

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: 135081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
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NAME OF PROVIDER OR SUPPLIER MINI-CASSIA CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1729 MILLER AVENUE BURLEY, ID 83318
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(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
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E 000	<p>Initial Comments</p> <p>A COVID-19 Focused Emergency Preparedness survey was conducted on June 18, 2020 to June 19, 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>Presie Billington, RN, Team Leader Brad Perry, LSW</p>	E 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/23/2020

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 conducted on June 18, 2020 to June 19, 2020. The survey was conducted by: Presie Billington, RN, Team Leader Brad Perry, LSW Survey Abbreviations: CNA = Certified Nursing Assistant CDC = Centers for Disease Control and Prevention DON = Director of Nursing HCP = Health Care Providers NA = Nursing Assistant	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, reporting, investigating, and controlling infections and communicable diseases for all residents,	F 880		8/12/20	

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

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F 880	<p>Continued From page 2</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, policy review, nationally recognized professional 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 Novel Coronavirus (COVID-19) Control Plan, updated 5/7/20, documented residents, employees, and visitors were screened for symptoms of acute respiratory illness such as fever, cough, and difficulty breathing before they entered the facility.</p> <p>The facility's CDC Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19, dated 5/8/20, stated "All HCP (including ancillary staff such as dietary and housekeeping and consultant personnel) are screened at the beginning of their shift for fever and symptoms of COVID-19 (actively records their temperature and documents they do not have fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss</p>	F 880	<p>1-Screening Forms</p> <p>The facility shall establish and maintain an infection control program designed to promote a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infection.</p> <p>1. The screening forms were updated immediately and the new screening forms were implemented as of 07/10/2020. Staff that perform screening were immediately educated on asking questions from the screening form to assure that all staff and visitors are properly screened for symptoms identified by the CDC.</p> <p>2. All residents have the potential to be affected, however no residents were affected as evidence by no positive COVID-19 cases identified within the facility through daily screening of all resident and testing for SARS-CoV-2 when indicated.</p> <p>3. A staff meeting was held on 07/29/2020 to educate staff on changes to the screening form, and updates to the requirements for the CDC. Any future updates per CDC guidelines will be implemented immediately. The</p>		

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F 880	<p>Continued From page 3 of taste or smell).</p> <p>The CDC website, accessed on 7/10/20, under Symptoms of Coronavirus, updated 5/13/20, stated people with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. The website also stated people with the following symptoms may have COVID-19:</p> <ul style="list-style-type: none"> * Fever or chills * Cough * Shortness of breath or difficulty of breathing * Fatigue * Muscle or body aches * Headache * New loss of taste or smell * Sore throat * Congestion or runny nose * Nausea or vomiting * Diarrhea. <p>The facility did not screen HCP for all symptoms of COVID-19.</p> <p>On 7/8/20 at 10:17 AM, two surveyors were screened at the back entrance to the South Hall by CNA #2 before entering the facility. CNA #2 asked the surveyors if they had a fever, cough, sore throat, or shortness of breath. CNA #2 also asked the surveyors where they had been before coming to the facility. CNA #2 then checked the surveyors' temperatures and they were allowed to enter the facility.</p> <p>The facility's COVID-19 Staff Screening Tool included the following symptoms:</p> <ul style="list-style-type: none"> * Fever 	F 880	<p>Administrator will monitor for changes and will update accordingly.</p> <p>4. A quality assurance, and performance improvement (QAPI) meeting was held on 07/28/2020 and it was reported that no other incidents occurred of staff not being screened for possible symptoms.</p> <p>5. The Administrator or designee will audit daily x 5; weekly x 4 weeks and monthly x 3 months or until the QAPI committee determines the audits are no longer needed.</p> <p>6. The facility will be back in compliance following all training, and corrections on 08/12/2020</p> <p>2 - Hand Hygiene/Contact Times</p> <p>1. This has the potential to affect residents that utilize three dining rooms and the nurses' station in the North section, however no residents were effected as evidence by no COVID-19 cases identified within the facility through daily screening of all residents and testing for SAR-CoV-2 when indicated.</p> <p>2. Housekeeper #1 was immediately educated on hand hygiene which included performing hand hygiene before and after donning and doffing gloves. Housekeeper #1 was also educated on using appropriate contact times which in this case was Virex II 256 which has a contact time of 10 minutes. All other housekeepers were immediately educated on proper hand hygiene, and contact times. Audits are being performed daily for three weeks. Any new findings will be reported to the Administrator, and</p>		

