

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: 135059	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2020
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NAME OF PROVIDER OR SUPPLIER FRANKLIN COUNTY TRANSITIONAL CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 44 NORTH 100 EAST PRESTON, ID 83263
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E 000	<p>Initial Comments</p> <p>A COVID-19 Focused Emergency Preparedness survey was conducted on July 6, 2020 to July 8, 2020. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6).</p> <p>The survey was conducted by:</p> <p>Jenny Walker, RN, Team Leader Kim Saccomando, RN</p>	E 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 08/02/2020
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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 6, 2020 through July 8, 2020. The survey was conducted by: Jenny Walker, RN, Team Coordinator Kim Saccomando, RN Abbreviations: CDC = Centers for Disease Control and Prevention CMS = Centers for Medicare and Medicaid Services DNS = Director of Nursing HCP = Health Care Providers ICP = Infection Control Preventionist PPE = Personal Protective Equipment	F 000			
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 684		9/11/20	

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F 684	<p>Continued From page 1</p> <p>Based on observation, professional nursing standards of practice, staff interview, and policy review, it was determined the facility failed to ensure blood glucose results were performed and documented by the same staff member. This was true for 1 of 1 resident (Resident #1) reviewed for quality of care. This failure created the potential for harm if an incorrect test result was recorded by documenting a blood glucose the staff member did not perform or witness. Findings include:</p> <p>The Potter Perry Fundamentals of Nursing Eighth Edition Textbook, copyright 2013, under Professional Standards in Nursing Practice stated:</p> <p>*A factual record contains descriptive, objective information about what a nurse sees, hears, feels, and smells. *An objective description is the result of direct observation and measurement.</p> <p>The textbook also stated under the section for Legal Guidelines for Recording, nurses should only chart for themselves, are accountable for information they enter into a patient's chart, and nurses were never to chart for someone else.</p> <p>This professional standard of practice was not followed.</p> <p>On 7/7/20 at 11:35 AM, CNA #2 stated she was trained to perform blood glucose checks. CNA #2 stated she notified RN #1 of Resident #1's blood glucose test results.</p> <p>Resident #1's July 2020 MAR (Medication Administration Record), dated 7/7/20 at 11:00</p>	F 684	<ol style="list-style-type: none"> 1. Immediate actions taken for the resident found to have been affected include: All blood glucose testing and documentation is to be done temporarily by a licensed nurse. 2. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents who have diabetes have the potential to be affected. 3. Actions taken/systems put into place to reduce the risk of future occurrence include: Blood glucose testing will be documented by the person who performs the test. Director of Nursing Services (DNS) will set up correct documentation within the electronic medical record to make it possible for all trained staff to document appropriately. Staff will be inserviced regarding how to document properly in the electronic medical record. 4. How the corrective actions will be monitored to ensure the practice will not recur: The Director of Nursing Services (DNS), or designee, will complete random observation of who is performing blood glucose assessment and documentation. This will occur for 3 residents each week for 4 weeks. 		

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F 684	Continued From page 2 AM, documented Resident #1's blood glucose result was 347 mg/dl (a measurement that indicates the amount of glucose in the blood) and 8 units of Humalog Insulin were administered. The entry in the MAR was signed by RN #1. On 7/7/20 at 1:45 PM, RN #1 stated CNA #2 notified her of Resident #1's blood glucose results and she documented the results in Resident #1's MAR. On 7/8/20 at 10:15 AM, ICP #1 stated the facility did not have a policy regarding staff documenting another staff member's task.	F 684			
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 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	F 880		9/18/20	

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F 880	<p>Continued From page 3 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. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p>	F 880			

