

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>135038</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/21/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE CARE CENTER OF BOISE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>808 NORTH CURTIS ROAD BOISE, ID 83706</b>		
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E 000	<p>Initial Comments</p> <p>A COVID-19 Focused Emergency Preparedness Survey was conducted on July 20, 2020 through July 21, 2020. The facility was found to be in compliance with CFR §483.73 related to E-0024 (b)(6).</p> <p>The survey was conducted by:</p> <p>Cecilia Stockdill, RN, Team Coordinator Sallie Schwartzkopf, LCSW</p>	E 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/04/2020

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 20, 2020 through July 21, 2020.  The survey was conducted by:  Cecilia Stockdill, RN, Team Coordinator Sallie Schwartzkopf, LCSW  Survey Abbreviations:  CDC = Centers for Disease Control and Prevention CNA = Certified Nursing Assistant DON = Director of Nursing IP = Infection Preventionist PPE = Personal Protective Equipment PT = Physical Therapist	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 and control program (IPCP) that must include, at a minimum, the following elements:	F 880		8/31/20	

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F 880	<p>Continued From page 1</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> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents</p>	F 880			

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F 880	<p>Continued From page 2 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, policy review, nationally recognized standards of practice, and staff interview, it was determined the facility failed to ensure infection control prevention practices were consistently implemented 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. A guideline from the CDC on Use of PPE When Caring for Patients with Confirmed or Suspected COVID-19, dated 3/30/20, directed staff to put on an isolation gown and tie all ties on the gown.</p> <p>A guideline from the CDC on How to Safely Remove PPE, undated, directed staff to unfasten the gown ties, taking care to ensure the sleeves did not touch the body when reaching for the ties, and pull the gown away from the neck and shoulders by touching the inside of the gown only.</p> <p>These directions were not followed.</p>	F 880	<p>F880 This Plan of Correction is prepared and submitted as required by law. By submitting this plan of correction, Life Care Center of Boise does not admit that the deficiency listed on the CMS Form 2567L exists, nor does the facility admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies. The Facility reserves the right to challenge in legal proceedings, all deficiencies, findings, facts, and conclusions that form the basis for the deficiency.</p> <p>Resident Specific: The ID team reviewed resident #1 for adverse reaction due to improper donning and doffing of PPE. None was found. A sign was placed on resident #2's door reflecting proper precautions. Resident #3 has discharged. Resident #4 was reviewed for impact from Driver not tying his gown. None was found.</p> <p>Other Residents:</p>		

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F 880	<p>Continued From page 3</p> <p>On 7/20/20 at 10:02 AM, a sign was on Resident #1's door indicating she was on droplet precautions, and another sign directed staff to use alcohol-based hand rub and apply PPE, including a gown, prior to entering the room.</p> <p>On 7/20/20 at 12:29 PM, CNA #1 entered Resident #1's room. Three cloth isolation gowns were hanging on the bathroom door on individual hooks, and 2 hooks were labeled "CNA" and the third hook was labeled "nurse." CNA #1 was wearing a face shield and face mask, and she took a gown from a hook labeled "CNA" and put it on by pulling it over her head.</p> <p>On 7/20/20 at 12:32 PM, CNA #1 removed her gloves, removed the gown by pulling it over her head, hung the gown on the middle hook on the bathroom door in Resident #1's room, and then washed her hands. CNA #1 said there were 3 gowns hanging on the bathroom door, and 2 gowns were for CNAs and 1 gown was for the nurse. CNA #1 said she "did not think about it" when she pulled the gown over her head, and that was not the way she was trained to put on a gown. CNA #1 said she should have untied the gown.</p> <p>On 7/20/20 at 3:24 PM, the IP said it was not acceptable for staff to put on a gown by pulling it over their head.</p> <p>2. The facility's Transmission-Based Precautions and Isolation Procedures, dated 5/7/20, stated when a resident is placed on transmission-based precautions, the staff should place the type(s) of precaution signage to be initiated outside the resident room in a conspicuous place, such as on the door or on the wall next to the doorway,</p>	F 880	<p>The ID team reviewed other residents for adverse reaction due to associates improperly donning and doffing of PPE, sign placement on doors for precautions, lack of hand hygiene or not tying gowns. None was found.</p> <p>Facility Systems: Review through root cause analysis determined the following: Tied gowns were pulled over head due to convenience. The driver, while trained to properly wear PPE and washing hands upon leaving a resident room was not in a typical position in cleaning high-touch areas, which increased his chances for error. Surveillance had not taken place that day to correct his incorrect actions. With the change in infection control responsibility, no staff were assigned to validate placement of signs upon change earlier in the day.</p> <p>The Infection Preventionist (IP) or designee provides surveillance to ensure that proper donning and doffing of PPE takes place, that signs reflecting proper precautions are placed on resident room doors, that hand hygiene is practiced upon leaving a resident room, and proper tying of PPE gown. A new IP is being trained and the system is amended to include surveillance for each of these areas in her routine. Education will be provided to the staff who don, doff, (do not place washable gown over their head) and tie gowns as part of their work, as well as washing hands when they leave the room. All staff who wear PPE will receive</p>		

