

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>135139</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/23/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVERVIEW REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3550 WEST AMERICANA TERRACE BOISE, ID 83706</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) Seattle on 6/23/20. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6).</p> <p>Total residents: 26</p>	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  A COVID-19 Focused Infection Control Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) Seattle on 6/23/20.  A deficiency was cited.  The survey sample, based on a resident census of 26, included 5 sampled residents and 8 unsampled residents.  The CMS Seattle team member was: Terry Aoki, RN  CMS Seattle federal surveyors can be reached at: US Department of Health and Human Services Centers for Medicare and Medicaid Services 701 Fifth Avenue Suite 1600 Region 10, mailstop 400 Seattle, WA 98104 206.615.2313 206.615.2088 (Fax)	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	F 880		7/21/20	

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F 880	<p>Continued From page 1 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> <ul style="list-style-type: none"> <li>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</li> <li>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</li> <li>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</li> <li>(iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> <li>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</li> <li>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</li> </ul> </li> <li>(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</li> <li>(vi) The hand hygiene procedures to be followed</li> </ul>	F 880			

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F 880	<p>Continued From page 2 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 review, the facility failed to develop a systemic consistent process to actively monitor all residents for symptoms consistent with 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, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death.</p> <p>In addition, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of communicable diseases and infections.</p> <p>Specifically, 1. Failed to adhere to transmission based precautions for new admissions for 3 of 3 sampled residents (R3, R4, and R5) and 8 of 8</p>	F 880	<p>This plan of correction is submitted as required under Federal and State regulations and statutes applicable to long-term care providers. The Plan of Correction does not constitute an admission of liability on the part of the facility, and as such liability is specifically denied. The submission of this Plan of Correction does not constitute agreement by the facility that the surveyor findings and/or constitute a deficiency, or that the scope and severity of the deficiencies cited are correct applied.</p> <p>Residents Affected: Resident #1 Discharged on 06/26/2020.  Resident #2 Discharged on 06/25/2020.</p> <p>Resident #3 was tested for COVID-19 on 06/25/2020, with confirmation of negative results on 06/29/2020. Resident #3 was monitored for COVID-19 systems by</p>		

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F 880	<p>Continued From page 3</p> <p>unsampled residents (R6 to R13) who were all admitted within the past 14 days.</p> <p>2. Facility failed to develop a consistent system for actively monitoring residents for expanded COVID-19 symptom for 4 of 4 sampled residents (R) (R1, R2, R3, R4) who were in the facility greater than 24 hours, which was the process used for all 26 residents.</p> <p>3. Failed to disinfect shared glucometer, per manufacturer's instructions, between use on 2 of 2 sampled residents (R) (R1 and R2) observed for blood sugar monitoring.</p> <p>4. Failed to ensure new dressing was not contaminated with old wound drainage soiled on barrier and perform hand hygiene between dirty to clean tasks for 1 of 1 sampled resident (R4) observed for wound care.</p> <p>These failures represented systemic failures which increased the risks for delayed identification of COVID-19, possible transmission of coronavirus, and therefore increase the risk for spreading COVID-19 and other communicable diseases and infections amongst residents and staff.</p> <p>Findings include:</p> <p>1. Transmission based precautions</p> <p>During an interview on 6/23/20 at 11:30 AM Administrator and Director of Nursing (DON), who was also the facility's Infection Preventionist (IP), stated that facility census was 26, facility was admitting residents, and the facility had no current known or suspected/presumed positive COVID-19 residents or staff. It was further stated that there was an isolation unit, East Hall, for new admissions. The residents stayed on the isolation</p>	F 880	<p>Licensed Nurse on or before 07/03/2020, with no signs or symptoms of COVID-19 present.</p> <p>Resident #4 was tested for COVID-19 on 06/25/2020, with confirmation of negative results on 06/29/2020. Resident #4 was monitored for COVID-19 systems by Licensed Nurse on or before 07/03/2020, with no signs or symptoms of COVID-19 present.</p> <p>Resident #4 was assessed by Director of Nurses and Wound Nurse Practitioner on 07/01/2019 for any related infection related to wound dressing change, with no negative side effects noted.</p> <p>Resident #5 was tested for COVID-19 on 06/25/2020, with confirmation of negative results on 06/29/2020. Resident #5 was monitored for COVID-19 systems by Licensed Nurse on or before 07/03/2020, with no signs or symptoms of COVID-19 present.</p> <p>Resident #6 Discharged on 07/01/2020.</p> <p>Resident #7 Discharged on 07/07/2020.</p> <p>Resident #8 was tested for COVID-19 on 06/25/2020, with confirmation of negative results on 06/29/2020. Resident #8 was monitored for COVID-19 systems by Licensed Nurse on or before 07/03/2020, with no signs or symptoms of COVID-19 present.</p> <p>Resident #9 Discharged on 06/28/2020.</p>		

