

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: 135020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/19/2020
NAME OF PROVIDER OR SUPPLIER RIVER'S EDGE REHABILITATION & LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 714 NORTH BUTTE AVENUE EMMETT, ID 83617		
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E 000	<p>Initial Comments</p> <p>A COVID-19 Focused Emergency Preparedness Survey was conducted on June 18 through June 19, 2020. The facility was found to be in compliance with CFR §483.73 related to E-0024 (b)(6).</p> <p>The survey was conducted by:</p> <p>Cecilia Stockdill, RN, Team Coordinator Sallie Schwartzkopf, LCSW</p>	E 000			

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

TITLE

(X6) DATE

Electronically Signed

07/08/2020

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 18, 2020 through June 19, 2020. The survey was conducted by: Cecilia Stockdill, RN, Team Coordinator Sallie Schwartzkopf, LCSW Abbreviations: CDC = Centers for Disease Control and Prevention CNA = Certified Nursing Assistant DON = Director of Nursing IP = Infection Preventionist LPN = Licensed Practical Nurse	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,	F 880		7/15/20	

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

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F 880	<p>Continued From page 2 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, staff and resident interview, and facility policy review, it was determined the facility failed to ensure infection control prevention practices were implemented to provide a safe and sanitary environment. 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 policy for Personal Protective Equipment - Universal Masking for residents, undated, stated residents will be offered a mask to help prevent the risk of them spreading infection via respiratory droplet transmission. The policy also stated due to the low risk in the community those that choose not to wear a mask when outside of their room will maintain social distance.</p> <p>The CDC website, accessed on 6/19/20, included information under the section Preparing for COVID-19 in Nursing Homes, updated 6/19/20. The section Core Practices stated "Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. Cloth</p>	F 880	<p>This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, River's Edge Rehabilitation and Living Center does not admit that the deficiencies listed on this form exists, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiencies. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiencies, statements, facts, and conclusions that form the basis for the deficiencies.</p> <p>F880: Infection Prevention & Control</p> <p>Corrective action for residents found to have been affected by this deficiency:</p> <p>Residents #1 and #2 have been assessed and show no adverse effects from the deficient practice related to no barrier being used with the glucometer.</p>		

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F 880	<p>Continued From page 3</p> <p>face coverings should not be placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance."</p> <p>On 6/18/20, from 8:30 AM to 4:15 PM, 3 residents were observed wearing cloth face masks while they received visitors. Other residents observed in the hall of the facility were not wearing cloth face masks when outside of their rooms.</p> <p>On 6/18/20 at 8:50 AM, LPN #1 said the residents did not wear a mask, except for those who were on isolation due to droplet precautions for 14 days.</p> <p>On 6/18/20 at 11:18 AM, the DON said all residents had the choice of whether or not to wear a mask, they were asked to wear a mask during visitation, and masks were offered "as often as possible."</p> <p>On 6/18/20 at 12:57 PM, Resident #5 said he wore a mask only when he went out to the doctor.</p> <p>On 6/18/20 at 12:58 PM, Resident #10 said he only wore a mask when he went out of the building.</p> <p>On 6/18/20 at 1:17 PM, Resident #6 said she had a face mask and she usually wore it, but she was not wearing her face mask at that time.</p> <p>On 6/18/20 at 2:00 PM, Resident #8 said "No, they don't ask me to wear a mask, only staff and other people. They do ask us to stay 6 feet apart."</p> <p>On 6/18/20 at 2:05 PM, Resident #9 said "No, they don't ask me to wear a mask."</p>	F 880	<p>Resident #3 has been assessed and shows no adverse effects from the deficient practice of the laundry staff member not wearing the appropriate PPE when entering his room.</p> <p>Resident #4 has been assessed and shows no adverse effects from the deficient practice of the CNA not wearing the correct eye protection when entering her room.</p> <p>No other specific Residents were identified as being directly affected by this deficient practice.</p> <p>Corrective action for resident that may be affected by this deficiency:</p> <p>All Residents have the potential to be affected by this deficient practice.</p> <p>Measures that will be put into place to ensure that this deficiency does not recur:</p> <p>Members of the facility QAPI committee will conduct a Root Cause Analysis (RCA) to determine why the deficient practices occurred. The RCA will include modification of some policies and procedures.</p> <p>DON, SDC or designee will educate All facility staff that are currently scheduled on the Root Causes related to the</p>		