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F 880	<p>Continued From page 4</p> <ul style="list-style-type: none"> * Cough * Sore Throat * Shortness of Breath <p>The Screening Tool also included an area to document the employee's temperature. If the temperature was above 100, the tool stated, "Access to the facility may be restricted."</p> <p>On 7/9/20 at 10:47 AM, the DON said when staff were screened for signs and symptoms of COVID -19, they were asked if they had a cough, shortness of breath, sore throat, or a fever, and their temperatures were checked before they entered the facility. The DON said the facility's screening form was last updated on 4/28/20. When asked if the staff and residents should be asked for other signs and symptoms of COVID-19 that were described on the CDC website, updated on 5/7/20, such as headache, body aches, diarrhea, and new loss of taste or smell, the DON said if the CDC had updated the signs and symptoms of COVID-19 then they should also ask their staff and residents about those signs and symptoms.</p> <p>2. The facility's PPE and Hand Hygiene policies, revised September 2014, directed staff to use gloves when cleaning potentially contaminated items and to perform hand hygiene after removing gloves.</p> <p>The facility's Cleaning and Disinfection of Environmental Surfaces policy, revised September 2014, directed staff to use disinfectants according to the label's directions.</p> <p>The Virex II 256 disinfectant cleaner directions for cleaning and disinfecting hard nonporous</p>	F 880	<p>Housekeeping Supervisor and corrected.</p> <p>3. A staff meeting was held on 07/29/2020 where facility staff was educated on hand hygiene, and cleaning contact times. Facility staff were also required to complete a scenario based test that included hand hygiene, and contact times. The facility also implemented a new product called Oxivir Tb that has a faster contact time of 1 minute. This was implemented into our cleaning processes on 07/24/2020.</p> <p>4. A quality assurance, and performance improvement (QAPI) meeting was held on 07/28/2020 and it was reported that housekeepers were receiving additional training on hand hygiene in a housekeeping meeting scheduled for 07/29/2020. That meeting was completed on 07/29/2020. It was reported that no other incidents were found of staff not following required hand hygiene before and after donning and doffing gloves.</p> <p>6. This facility will be back in compliance following all training, and corrections on 08/12/2020.</p> <p>3- PPE</p> <p>1. NA #1 caught her mistake, but additional training was provided. Housekeeping #1 was educated on 07/09/2020 when the deficit practice was reported.</p> <p>2. All residents where NA #1 and Housekeeper #1 performed their duties had the potential to be affected, however no residents were affected as evidence by no positive COVID-19 cases identified</p>		