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F 880	<p>Continued From page 4 unit for 7 to 14 days depending on symptoms.</p> <p>Observation on 6/23/20 between 11:45 AM and 5:00 PM showed 11 residents (R3 to R13) residing in private rooms on East Hall. There were no isolation carts or isolation signs observed outside or near resident doors. Staff were not wearing gowns or eye protection.</p> <p>Record review of facility's Resident List Report, dated 6/23/20, showed R3 to R13 resided on the East Hall and were admitted within the past 14 days.</p> <p>R3 was admitted on 6/12/20 R4 was admitted on 6/19/20 R5 was admitted on 6/10/20 R6 was admitted on 6/17/20 R7 was admitted on 6/20/20 R8 was admitted on 6/22/20 R9 was admitted on 6/16/20 R10 was admitted on 6/19/20 R11 was admitted on 6/16/20 R12 was admitted on 6/11/20 R13 was admitted on 6/16/20</p> <p>Review of R3's progress notes showed resident was admitted from the hospital on 6/12/20 (11 days ago) with diagnosis including left hip and both wrist fractures, Alzheimer's type dementia, abnormal heart rhythm and heart failure. Resident required assistance with pericare, two person extensive assistance with transfers, toileting and bed mobility and total assistance with bathing and dressing.</p> <p>Observation on 6/23/20 between 11:45 PM and 12:00 PM showed Certified Nursing Assistant (CNA)2 entered R5, R9, R6 rooms and delivered lunch and set up meal trays. Licensed Nurse</p>	F 880	<p>Resident #10 was tested for COVID-19 on 06/25/2020, with confirmation of negative results on 06/29/2020. Resident #10 was monitored for COVID-19 systems by Licensed Nurse on or before 07/03/2020, with no signs or symptoms of COVID-19 present.</p> <p>Resident #11 Discharged on 06/27/2020.</p> <p>Resident #12 Discharged on 07/08/2020.</p> <p>Resident #13 was tested for COVID-19 on 06/25/2020, with confirmation of negative results on 06/29/2020. Resident #13 was monitored for COVID-19 systems by Licensed Nurse on or before 07/03/2020, with no signs or symptoms of COVID-19 present.</p> <p>Residents with the potential to be affected: All residents were tested for COVID-19 between the dates of 06/25/2020 and 06/26/2020 with confirmation of negative test results received from Idaho State Laboratory on 06/29/2020 and 06/30/2020, 07/01/2020, and 07/02/2020.</p> <p>Licensed Nurse Order was updated to assess ALL residents Q shift and continue to monitor for signs and symptoms for COVID-19 throughout the shift by the Director of Clinical Operations on or before 07/17/2020. LN Order was updated</p>		

