STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	135113		**07/02/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEVIEW ESTATES	**1828 BRIDGEVIEW BOULEVARD** **TWIN FALLS, ID 83301**

(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	Initial Comments A COVID-19 Focused Emergency Preparedness survey was conducted on July 1, 2020 to July 2, 2020. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6). The survey was conducted by: Jenny Walker, RN, Team Leader Kim Saccomando, RN	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/24/2020

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 July 1, 2020 through July 2, 2020. The survey was conducted by: Jenny Walker, RN, Team Coordinator Kim Saccomando, RN Abbreviations: ALF = Assisted Living Facility CDC = Centers for Disease Control and Prevention CDM = Certified Dietary Manger CMS = Centers for Medicare and Medicaid Services DNS = Director of Nursing Service HCP = Health Care Providers	F 000		
F 880 SS=E	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		7/25/20

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F 880	Continued From page 1 and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §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 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: (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	F 880		

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F 880	Continued From page 2 by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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 interview, and policy review, it was determined the facility failed to ensure infection control prevention practices were implemented and maintained to provide a safe and sanitary environment. These failures created the potential for negative outcomes by exposing residents to the risk of infection and cross-contamination including COVID-19. Findings include: 1. The facility's policy for screening contractors, dated 5/7/20, documented, "All visitors, vendors, and contractors will be screened for COVID-19 symptoms in accordance with current CDC, CMS, and local and state guidelines. This screening will include a temperature check." On 7/1/20 at 11:05 AM, CDM #1 stated the dietary employees worked for the ALF and the facility had a contract with them to provide services. On 7/1/20 at 11:30 AM, CDM #2 stated the	F 880	Affected No identified affected residents. Potential On 7/3/20 current residents were reviewed by Director of Nursing or designee and found to be free from any adverse reaction related to dietary personnel screening process or lack of facial covering. Systemic On 7/2/20, Dietary Aide#1 was educated by the Staff Development Coordinator or designee, regarding the facilities policy for contract and vendor screening, which includes Century Park Dietary services to be screened by SNF associates and requirements for facial coverings in the kitchen and within the facility.	

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F 880	Continued From page 3 dietary employees were screened at the front desk at the ALF. CDM #2 stated the dietary employees were responsible for delivering the food carts to the skilled nursing facility, bussing the dining room for residents who needed assistance, and delivering the snack cart. On 7/1/20 at 4:45 PM, CDM #2 and the DNS stated they collaborated with the ALF on the screening process which included temperature checks. CDM #2 stated when a dietary employee answered "yes" to any of the questions on the screening log or had a temperature greater than 99.0 degrees Fahrenheit, the administration of the ALF assessed the dietary employee and sent them to the doctor to get tested for COVID-19. The DNS stated CDM #2 notified her when a dietary employee called in sick, was tested for COVID-19, and for results of the COVID-19 test. The DNS stated she did not review the screening logs for the dietary employees. The DNS stated the dietary employees were not screened when they entered the skilled nursing facility. 2. Chapter 4 of the facility's Guide to Infection Prevention and Control Manual for COVID-19, revised 6/25/20, stated "HCP should wear a facemask at all times while they are in the healthcare facility." A memo to "All Associates of Bridgeview Estates," dated 5/22/20, stated "As of March 2020, Bridgeview has always required all Associates to wear masks." On 7/1/20 at 12:16 PM, Dietary Aide #1 entered the facility pushing a lunch cart and was not wearing a mask. After the cart was delivered to the front of the Sawtooth Hall, Dietary Aide #2	F 880	On or before, 7/25/20 the Staff Development Coordinator or designee will educate Dietary regarding the facilities policy for contract and vendor screening, which includes Century Park Dietary services to be screened by SNF associates. On 7/2/20, Facility implemented a process change which includes Century Park Assisted Living Dietary Associates to be screened for COVID 19 by Bridgeview Skilled Nursing associates, in accordance with current facility screening guidelines. QAPI / Monitoring On or Before 7/25/20, the Executive Director, or designee will initiate an audit of 5 dietary associates weekly to ensure compliance with current facility screening guidelines. On or Before 7/25/20, the Executive Director, or designee will initiate an observation of 5 dietary associates weekly to ensure compliance with the use of facial covering / masks in accordance with current facility guidelines. Audits will be completed weekly X 4 then Monthly X 2. Results will be reported to the QAPI Committee meeting monthly for 3 months for review and remedial interventions. The Executive Director is responsible for monitoring and compliance. The QAPI Committee will re-evaluate the need for further monitoring	

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F 880	Continued From page 4 was asked where she came from and why she was not wearing a mask. She answered "The kitchen." She did not answer any other questions asked by the surveyor and left the facility.	F 880	after 3 months.	