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F 880	<p>Continued From page 5</p> <p>surfaces stated to allow the surface to remain wet for 10 minutes and then wipe or allow to air dry.</p> <p>These policies and directions were not followed.</p> <p>a. On 7/8/20 from 10:30 AM to 11:06 AM, Housekeeper #1 was observed cleaning three dining rooms and the nurses' station in the North section of the facility.</p> <p>At 10:30 AM, Housekeeper #1 had on gloves and was in the dining room next to room #28 (Dining Room #1). She mopped the floor with a Velcro type mop and removed the mop cleaning pad, placed the pad in a dirty linen bag on her cart, took off her gloves, and did not perform hand hygiene.</p> <p>At 10:32 AM, Housekeeper #1 pushed her cart to the dining room across from the Resident Service Director's office (Dining Room #2). She put on new gloves and opened a locked compartment of the cart and retrieved the Virex disinfectant. She then sprayed the cleaner on two tables with vinyl table cloths and immediately wiped the tables off with a clean dry rag. Both surfaces appeared dry after she wiped the table cloths. She then dry mopped and swept the dining room floor. Housekeeper #1 then wrung out a wet mop pad, mopped the dining room floor and placed the pad in a dirty linen bag on her cart. After completing these tasks she took off her gloves and performed hand hygiene.</p> <p>At 10:40 AM, Housekeeper #1 moved her cart to the adjacent dining room which was next to the door that led to the outside smoking area (Dining Room #3). She placed a wet floor sign near Dining Room #2. She then put on new gloves</p>	F 880	<p>within the facility through daily screening of all residents and testing for SARS-CoV-2 when indicated.</p> <p>3. A staff meeting was held on 07/29/2020 where additional training was provided and facility staff were required to complete a scenario based test.</p> <p>4. A quality assurance, and performance improvement (QAPI) meeting was held on 07/28/2020 and no other incidents where staff entered isolation rooms without donning and doffing PPE correctly was reported.</p> <p>5. The DON or designee will audit daily x 5; weekly x 4, and monthly x 3 months or until the QAPI committee determines the audits are no longer necessary.</p> <p>6. The facility will be back in compliance following all trainings, and corrections on 08/12/2020.</p> <p>4- Hugs and Social Distancing</p> <p>1. The staff members that either hugged, or allowed Resident #2 to hug them were immediately educated.</p> <p>2. Resident #2 had the potential to be affected. Resident #2 was not affected as evidence by no positive COVID-19 cases identified within facility through daily screening of all residents and testing for SARS-CoV-2 when indicated.</p> <p>3. A new screening form was created and it was added that staff are now required to sign that they understand the policy and that they should not shake hands, and not touch or hug individuals in the facility. The form was implemented on 07/09/2020. All staff are now required to sign before their</p>		

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F 880	<p>Continued From page 6</p> <p>without performing hand hygiene and opened the locked compartment of the cart and retrieved the Virex disinfectant. She sprayed and immediately wiped down four tables in Dining Room #3. After wiping the tables, the surfaces appeared to stay wet for 30 seconds before they dried.</p> <p>Housekeeper #1 placed the Virex disinfectant in the cart and disposed of the rag in the dirty linen bag. She then dry mopped and swept the dining room floor. Housekeeper #1 collected and disposed of a bag of trash from the dining room. She next wrung out a wet mop pad, mopped the dining room floor and placed the pad in a dirty linen bag on her cart. Housekeeper #1 then placed a dry mop pad on the mop and took off her gloves without performing hand hygiene. With her bare hands she mopped the floor with the dry mop pad, disposed of the mop pad and performed hand hygiene. Housekeeper #1 then placed a wet floor sign at the entrance of Dining Room #3 and removed the wet floor sign from Dining Room #2.</p> <p>Housekeeper #1 opened the locked compartment of the cart, put on new gloves and retrieved the Virex disinfectant and a new dry rag. She sprayed the dry rag first and wiped down the counter in the North hallway nurses' station. The counter appeared to stay wet for five seconds before it dried. She then sprayed the rag and wiped down areas in the nurses' station including the hand sanitizer dispenser, paper towel holder, the employee bathroom door handles, the bathroom sink, and the toilet lid. She placed the Virex disinfectant in the cart and disposed of the rag, took off her gloves, and performed hand hygiene.</p> <p>On 7/8/20 at 11:50 AM, Housekeeper #1 said she</p>	F 880	<p>shifts that they understand and will follow this policy.</p> <p>4. A staff meeting was held on 07/29/2020 where facility staff was educated on avoiding physical contact, not hugging, or hand shaking, and keeping a social distance where possible. Facility staff were also required to complete a scenario based test that included hand hygiene, and contact times.</p> <p>5. A quality assurance, and performance improvement (QAPI) meeting was held on 07/28/2020 and it was reported that no other incidents have occurred where staff either hugged residents, or allowed residents to hug them.</p> <p>6. The DON or designee will audit x 5; weekly x 4 weeks, and monthly x 3 months or until the QAPI committee determines the audits are no longer necessary.</p> <p>7. The facility will be back in compliance following all trainings, and corrections on 08/12/2020.</p>		