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F 880	<p>Continued From page 4</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, policy review, nationally recognized standards of practice, and staff interview, it was determined the facility failed to ensure infection control prevention practices were implemented and maintained to provide a safe and sanitary environment. This failure created the potential for negative outcomes by exposing residents to the risk of infection and cross-contamination including COVID-19. Findings include:</p> <p>1. The facility's policy for Blood Sugar Monitoring, reviewed 3/27/20, directed staff after they performed the blood glucose procedure, they were to remove and dispose of their gloves, wash their hands, and wipe off the glucometer with an antiseptic wipe prior to leaving the room.</p> <p>This policy was not followed.</p> <p>On 7/7/20 at 11:30 AM, CNA #2 was in the doorway of Resident #1's isolation room wearing a gown, face mask, face shield, and gloves. Another CNA inside Resident #1's room, handed CNA #2 a plastic bin filled with a box of alcohol wipes, a box of lancets (small needles used to stick a finger to obtain blood), a box of sanicloths (disinfectant used to disinfect the glucometer), a bag of cotton balls, and a glucometer. CNA #2 placed the plastic bin on a barrier on the isolation cart outside of Resident #1's room. She then removed the glucometer from the bin, disinfected the glucometer, and placed it back in the plastic</p>	F 880	<p>1. Immediate actions taken for the resident found to have been affected include: The certified nursing assistant CNA#2 was immediately educated regarding proper procedure for disinfecting glucometer, glucometer bin will no longer be taken into resident rooms, CNA# 3 was educated regarding proper procedure for doffing face shield upon exiting isolation rooms.</p> <p>2. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents who have diabetes or are on isolation precautions have the potential to be affected.</p> <p>3. Actions taken/systems put into place to reduce the risk of future occurrence include: Glucometer bin will no longer be taken into resident rooms, only the necessary supplies for that resident will be taken into his/her room. All staff members who perform glucose monitoring will be inserviced regarding proper procedure for disinfecting glucose monitor. All staff who enter an isolation room will be inserviced regarding proper doffing procedure of face shields.</p> <p>4. How the corrective actions will be monitored to ensure the practice will not</p>		

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F 880	<p>Continued From page 5 bin.</p> <p>CNA #2 did not remove and dispose of her gloves, wash her hands, and disinfect the glucometer before she exited the room. CNA #2 did not disinfect the plastic bin before replacing the disinfected glucometer.</p> <p>On 7/7/20 at 11:50 AM, the DNS stated CNA #2 should not have taken the plastic glucometer bin into the resident's room. The DNS stated CNA #2 should have only taken what she needed to check Resident #1's blood glucose.</p> <p>2. The facility's policy for Eyewear Protection: Wearing and Removal/Cleaning, reviewed 3/27/20, documented when removing protective eyewear, HCP were to:</p> <ul style="list-style-type: none"> * Remove gloves and wash hands. * Remove eyewear immediately, or as soon as possible, after the completion of a procedure. The front of the goggles is considered contaminated and do not touch. Remove the front of the goggles or face shield from the back by lifting headband or ear pieces. * If the eyewear is non-disposable, then it should be cleaned with soap and water, immediately after use and put away. (When cleaning use gloves if contaminated with blood or body substances.) * Wash hands. <p>This policy was not followed.</p> <p>On 7/6/20 at 5:30 PM, CNA #3 exited Resident</p>	F 880	<p>recur: The Infection Preventionist, or designee, will complete random observation of glucose monitoring to include observation of what is taken into the resident room and observation of glucometer disinfection techniques. This will occur for 3 residents each week for 4 weeks. The Infection Preventionist, or designee, will complete random observation of face shield doffing procedure to assure it is being done properly. This will occur for 3 residents each week for 4 weeks.</p>		

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F 880	<p>Continued From page 6</p> <p>#1's room that had a sign on the door for droplet precautions. CNA #3 was not wearing gloves. CNA #3 removed her face shield with her bare hands and disinfected the face shield with a wipe. CNA #3 stated she did not perform hand hygiene prior to exiting Resident #1's room and should have put gloves on prior to disinfecting the face shield. CNA #3 said after disinfecting the face shield, she should have performed hand hygiene.</p> <p>On 7/6/20 at 5:35 PM, ICP #2 stated CNA #3 should have performed hand hygiene, put on a new pair of gloves, removed the face shield, disinfected it, and then removed the gloves and performed hand hygiene.</p>	F 880			