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F 880	<p>Continued From page 5</p> <p>(LN)1 entered R13's room and delivered lunch and set up meal tray. Rehab staff 1 entered R11's room and delivered lunch. CNA2 and unidentified staff entered R7's room to reposition resident in bed. R3 was observed in her room sitting in wheelchair next to her bed, calling out "hello, hello, when are you taking me where I need to go, hello." CNA2 entered R3's room and stood within six feet of resident and told resident she is moving to other side after lunch. Upon entry into the aforementioned resident rooms, the personal protective equipment (PPE) worn by staff were surgical face masks only. No gowns or eye protection was worn.</p> <p>Observation on 6/23/20 between 12:10 PM and 2:30 PM showed CNA1 standing within six feet of R3 in her room with mask partially covering his nose. CNA1 then entered R10's room and asked R10's visitor to wash hands before leaving and then spoke with R10. LN1 was observed in R3's room administering Tylenol. LN1 entered R4's room and spoke with R4's visitor then CNA2 entered room and both LN1 and CNA2 repositioned R4 higher in bed, both staff were within 6 feet of R4 and provided direct resident cares. Between 1:20 PM to 2:30 PM LN1 scanned R4's bladder multiple times, changed lower leg dressing, and punctured resident's right hand twice to start an intravenous infusion. Upon entry into the aforementioned resident rooms, the personal protective equipment (PPE) worn by staff were surgical face masks only. No gowns or eye protection was worn.</p> <p>Observation on 6/23/20 between 4:10 PM and 4:55 PM showed LN1 and CNA1 on East unit without gown or eye protection. R5's room door was open, no isolation cart or gown or eye</p>	F 880	<p>and reads: "ORDER #1329493. Assess resident for all signs/symptoms of COVID-19. These symptoms include, but are not limited to COUGH, SORE THROAT, FEVER, NEW ONSET SOB, MALAISE/LETHARGY, HYPOXIA, CYANOSIS, COOL/COLD EXTREMETIES, LOSS TASTE/SMELL, NAUSEA/VOMITING, DIARRHEA, VERTIGO, HEADACHE, BODY ACHES. If any of the above are present; mark YES and proceed with the following 3 steps.</p> <ol style="list-style-type: none"> <li>1) Document symptoms in progress note.</li> <li>2) Notify MD immediately.</li> <li>3) Elevate current precautions to full isolation Droplet Precautions (Gloves, Mask, Gown, and Protective Eyewear)</li> <li>4) Obtain nasal swab specimen for Laboratory testing.</li> <li>5) Implement COVID-19 Screening Process Q shift for all residents of that hall/corridor.</li> </ol> <p>4) Implement COVID-19 facility containment protocols".</p> <p>20 @ 160 Count of Metrex CaviWipes (EPA # 46781-13) were ordered by Executive Director on 06/23/2020. CaviWipes will be specifically used to disinfect shared glucometer between use for blood sugar monitoring. Metrex CaviWipes were delivered to facility on 07/06/2020 and 07/08/2020 (20 containers @160 count).</p> <p>Licensed Nurse Staff were re-educated by Director of Nurses on or before 07/17/2020 on Infection Control related to</p>		

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F 880	<p>Continued From page 6</p> <p>protection was observed outside, near entrance or hanging on resident's door.</p> <p>During an interview on 6/23/20 at 4:25 PM LN1 stated that R5 was a new admission today and just arrived. When asked what type of PPE was required when providing cares to R5, LN1 stated that paper mask and gloves are needed for cares and no additional PPE is needed. The PPE is the same for R5 like everyone else. When asked when gowns are used during resident cares, LN1 stated that a gown is used when the resident is on isolation and that would mean there is an isolation sign on the resident's door and there are no resident on the East Hall in isolation right now.</p> <p>During an interview on 6/23/20 at 4:30 PM CNA1 stated that a gown is not needed for any resident on East Hall. CNA1 stated that he does not need to wear a gown for caring for R5 even when bathing R5. CNA1 stated that there are no isolation signs for any resident on East Hall and would only wear a gown if there is an isolation sign showing a gown is needed.</p> <p>During concurrent record review and interview on 6/23/20 between 5:00 PM and 6:00 PM with Administrator and DON/IP, DON stated that staff do not need to wear gowns when caring for any resident, even for the first 14 days for new admission. All residents on the East Hall was admitted within the last 14 days. Administrator stated that the average length of stay was 18 days and there are 1 to 5 new admissions every day. Most residents are admitted from the hospital. "We don't gown up for everyone that comes" unless the resident has a specific infection that requires a gown. When asked if staff needed to wear a gown when providing</p>	F 880	<p>Wound Care and dressing changes to include 1) Changing of barrier between patient and bed prior to applying new dressing to prevent contamination. 2) Performing hand hygiene between dirty and clean tasks.</p> <p>Systematic Change/Education: Admissions Coordinator was educated by Executive Director on or before 07/13/2020 on residents being admitted must have a COVID-19 negative test result 24-48 hours prior to admission to facility and any resident that needs to be admitted but cannot have a COVID-19 test performed with a negative test result must be placed on droplet precautions (Gloves, Mask, Gown, and Protective Eyewear) until COVID-19 test can be performed at facility and results are confirmed. Test results for all new admissions will be uploaded into "Documents" tab in Point Click Care.</p> <p>Nursing Staff was educated by Director of Nurses or Designee on or before 07/17/2020 on 1) The active monitoring of residents for signs and symptoms of COVID-19. 2) All possible signs and symptoms of COVID-19. 3) Revised Licensed Nurse Order for Q1x per shift monitoring of signs and symptoms for COVID-19 by the Director of Clinical Operations on or before 07/17/2020. "ORDER #1329493. Assess resident for all signs/symptoms of COVID-19. These symptoms include, but are not limited to COUGH, SORE THROAT, FEVER, NEW ONSET SOB,</p>		

