in the hallway outside of the room still wearing the contaminated gown. Staff 2 opened the cart with the keys and replaced supplies. She returned to Resident 3's room with mopping supplies and finished cleaning the room. She exited the room at 10:40 AM after doffing the isolation gown and gloves in the room, and performed hand hygiene.</p> <p>During an interview on 06/17/2020 at 10:45 AM Staff 2 confirmed Resident 3 was on contact precautions, and described the required PPE was an isolation gown, a mask, and gloves. When asked about the three times she exited the room under contact precautions while still wearing the isolation gown and gloves, she stated "but I didn't think anything about it." When asked to clarify if that was the appropriate infection control practice to follow for contact precautions she stated "it's just contact ... I'm not contaminated."</p> <p>Reviewed Resident 3's electronic health records on 06/18/2020. The "Admission Record" read Resident 3 was admitted on 05/19/2020 for "orthopedic aftercare" following a femur fracture. The "Order Recap Report" revealed and order dated 06/072020 and read "LAB: Send stool sample for Ova and Parasites test. one time only for Unusal (sic) Stool until 6/07/2020 23:59". Two</p>	F 880	<ol style="list-style-type: none"> <li>DNS / Designee to conduct audits of facility staff use of PPE, hand hygiene, and proper procedure for the identified precautions being used in the facility. Audits to include representation from each department in the facility. Audits to conducted at the following frequencies: <ul style="list-style-type: none"> <li>" Daily for two (2) weeks</li> <li>" Weekly for four (4) weeks</li> <li>" Monthly for two (2) months</li> </ul> </li> <li>Administrator to review audits and report findings to QAPI and Infection Control Committees.</li> </ol>		

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F 880	<p>Continued From page 4</p> <p>orders dated 06/08/2020 read "ALERT CHARTING: Stool collected pending results. Monitor abnormal stools, stool consistency/frequency/ abnormal characteristics, [complained of] GI distress every shift for 3 Days" and "Maintain Contact isolation precautions [related to] possible parasitic infection every day and night shift".</p> <p>During an interview on 06/17/2020 at 1105 AM the lead housekeeper, Staff 4 stated she had talked with Staff 2 about the appropriate procedures for rooms on transmission based precautions. She confirmed that staff should not go in and out of a room under transmission based precautions while wearing PPE, and said "She should take her stuff in the room and not go in and out."</p> <p>During interview with the Director of Nursing (DON) on 06/18/2020 at 11:30 AM, the DON confirmed she was also the Infection Preventionist at the facility. Surveyor informed the DON of observations of Staff 2 entering and exiting a room under contact precautions without doffing the contaminated gown and gloves multiple time, as well as placing a contaminated glove under the gown and into her pocket. The DON stated it was her expectation for staff to follow transmission based precautions, and bring their supplies into the room with them, and not exit the room without doffing PPE.</p> <p>Facility policy implemented on 08/15/2019 and titled "Transmission-Based Precautions" was reviewed on 06/19/2020. It read in part under the section "Policy Explanation and Compliance Guidelines" bullet point 3. "Contact Precautions-a. Intended to prevent transmission of infectious</p>	F 880			

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F 880	Continued From page 5 agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the resident or the resident's environment. ... d. Donning personal protective equipment (PPE) upon room entry and discarding before exiting the room is done to contain pathogens".	F 880			