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F 880	<p>Continued From page 4</p> <p>On 6/18/20 at 2:25 PM, Resident #7 said he was asked to wear a mask only if he was going outside or if he was in contact with a person who was in isolation. He said in general, residents were not asked to wear a mask.</p> <p>On 6/18/20 at 2:45 PM, CNA #2, said residents were asked to wear a mask when they were quarantined and when they were leaving the facility. CNA #2 said residents were asked if they wanted to wear a mask, but if they were not wearing a mask they were asked to stay 6 feet apart.</p> <p>On 6/18/20 at 3:30 PM, the IP, with the Administrator present, said residents were asked to wear a mask if leaving the building, if visiting with a loved one, or if they were a new admission. If they were a new admission they were asked to wear a mask and pull it up on their face when staff entered the room for 14 days. The Administrator said every new resident was educated and offered a face mask, and residents were offered a face mask "periodically." The Administrator said the use of face masks were discussed with residents at the Resident Council meetings and at a Town Hall meeting, and they had a ready supply of face masks for residents who wanted to wear one.</p> <p>2. The facility's Activities Cleaning Policy, undated, directed staff after each use of scissors, water doodles, glue bottles, balls, etc. to cleanse with alcohol wipes, if touched by residents' hands.</p> <p>The facility's Infection Prevention and Control Program - Hand Hygiene policy, undated, documented the facility considered hand hygiene</p>	F 880	<p>deficient practices that occurred and the updated policies and procedures. Staff that are not currently scheduled will be educated prior to returning to work.</p> <p>DON, SDC or designee will educate All facility staff that are currently scheduled on the requirements to: 1. Offer Residents the opportunity wear facemasks whenever they are out of their rooms, consistent with the facility's policy and procedure. 2. Conduct appropriate hand hygiene and proper cleaning of implements before, during, and after activities. 3. To provide a barrier for glucometers when they are being used to perform blood glucose checks. 4. To use appropriate eye protection in isolation rooms. Specifically, eye glasses are not appropriate. 5. Everyone must wear the appropriate PPE when entering isolation rooms. Staff that are not currently scheduled will be educated prior to returning to work.</p> <p>Education will be completed by 7/14/20.</p> <p>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur:</p> <p>The DON, SDC or designee will conduct audits of: 1. Residents offered</p>		

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F 880	<p>Continued From page 5</p> <p>the primary means to prevent the spread of infections. The policy directed staff to use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water after contact with objects (e.g. medical equipment) in the immediate vicinity of the resident.</p> <p>The CDC website, accessed on 6/19/20, stated relaxation of restrictions related to COVID-19 may include allowing group activities for residents without COVID-19 while maintaining social distancing, source control measures, and limiting the numbers of residents who participated.</p> <p>a. On 6/18/20 at 9:15 AM, the Activities Director was observed preparing for a balloon toss activity by mechanically inflating balloons and tossing them onto the floor in the middle of the room. Four residents, a fifth joined later, were placed in their wheelchairs in a circle facing each other. The residents were placed on locations marked with an "X" on the floor, which were 6 feet apart, near the balloons. The Activities Director said, "Have at it!" and left the room. The residents proceeded to kick or pick up the balloons and toss them to each other, catching them with their bare hands or kicking them, and passing them to the other residents. No hand sanitizer was observed being distributed to the residents prior to engaging in the activity.</p> <p>Cross-contamination was not prevented during resident activities when the balloons contacted the floor and when residents used their hands to pass the balloons.</p> <p>On 6/18/20 at 9:30 AM, the Activities Director said, "I guess I should have sanitized their</p>	F 880	<p>and wearing masks whenever they are out of their rooms. 2. Hand Hygiene and implement cleaning are being done per policy during activities. 3. Barriers are being used with glucometers. 4. Staff with glasses are wearing appropriate eye protection when in isolation rooms. 5. Everyone that enters isolation rooms wears the appropriate PPE.</p> <p>Audits will begin the week of 7/15/20. Each of the 5 Audits will be done twice weekly for 4 weeks then monthly for 3 months.</p> <p>The DON or ED will review and report The results of the audits monthly in QA committee meeting for 4 months, then further recommendations from the committee will be implemented as indicated.</p> <p>Corrective action completed by: 7/15/20</p>		