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F 880	Continued From page 7 cares for R5 who was admitted from the hospital today, DON/IP shook her head and stated that R5 had orthopedic diagnosis and gowns are not needed. When asked if gowns were needed to be worn by staff when providing cares for R3 and R4 who were also admitted from the hospital within the past 14 days, DON stated that no gowns were needed because R3 had orthopedic problems and R4 had skin issues. When asked about COVID-19 status for R3, R4, and R5, DON stated she would have to look up through the resident's admission documents and laboratory reports and that it was a huge stack of papers to find COVID-19 test results, sometimes the results are buried in a progress note. DON stated that she was not aware of the resident's COVID-19 status. Surveyor reviewed Centers for Disease Control and Prevention (CDC)'s website with Administrator and DON which showed CDC's Preparing for COVID-19 in Nursing Homes, <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ong-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ong-term-care.html</a> , accessed 6/23/20, under "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 (Health care personnel) 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. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission." Also reviewed with Administrator and DON CDC's Interim Infection	F 880	MALAISE/LETHARGY, HYPOXIA, CYANOSIS, COOL/COLD EXTREMITIES, LOSS TASTE/SMELL, NAUSEA/VOMITING, DIARRHEA, VERTIGO, HEADACHE, BODY ACHES. If any of the above are present; mark YES and proceed with the following 3 steps. 1) Document symptoms in progress note. 2) Notify MD immediately. 3) Elevate current precautions to full isolation Droplet Precautions (Gloves, Mask, Gown, and Protective Eyewear) 4) Obtain nasal swab specimen for Laboratory testing. 5) Implement COVID-19 Screening Process Q shift for all residents of that hall/corridor. 4) Implement COVID-19 facility containment protocols".  Nursing Staff was re-educated by Director of Nurses or Designee on or before 07/17/2020 on 1) The requirement for droplet precautions (Gloves, Mask, Gown, and Protective Eyewear) for all new admissions without a negative COVID-19 test result until such time a COVID-19 test can be performed and results are confirmed. 2) Isolation carts and signage will be used outside resident room by admitting nurse, Director of Nurses, or Assistant Director of Nurses prior to resident arriving at facility.  Nursing and Therapy Staff were educated by Director of Nurses or Designee on or before 07/17/2020 on 1) Residents admitting with a confirmed negative COVID-19 test will be placed on East Unit		

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F 880	<p>Continued From page 8</p> <p>Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html</a>, accessed 6/23/20, which showed Implement Universal Use of Personal Protective Equipment: HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2, the virus that causes COVID-19) infection .....They should also: Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from splashes and sprays of infectious material from others. For HCP working in areas with minimal to no community transmission, the universal eye protection and respirator recommendations described for areas with moderate to substantial community transmission are optional. However, HCP should continue to adhere to Standard and Transmission-Based Precautions, including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses ...."</p> <p>Review of CDC's Responding to Coronavirus (COVID-19) in Nursing Homes, <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a>, accessed 6/23/20 also showed "Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help</p>	F 880	<p>for a period of no less than 14 days to allow for further monitoring of signs and symptoms of COVID-19. 2) Direct Care Staff and Facility Staff assisting residents on the East Unit will be required to wear the following PPE: 1) Facemask, 2) Protective Eye Wear, 3) Gloves. 3) Any resident exhibiting any signs or symptoms of COVID-19 will be placed on Droplet Precautions (Gloves, Mask, Gown, and Protective Eyewear) until confirmation of negative COVID-19 2nd test is received by facility.</p> <p>Facility Staff were educated by Director of Nurses or Designee on or before 07/17/2020 on 1) Residents admitting with a confirmed negative COVID-19 test will be placed on East Unit for a period of no less than 14 days to allow for further monitoring of signs and symptoms of COVID-19. 2) Direct Care Staff and Facility Staff assisting residents on the East Unit will be required to wear the following PPE: 1) Facemask, 2) Protective Eye Wear, 3) Gloves. 3) Any resident exhibiting any signs or symptoms of COVID-19 will be placed on Droplet Precautions (Gloves, Mask, Gown, and Protective Eyewear) until confirmation of negative COVID-19 2nd test is received by facility.</p> <p>Facility and Therapy Staff was re-educated by Director of Nurses or Designee on or before 07/17/2020 on 1) The requirement for droplet precautions (Gloves, Mask, Gown, and Protective Eyewear) for all new admissions without a</p>		