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F 880	<p>Continued From page 7</p> <p>was supposed to perform hand hygiene after removing her gloves and she did not. Housekeeper #1 said she was supposed to spray surfaces first and then wipe them down. She said she might have sprayed the rag instead of spraying the surfaces when she cleaned the nurses' station.</p> <p>b. On 7/8/20 at 2:10 PM, Resident #3's door had Contact and Droplet Precaution signs outside her door. Housekeeper #1 had on a facemask and was outside of Resident #3's room where she put on a gown, goggles and gloves before going into the room. Housekeeper #1 went into the room with Virex disinfectant and a clean dry rag. She sprayed Resident #3's bedside table top with the spray and immediately wiped it with the rag. The surface appeared dry after she wiped it off.</p> <p>On 7/8/20 at 2:20 PM, Housekeeper #1 said she sprayed the bedside table and immediately wiped it off with the rag.</p> <p>On 7/9/20 at 10:20 AM, the ICP said housekeeping staff were to perform hand hygiene after taking off their gloves. She said Housekeeper #1 did not perform appropriate hand hygiene several times during the observation. The ICP said she expected staff to know contact times for disinfectants and to follow those directions. She said Housekeeper #1 did not follow the 10 minute contact time for the Virex II 256 disinfectant cleaner spray.</p> <p>3. The facility's Novel Coronavirus (COVID-19) Control Plan for residents with exposure to Coronavirus, updated 5/7/20, directed staff to wear appropriate personal protective equipment (PPE) including gloves, a gown, facemask, and</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>eye protection when caring for the resident.</p> <p>This policy was not followed.</p> <p>On 7/8/20 at 2:20 PM, Resident #1's call light was turned on. NA #1 walked toward Resident #1's room. Resident #1's room had Contact and Droplet Precaution signs outside his door directing staff to put on a gown, gloves, facemask, and goggles or faceshield before entering his room. Instructions directing staff how to put on and take off PPE and the PPE cart were also outside Resident #1's room. NA #1 was wearing a facemask and entered Resident #1's room. NA #1 did not put on a gown, gloves, goggles or a faceshield when she entered Resident #1's room. At 2:23 PM, NA #1 exited Resident #1's room and took a gown, gloves, and faceshield from the PPE cart and put them on.</p> <p>On 7/8/20 at 2:30 PM, NA #1 said she entered Resident #1's room without wearing a gown, gloves, and a faceshield. NA #1 said when she realized she was not wearing a gown she exited Resident #1's room and took a gown, gloves and faceshield from his PPE cart outside his door and put them on and went back into Resident #1's room.</p> <p>On 7/9/20 at 10:25 AM, the ICP said staff were expected to wear PPE when they entered a resident's room when they were under Contact and Droplet Precautions.</p> <p>4. The facility's COVID-19 Staff Screening Tool, undated, directed staff not to shake hands, and not to touch or hug individuals in the facility.</p> <p>This was not followed.</p>	F 880			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/09/2020
NAME OF PROVIDER OR SUPPLIER MINI-CASSIA CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1729 MILLER AVENUE BURLEY, ID 83318		
(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 9</p> <p>On 7/8/20 at 11:07 AM, the Infection Control Preventionist (ICP) was wearing a facemask and hugged Resident #2 who was also wearing a facemask and was sitting in her wheelchair in the South Hall by the nurses' station. Resident #2 hugged the ICP back.</p> <p>On 7/8/20 at 1:47 PM, CNA #1 was wearing a facemask and walked towards the nurses' station and greeted Resident #2 and put her left arm around Resident #2.</p> <p>On 7/8/20 at 2:55 PM, CNA #2 said she gave Resident #2 a hug because she reminded her of her mother.</p> <p>On 7/8/20 at 3:04 PM, the ICP said she greeted Resident #2 when she saw her earlier and gave her a hug. The ICP said she usually hugged Resident #2 because Resident #2 opened her arms when she saw her. The ICP said it was an emotional support for Resident #2.</p> <p>On 7/8/20 at 10:47 AM, the DON said it was not a good practice to hug residents in the facility especially during this time when COVID-19 was spreading in the community.</p>	F 880			