

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: 135132	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OR SUPPLIER IDAHO STATE VETERANS HOME - POCATELLO			STREET ADDRESS, CITY, STATE, ZIP CODE 1957 ALVIN RICKEN DRIVE POCATELLO, ID 83201		
(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	
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 24, 2020 at State of Idaho Veteran's Home Pocatello. The facility was found to be in compliance with 42 with 42 CFR §483.73 related to E-0024 (b)(6).</p> <p>Total residents: 47</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

07/17/2020

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 24, 2020 at Idaho State Veteran's Home Pocatello. Total residents: 47 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=D	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	F 880		7/24/20	

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

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F 880	<p>Continued From page 2</p> <p>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 follow standard infection precautions when 1 of 3 housekeepers (HK) failed to complete hand hygiene after removing gloves. This failure placed all residents at risk for preventable exposure to infection and the development of disease and infection.</p> <p>Findings include:</p> <p>The facility's policy for "Using gloves" with a revised date of 4/2020 indicated that the purpose was "To provide guidelines for the use of gloves for resident and employee protections ...1. Clean glove procedure ...g. Perform hand hygiene after removing gloves. Gloves do not replace hand washing ...2. Gloves should be used ...c. When providing housekeeping for resident areas that may expose staff to potentially infectious materials, such as but not limited to: changing linens, cleaning resident sink areas, bedside tables, wheelchairs, ect ...c. Removing gloves ...iv. Always remember to perform hand hygiene after removing gloves."</p> <p>The facility's policy for "Hand Hygiene" with a revision date of 5/2020 indicated that "Hand</p>	F 880	<p>(1) Root cause analysis completed. The housekeeper in question was trained per the protocol to wash hands in between glove changes and he was training as a new housekeeper the week of survey. Gloves were changed frequently but hand hygiene was not done appropriately, placing all residents on the East and West units at risk for potential exposure to infection.</p> <p>(2) Housekeeping staff were retrained the week of the survey inspection regarding proper hand washing and hygiene after removing gloves. The individual housekeeper that did not wash his hands in between glove usage has been retrained regarding the appropriate process for handwashing after glove usage.</p> <p>(3) All residents on the East and West units have the potential to be affected. Housekeeping staff were retrained on or before 6/29/20 regarding hand hygiene after removing gloves and has demonstrated their competency to their supervisor. Audits will be performed weekly on each of the housekeeping employees by the housekeeping</p>		

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F 880	<p>Continued From page 3</p> <p>hygiene is a general term that applies to either handwashing (mechanical cleansing using soap and water) or the use of an antiseptic (alcohol-based) hand rub. Hand hygiene is a simple and effective method for preventing the spread of pathogens, such as bacteria and viruses which cause infections. Pathogens can contaminate the hands of staff through direct contact with residents or contact with contaminated equipment and environmental surfaces within close proximity to residents, staff and environmental surfaces ...All staff, contractors ...are expected to follow the hand hygiene policy ..."</p> <p>HK1 was observed on 6/24/20 at approximately 10:10 AM on the East Hallway. HK1 was observed putting on gloves, getting a clean rag and spray bottle of bleach out of the housekeeping cart. HK1 took these items into resident room 30. HK1 was observed wiping high-touch areas; picking up trash; and cleaning around the sink area in the resident room. HK1 then brought out the trash emptying it in the housekeeping cart's trash bag, placed the used rag in a plastic bag attached to the cart, and placed the spray bottle back into the cart. HK1 then took a broom-like device and entered the resident room to sweep the floor. HK1 swept the debris to the room entrance and swept the material into a dustpan. HK1 then mopped the floor. HK1 did not change gloves during this observation. After mopping the room, HK1 removed his gloves and walked to another resident room and looked in; HK1 then went back to the housekeeping cart and put on another pair of gloves. HK1 did not wash or use hand sanitizer between glove changes. HK1 then got a clean rag</p>	F 880	<p>supervisor/designee with random audits to be completed by the infection preventionist/designee on a weekly basis.</p> <p>(4) The Housekeeping supervisor created a checklist for housekeepers regarding proper hand hygiene when removing gloves or when changing gloves. Housekeeping staff were provided training on or before 6/29/20 to ensure appropriate hand hygiene after removing gloves and demonstrated competency with their supervisor/designee. The Housekeeping supervisor/designee will provide an audit with each housekeeping staff member each week and the Infection Preventionist/designee will provide random weekly audits of housekeeping to ensure appropriate precautions are being done. Any housekeeper who fails to follow this procedure will be immediately re-inserviced with proper hand hygiene and report the details to the infections preventionist, to allow her to track concerns and report to the DNS and home Administrator and the QAPI committee.</p> <p>(5) The Housekeeping supervisor/designee will document the results from the weekly monitoring and audits of housekeeping staff and share details with the infection preventionist. The infection preventionist/designee will audit housekeeping weekly and findings will be shared with DNS and administrator and the QAPI committee for review and adjustments.</p>		

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F 880	<p>Continued From page 4</p> <p>and a spray bottle of bleach and walked to room 35. When HK1 reached room 35, a certified nursing assistant stated that the resident needed care; HK1 walked back to the housekeeping cart and returned the rag and spray bottle to the cart. HK1 removed his gloves but again did not complete hand hygiene before leaving the area.</p> <p>HK1 returned to the housekeeping cart at approximately 10:25 AM with a can of window/glass cleaner. HK1 walked down the hall looking into resident rooms. HK1 returned to the cart and put on a pair of gloves, got a rag and a bottle of bleach spray; he then went to room 34. HK1 was observed cleaning room 34 much like he had room 30 (wiping high-touch areas, emptying trash, cleaning the sink and bathroom area). After mopping room 34, HK1 returned the mop to the cart and removed his gloves. No hand hygiene was observed by HK1. HK1 then moved the cart down the hall and looked in other resident rooms. HK1 then left the East hallway and walked to the West hallway. HK1 came back to the East hallway at approximately 10:40 AM with a container of soap, which he took to a resident room. HK1 then returned to the cart where HK1 picked up a soiled rag with his bare hand and placed the rag in a plastic bag attached to the cart. HK1 did not complete hand hygiene after touching the soiled rag. HK1 then left the area. HK1 was observed to be vacuuming on the West hall at approximately 10:55 AM.</p> <p>On 6/24/20 at 2:35 PM, an interview was conducted with the housekeeping supervisor (HKS). The HKS was asked about hand hygiene and glove use. The HKS acknowledged that staff</p>	F 880	(7) Individual responsible for implementing an acceptable corrective action plan: Cody Jessen/designee, Housekeeping Supervisor, and Tina Loch/designee, RN/Infection Preventionist.		

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F 880	Continued From page 5 should wash hands after removing gloves or use hand sanitizer. On 6/24/20 at 4:10 PM an interview was conducted with administrative staff. The observations of HK1 were discussed all administrative staff acknowledged that all staff should do hand hygiene after removing gloves.	F 880		