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F 880	<p>Continued From page 9</p> <p>direct placement of asymptomatic SARS-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE."</p> <p>Review of facility policy, "Coronavirus COVID-19 (Skilled Nursing Facility)", revision date 5/22/20, showed newly admitted or readmitted residents where COVID-19 status is unknown will be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE (personal protective equipment). Policy also showed "COVID-19 is spread from person-to-person with close contact (6 ft). COVID-19 is mostly transmitted via respiratory droplets when an infected person coughs or sneezes. These droplets land in the mouths or noses of people who are nearby or inhaled into the lungs. It may be possible to become infected by touching a surface that is infected with the virus. Droplets may remain viable for hours to days on surfaces made from a variety of materials.</p> <p>2. Resident monitoring for COVID-19 symptoms</p> <p>During an interview on 6/23/20 at 11:30 AM with Administrator and DON/IP, DON stated that all residents were monitored for COVID-19 symptoms every shift which was documented on the resident's Treatment Admission Record (TAR).</p>	F 880	<p>negative COVID-19 test result until such time a COVID-19 test can be performed and results are confirmed. 2) Isolation carts and signage will be used outside resident room by admitting nurse, Director of Nurses, or Assistant Director of Nurses prior to resident arriving at facility.</p> <p>Licensed Nursing Staff was educated by Director of Nurses or Designee on or before 07/17/2020 on the use of Metrex CaviWipes (EPA # 46781-13) for disinfecting shared glucometers between use for blood sugar monitoring.</p> <p>Licensed Nurse Staff were re-educated by Director of Nurses on or before 07/17/2020 on Infection Control related to Wound Care and dressing changes to include 1) Changing of barrier between patient and bed prior to applying new dressing to prevent contamination. 2) Performing hand hygiene between dirty and clean tasks.</p> <p>Monitoring: Beginning the week of 07/20/2020, audits will be completed by the Executive Director or Designee to 1) ensure all new admissions have a negative COVID-19 test prior to admitting to facility. 2) Any admissions unable to receive COVID-19 test prior to admissions will receive a COVID-19 test on day of admission to facility. These audits will be completed weekly x4 weeks and monthly x2 months. The results of these audits will be reported to the Infection Control and QAPI</p>		

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F 880	<p>Continued From page 10</p> <p>Review of facility policy, "Coronavirus COVID-19 (Skilled Nursing Facility)", revision date 5/22/20, showed recognizing and responding quickly to persons with signs and symptoms of the virus will prevent further spreading. Symptoms may appear 2-14 days post exposure. Fever, chills, cough, fatigue/muscle pain, shortness of breath/difficulty breathing, anorexia, new loss of taste or smell. Less commonly reported symptoms: sputum production, sore throat, headache, hemoptysis (coughing up blood), and gastrointestinal symptoms such as diarrhea or nausea. Worsening symptoms: trouble breathing persistent pain or pressure in the chest, new confusion or inability to arouse, bluish lips or face. Policy also showed "observe newly arriving patients for development of COVID-19 symptoms."</p> <p>CDC's Preparing for COVID-19 in Nursing Homes, <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>, accessed 6/10/20, showed "Evaluate and Manage Residents with Symptoms of COVID-19: Ask residents to report if they feel feverish or have symptoms consistent with COVID-19. Actively monitor all residents upon admission and at least daily for fever (T?100.0 F) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID-19, implement Transmission-Based Precautions ...Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell .....Identification of these symptoms</p>	F 880	<p>Committee monthly x3 months or until substantial compliance is achieved. The Executive Director is responsible for monitoring and oversight.</p> <p>Beginning the week of 07/20/2020, audits will be completed by the Director of Nurses or Designee to 1) Ensure any new admissions without a negative COVID-19 test performed prior to admission will be place on droplet precautions (Gloves, Mask, Gown, and Protective Eyewear) and placed on East Wing Unit for a period of no less than 14 days and a COVID-19 Test will be performed on day of admission to facility. These audits will be completed weekly x4 weeks and monthly x2 months. The results of these audits will be reported to the Infection Control and QAPI Committee monthly x3 months or until substantial compliance is achieved. The Director of Nurses is responsible for monitoring and oversight.</p> <p>Beginning the week of 07/20/2020, audits will be completed by the Director of Nurses or Designee to ensure staff are donning appropriate PPE (Gloves, Mask, and Protective Eyewear) for residents admitted to East Unit that have received a confirmed negative COVID-19 test result prior to admission to facility. These audits will be completed weekly x4 weeks and monthly x2 months. The results of these audits will be reported to the Infection Control and QAPI Committee monthly x3 months or until substantial compliance is achieved. The Director of Nurses is responsible for monitoring and oversight.</p>		