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F 880	<p>Continued From page 4 identifying the CDC categories of transmission-based precautions (e.g. contact, droplet), the instructions for use of PPE, and/or instructions to see the nurse before entering.</p> <p>Resident #2's Progress Notes, dated 7/19/20 at 4:17 PM, documented a COVID-19 swab was collected and sent to the lab.</p> <p>On 7/20/20 at 10:58 AM, there were three drawers containing PPE and receptacles for trash and dirty linen outside of Resident #2's door. There were no precaution signs on Resident #2's door or on the wall nearby.</p> <p>On 7/20/20 at 12:50 PM, RN #2 said Resident #2 returned from the hospital that morning and was on droplet and contact precautions. When asked why no signs were on the door, RN #2 replied Resident #2's COVID-19 test results were negative.</p> <p>Resident #2's Progress Notes, dated 7/20/20 at 2:37 PM, documented COVID-19 test results were not yet received and Resident #2 continued with droplet precautions.</p> <p>On 7/20/20 at 3:50 PM, The IP said Resident #2's door should have signage on it indicating the type of precautions to follow when entering.</p> <p>3. The facility's Housekeeping Services policy, dated 6/10/20, stated when cleaning isolated rooms staff were to remove their PPE before leaving the room and follow hand hygiene protocol.</p> <p>The facility's Hand Hygiene Policy, dated 5/7/20, stated the facility should provide education on</p>	F 880	<p>education to the same, to coincide with established policies and procedures related to infection control practices, PPE use, handwashing, transmission based policy.</p> <p>Monitor: The Director of Nursing and/or nurse management designee will audit to ensure associates are washing hands upon leaving resident rooms, and properly donning, doffing, and tying gowns. Monitoring will occur daily on each shift for donning/doffing, and tying gowns, and washing hands as they leave the room for 1 week, then twice per week each for day, evening, and night shift for 4 weeks, then once per week each for day, evening, and night shift for 1 week. Monitoring will take place by the Director of Nursing and/or nurse management designee for all rooms with precautions needing signs once weekly for 4 weeks, then once every other week for 2 weeks, then monthly for one month.</p> <p>Starting the week of August 31, 2020 the review will be documented on the QAPI audit tool. Any concerns will be addressed immediately and discussed with the QAPI committee. Noted deficiencies during monitoring and auditing will require additional education for any failed practices. The QAPI committee may adjust the frequency of the monitoring after 12 weeks, as it deems appropriate.</p> <p>Date of Compliance: August 31, 2020</p>		

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F 880	<p>Continued From page 5</p> <p>hand hygiene and include when to perform hand hygiene with alcohol-based hand rub and with soap and water, including:</p> <ul style="list-style-type: none"> <li>* before and after all resident contact,</li> <li>* after contact with potentially infectious material,</li> <li>* after removal of gloves.</li> </ul> <p>The facility's Transmission-Based Precautions and Isolation Procedures, dated 5/7/20, under Standard Precautions, stated hand hygiene must be performed before and after all resident contact and contact with potentially infectious material.</p> <p>The facility's Stop - Droplet Precautions sign, and the Stop - Contact Precautions sign, undated, stated everyone must clean their hands before entering and when leaving the room.</p> <p>These policies and directions were not followed.</p> <p>On 7/20/20 at 12:43 PM, Driver #1 entered Resident #3's room. Three signs were on Resident #3's door: Stop - Droplet Precautions, Stop - Contact Precautions, and a list of PPE to put on and take off, including hand hygiene after removing PPE. Driver #1 proceeded to clean surfaces and equipment in Resident #3's room. Driver #1 then removed his PPE and placed it in a bin inside Resident #3's room. He then exited Resident #3's room and returned to his cart without performing hand hygiene. Driver #1 said he was the facility resident driver, but he was not driving residents anywhere, due to the pandemic, and was reassigned to disinfect room surfaces. Driver #1 said he did not perform hand hygiene when he came out of Resident #3's room but he should have.</p> <p>On 7/20/20 at 4:00 PM, the Administrator said</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>when Driver #1 entered Resident #3's room he should follow the prescribed precautions, and he should have practiced hand hygiene when he exited the room.</p> <p>4. The facility provided a CDC document on the Sequence for Putting on PPE, including a gown, which required staff to fasten the back of neck and waist.</p> <p>On 7/20/20 at 1:15 PM, Driver #1 put on a black gown and entered Resident #4's room who had signage on her door indicating she was on droplet and contact precautions. Driver #1's gown was not tied at the waist and hung to his sides without covering his backside. He proceeded to clean surfaces and equipment in Resident #4's room and when the task was completed he exited the room. When asked, Driver #1 said he did not tie the back of his gown.</p> <p>On 7/20/20 at 3:47 PM, the IP said gowns with ties must be tied at the top and the bottom.</p>	F 880			