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F 880	<p>Continued From page 6 hands."</p> <p>On 6/18/20 at 3:30 PM, the IP said during resident group activities residents' hands were to be cleaned before and after the activity. The IP said the activity implements were sanitized, and residents were to maintain a social distance of 6 feet.</p> <p>b. On 6/18/20 at 10:22 AM, the Activities Director was facilitating a game of Bunco (a game of dice) with 7 residents, and each resident had 3 dice. Each resident took a turn rolling their own dice, and the Activities Director walked from resident to resident observing and keeping score. One resident left the activity, and the Activities Director rolled the dice for that resident. One minute later, the Activities Director touched another resident's die when she moved it within reach of the resident. The Activities Director did not perform hand hygiene before moving the resident's die within reach after touching the other resident's dice.</p> <p>On 6/18/20 at 11:21 AM, the DON said the residents' hands should be sanitized before and after group activities.</p> <p>On 6/18/20 at 3:30 PM, the IP said the Activities Director should have sanitized her hands after touching a resident's activity implements.</p> <p>Cross-contamination was not prevented when the Activities Director did not perform hand hygiene.</p> <p>3. The facility's policy for Glucometer Disinfecting, undated, directed staff as follows: gather the equipment to perform the blood glucose check, place a paper towel on the work surface to</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>provide a barrier, and set the equipment on the paper towel.</p> <p>On 6/18/20 at 8:50 AM, LPN #1 was at the medication cart preparing medications for Resident #1. The glucometer (a device to check residents' blood glucose level) was on top of the medication cart without a barrier. LPN #1 entered Resident #1's room with the medications and glucometer, then she placed the medications and the glucometer directly on the bedside table in front of Resident #1 without a barrier. Resident #1 used her inhaler, then LPN #1 performed a blood glucose test on Resident #1 and placed the glucometer back onto the bedside table, without a barrier while waiting for the result. LPN #1 then removed her gloves, performed hand hygiene, applied new gloves, and administered an insulin injection and oral medications to Resident #1. LPN #1 then removed her gloves, performed hand hygiene, exited the room to obtain a disinfectant wipe, applied gloves, and then began wiping down the glucometer with the disinfectant wipe as she was exiting Resident #1's room. LPN #1 then placed the glucometer on top of the medication cart without a barrier. She then wiped down Resident #1's inhaler and nasal spray, with a different disinfectant wipe, and placed them on top of the medication cart without a barrier. LPN #1 then removed her gloves and washed her hands in Resident #1's room.</p> <p>The glucometer remained on top of the medication cart as LPN #1 prepared and administered medications to another resident in the next room. LPN #1 then prepared to administer medications to Resident #2. The glucometer was still on top of the medication cart without a barrier. LPN #1 performed hand</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>hygiene, applied gloves, and obtained a blood glucose test strip and lancet (a device used to obtain a blood sample by puncturing the finger). LPN #1 placed the test strip and lancet on top of the glucometer and prepared oral medications for Resident #2. LPN #1 entered Resident #2's room, placed the glucometer on the bedside table without a barrier, and administered the medications to Resident #2. LPN #1 grabbed a tissue near Resident #2 and picked up the glucometer off the bedside table and placed it on the tissue on the bedside table, then performed a blood glucose test on Resident #2. LPN #1 next removed her gloves, performed hand hygiene, exited the room to obtain a disinfectant wipe, applied gloves, and then began wiping down the glucometer with the disinfectant wipe as she was exiting Resident #2's room. LPN #1 then placed the glucometer on top of the medication cart, using a different tissue as a barrier.</p> <p>On 6/18/20 at 9:35 AM, LPN #1 said the glucometer should be placed on a barrier, and she forgot to use a barrier when she was in Resident #1's room. LPN #1 also said she placed the glucometer directly on top of the medication cart when she came out of Resident #1's room.</p> <p>On 6/18/20 at 9:40 AM, the DON said the glucometer should be cleaned, wiped down, and placed on a barrier to dry on the medication cart. The DON said there probably should be a barrier under the glucometer in the resident's room.</p> <p>4. The facility's policy for Droplet Precautions, undated, documented staff were to wear a face mask upon entering the room and there was no recommendation for routinely wearing eye protection.</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>A sign was posted outside of Resident #3's room, which documented "Stop. Droplet Precautions, Everyone Must: ...Make sure their eyes, nose and mouth are fully covered before room entry. The sign indicated a face shield or goggles should be worn." Another sign was posted on the resident's door, which documented "Goggles before entering-sanitize after use."</p> <p>On 6/18/20 at 11:00 AM, CNA #1 entered Resident #3's room. CNA #1 was wearing a face mask, gloves, and her prescription glasses. She did not wear goggles or a face shield. After CNA #1 exited Resident #3's room, she said before entering the room staff should sanitize their hands and apply gloves, goggles, and a gown if required. CNA #1 said she did not need to wear a face shield or goggles because her regular eyeglasses protected her from splashes.</p> <p>On 6/18/20 at 1:00 PM, the IP said eyeglasses do not function as appropriate eye protection for a resident who is under droplet precautions.</p> <p>5. A sign was posted outside of Resident #4's room, which documented "Stop. Droplet Precautions, Everyone Must: clean their hands before entering and when leaving the room, and make sure their eyes, nose, and mouth are fully covered before entering the room." The sign stated a face shield or goggles should be worn. Another sign was posted on Resident #4's door, which directed those who entered to use hand sanitizer before putting on gloves and to perform hand hygiene again after the gloves were removed.</p> <p>On 6/18/20 at 12:37 PM, Laundry Staff #1</p>	F 880			

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/19/2020
NAME OF PROVIDER OR SUPPLIER RIVER'S EDGE REHABILITATION & LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 714 NORTH BUTTE AVENUE EMMETT, ID 83617		
(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	
F 880	<p>Continued From page 10</p> <p>entered Resident #4's room to deliver laundry. Laundry Staff #1 was wearing a face mask, and she did not apply gloves or eye protection. After entering the room, Laundry Staff #1 carried multiple items of clothing, which were on hangers, and placed them in Resident #4's closet, which was immediately adjacent to the foot of the bed. Laundry Staff #1 then exited the room and performed hand hygiene. When asked what steps should be taken before entering Resident #4's room, Laundry Staff #1 said "I guess I should put on gloves, but I don't do anything with the resident, I just put the laundry away, and she already has a mask on."</p> <p>On 6/18/20 at 1:57 PM, the Laundry Supervisor said laundry staff were expected to follow all of the precautions listed on the resident's door, any time they enter their room.</p>	F 880			