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F 880	<p>Continued From page 11 should prompt isolation and further evaluation for COVID-19."</p> <p>Record review of R1, R2, R3, R4 current physician orders, progress notes and TAR showed the following:</p> <p>*R1 was admitted on 5/29/20 with diagnosis including displaced ankle fracture and diabetes (A disease that makes the person more susceptible to developing infections, as high blood sugar levels can weaken the person's immune system defenses. In addition, some diabetes-related health issues, such as nerve damage and reduced blood flow to the extremities, increase the body's vulnerability to infection). Order for "Assess for signs/symptoms of respiratory infection Q (every) shift: including, but not limited to: COUGH, SORE THROAT, FEVER, NEW ONSET SOB (shortness of breath). If yes to any of the above document in progress note, notify MD (medical doctor), and follow facility COVID-19 Protocol. Every shift COVID-19 Screening Process." The order start date was 6/15/20.</p> <p>*R2 was admitted on 6/5/20 with diagnosis including stroke, chronic kidney disease and diabetes. Order for "Assess for signs/symptoms of respiratory infection Q (every) shift: including, but not limited to: COUGH, SORE THROAT, FEVER, NEW ONSET SOB. If yes to any of the above document in progress note, notify MD (medical doctor), and follow facility COVID-19 Protocol. Every shift COVID-19 Screening Process." The order start date was 6/15/20.</p> <p>*R3 was admitted on 6/12/20 with diagnosis including left hip and wrist fracture, Alzheimer's type dementia and atrial fibrillation (abnormal</p>	F 880	<p>Beginning the week of 07/20/2020, audits will be completed by the Director of Nurses or Designee to ensure Nursing Staff are monitoring residents for expanded COVID-19 symptoms per the revised Licensed Nurse order in Point Click Care. These audits will be completed weekly x4 weeks and monthly x2 months. The results of these audits will be reported to the Infection Control and QAPI Committee monthly x3 months or until substantial compliance is achieved. The Director of Nurses is responsible for monitoring and oversight.</p> <p>Beginning the week of 07/20/2020, audits will be completed by the Director of Nurses or Designee to ensure Licensed Nurse Staff are using Metrex CaviWipes (EPA # 46781-13) for disinfecting shared glucometers between use for blood sugar monitoring. These audits will be completed weekly x4 weeks and monthly x2 months. The results of these audits will be reported to the Infection Control and QAPI Committee monthly x3 months or until substantial compliance is achieved. The Director of Nurses is responsible for monitoring and oversight.</p> <p>Beginning the week of 07/20/2020, audits will be completed by the Director of Nurses or Designee to ensure Wound Care Procedures performed by Licensed Nurse Staff are 1) Changing of barrier between patient and bed prior to applying new dressing to prevent contamination. 2) Performing hand hygiene between dirty</p>		

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F 880	<p>Continued From page 12</p> <p>heart rhythm). Order for "Assess for signs/symptoms of respiratory infection Q (every) shift: including, but not limited to: COUGH, SORE THROAT, FEVER, NEW ONSET SOB. If yes to any of the above document in progress note, notify MD (medical doctor), and follow facility COVID-19 Protocol. Every shift COVID-19 Screening Process." The order start date was 6/12/20.</p> <p>*R4 was admitted on 6/19/20 with diagnosis including leg cellulitis (skin infection), right leg fracture, uterine cancer, congestive heart failure and severe pulmonary (lung) hypertension. Order for "Assess for signs/symptoms of respiratory infection Q (every) shift: including, but not limited to: COUGH, SORE THROAT, FEVER, NEW ONSET SOB. If yes to any of the above document in progress note, notify MD (medical doctor), and follow facility COVID-19 Protocol. Every shift COVID-19 Screening Process." The order start date was 6/19/20.</p> <p>There was no documented evidence the facility monitored residents, in accordance with facility provided document, for symptoms associated with COVID-19, as well as current CDC guidelines, including chills, fatigue/muscle pain, anorexia, new loss of taste or smell, sputum production, headache, hemoptysis (coughing up blood), diarrhea or nausea or new confusion.</p> <p>During an interview on 6/23/20 at 4:25 PM when asked what COVID-19 signs and symptoms licensed nurse (LN) expects CNAs to report to her, LN1 stated, "cough, congestion, headache, lung sounds, shortness of breath, increased temperature is #1". When asked if there were any other signs or symptoms, LN1 said, "sore throat."</p>	F 880	and clean tasks. The results of these audits will be reported to the Infection Control and QAPI Committee monthly x3 months or until substantial compliance is achieved. The Director of Nurses is responsible for monitoring and oversight.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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F 880	<p>Continued From page 13</p> <p>Many of the symptoms associated with COVID-19 was not stated.</p> <p>During an interview on 6/23/20 at 4:30 PM when asked what COVID-19 signs and symptoms were residents assessed for, CNA1 stated "fever greater than 100.5, shortness of breath, cough and no smell or taste and I would then tell nurse my findings."</p> <p>During an interview on 6/23/20 at about 4:50 PM when asked where signs and symptoms associated with COVID-19 was monitored, DON stated "TAR". DON and surveyor reviewed R1's TAR which showed monitoring for cough, sore throat, fever, new onset shortness of breath. When asked about monitoring and assessment of other signs and symptoms associated with COVID-19 such as diarrhea, headache, or new loss of taste or smell, DON stated, "I see what you mean." Surveyor informed DON of range of associated COVID-19 signs and symptoms reported by CNA1 and LN1. The facility lacked consistent monitoring of symptoms associated with COVID-19.</p> <p>3. Glucometers Observation on 6/23/20 at 11:50 AM showed LN2 enter R1's room and administer insulin in resident's arm. LN2 returned to medication cart. LN2 stated that R1's blood sugar was checked immediately prior to insulin with 123 Assure Platinum glucometer (Glucometer is a blood glucose meters device that measure blood glucose levels) which was on medication cart. LN2 removed cloth wipe from package labeled 75% alcohol wipes and wiped glucometer and then wiped medication cart. LN2 then entered R2's room with gloved hands and placed paper</p>	F 880			

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F 880	<p>Continued From page 14</p> <p>towel on overbed table and place glucometer in small plastic cup on paper towel. LN2 placed strip into glucometer, swab resident's finger with alcohol and then pricked finger with lancet with a small bead of blood shown. LN2 brought glucometer towards blood and blood was shown on the strip inserted in glucometer. Blood sugar reading was obtained. LN2 removed gloves and performed hand hygiene. LN2 walked back to medication cart and wiped glucometer with single wipe from 75% alcohol package and then placed glucometer in plastic bag and placed in medication cart drawer.</p> <p>Review of the 75% alcohol wipe package showed EDI ultra pure, manufacture: Dongguan Tianzi Baby Infant and Child Products Co. Ltd. Donyguan City. No EPA registration number was shown on package.</p> <p>Review of the Assure Prism multi blood glucose monitoring system user instruction manual showed "Any disinfectant product with the EPA registration number listed on the table may be used on this device. Under section Cleaning and disinfecting procedures, package showed "Two disposable wipes will be needed for each cleaning and disinfecting procedure; one wipe for cleaning and a second wipe for disinfecting. Please note only chorox germicidal wipes, dispatch hospital cleaner disinfectant towels with bleach, cavi wipes and pdi super sani-cloth germicidal disposable wipes have been tested with the assure prism multi meter at the time of printing this manual." Use of a single 75% alcohol wipe was not shown as approved for cleaning and disinfecting of glucometer per manufacturer's instructions.</p>	F 880			

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F 880	<p>Continued From page 15</p> <p>During an interview on 6/23/20 between 5:00 PM and 6:00 PM when asked DON and Administrator about following manufacturer's instructions for cleaning and disinfecting glucometers, it was agreed that staff should be following manufacturer's instructions. When informed of observation of staff cleaning/disinfecting glucometer with alcohol wipes, DON stated that in the past bleach wipes were used but there are no bleach wipes right now. Administrator stated that Clorox and Super sani cloth wipes were ordered on April 4th but have been on back order and can't get these bleach wipes right now through either direct supply or Amazon. Administrator reviewed glucometer manufacturer's instructions and said "I never heard of Cavi wipes". Administrator later stated that he ordered Cavi wipes from Amazon during interview and showed surveyor online order.</p> <p>Review of CDC's Infection Prevention during Blood Glucose Monitoring and Insulin Administration website, <a href="https://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html">https://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html</a>, accessed 6/29/20, showed "whenever possible, blood glucose meters should be assigned to an individual person and not be shared. If blood glucose meters must be shared, the device should be cleaned and disinfected after every use, per manufacturer's instructions, to prevent carry-over of blood and infectious agents."</p> <p>4. Contaminate new wound dressing and no hand hygiene between dirty to clean tasks</p> <p>Record review of R4's progress notes showed resident was admitted on 6/19/20 from hospital with diagnosis including left lower leg cellulitis</p>	F 880			

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F 880	<p>Continued From page 16</p> <p>(skin infection) with bullous dermatitis, diffuse ecchymosis and sloughing over left leg wound, congestive heart failure and severe lung hypertension.</p> <p>Observation on 6/23/20 between 1:20 PM and 2:30 PM showed LN1 changing R4's left leg wound dressing. LN1 stated resident's leg wound had a lot of eschar (dead or devitalized tissue that is hard or soft in texture; usually black, brown, or tan in color, and may appear scab-like. Necrotic tissue and eschar are usually firmly adherent to the base of the wound and often the sides/ edges of the wound). After scanning resident's bladder several times, LN1 removed gloves and donned new gloves. R4's leg was wrapped in ace wrap and elevated on one pillow, there was rust colored blood shown on the sheets near R4's left leg. LN1 removed pillow, socks and unwrapped ace wrap. DON came into room with chux (absorbent waterproof sheet) and LN1 placed the chux under the resident's left leg. LN1 doffed gloves and washed hands. LN1 donned gloves and cut kerlix and cast padding from resident's left leg. LN1 then placed wound cleanser on gauze and rubbed gauze on large approximately 3cm x 4cm area of black/brown eschar area on inner side of calf area. LN1 then doffed gloves and donned new gloves. No hand hygiene was performed after removing gloves, moving from contaminated body site to a clean body site during care, after handling used dressing and before handling clean dressings. LN1 applied santyl cream on eschar area and then applied two 4x4 gauze and ABD pad on top of eschar area. LN1 cut and applied a piece of xeroform petroleum gauze dressing onto the surrounding eschar areas. LN1 then raised resident's left leg up and rust colored blood was observed on the</p>	F 880			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135139</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/23/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVERVIEW REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3550 WEST AMERICANA TERRACE BOISE, ID 83706</b>		
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F 880	<p>Continued From page 17</p> <p>chux. LN1 doffed gloves and donned gloves and cut and applied three pieces of xeroform gauze on resident's leg. LN1 asked resident to raise her leg and wound drainage and blood was observed on the chux. LN1 did not change the chux and apply a new clean chux to protect new dressings from wound drainage. With resident's leg raised, LN1 unrolled kerlix and started to wrap kerlix around leg starting from toes and moved towards knee and then back to toes. When resident placed her leg down, it was directly on top of the old wound drainage and blood on the chux, thereby contaminating the new dressing. LN1 placed one of the ace wraps on resident's leg and starting wrapping leg from knee to toes. After applying the first ace wrap, LN1 moved the chux with the wound drainage and blood away and then placed the second ace wrap around the resident's leg. LN1 doffed gloves and applied new gloves. Then doffed gloves again and washed hands. Donned gloves and then began looking for veins in hands to start an intravenous to administer fluids.</p> <p>During an interview on 6/23/20 at 4:10 PM when asked about performing hand hygiene between glove changes, LN1 stated that she did not perform hand hygiene between each glove change but usually applies hand sanitizer but did not do after each glove change. LN1 stated that chux was used to protect the bed and keep area clean. LN1 nodded in agreement that wound drainage was on chux and that is why she moved chux higher. When surveyor informed LN1 that chux was moved higher after ace wrap, kerlix, santyl, and xeroform was placed on leg and new dressings were placed directly on drainage area on chux. LN1 nodded her head and said that she should have made sure the wound area was</p>	F 880			

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F 880	<p>Continued From page 18</p> <p>clean and new dressing supplies should have been clean.</p> <p>During an interview on 6/23/20 between 5:00 PM and 6:00 PM with Administrator and DON, DON stated that hand hygiene should be done between glove changes when staff are going from dirty to clean tasks and hand hygiene is not needed between clean to clean tasks. DON also stated that a barrier is used between sheets so sheets are not contaminated with wound drainage.</p> <p>Facility policy, "Handwashing/Hand Hygiene", revised August 2015, showed use of an alcohol-based hand rub or soap and water after removing gloves, before handling clean or soiled dressing, gauze pads, etc., before moving from a contaminated body site to a clean body site during resident care, and before handling clean dressing.</p> <p>Facility policy, "Clean Dressing Change", dated 4/7/20, showed the policy was to provide guidelines for clean dressing changes that protect wounds from ...bacterial contamination and staff were directed to ensure you are not cross contaminating your clean field.</p>	F 880			