

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: 135058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - SILVER WOOD VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 405 WEST SEVENTH STREET SILVERTON, ID 83867		
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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness survey was conducted on July 21, 2020 to July 22, 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: Presie Billington, RN, Team Leader Brad Perry, LSW	E 000			
F 000	INITIAL COMMENTS The following deficiency was cited during a COVID-19 Focused Infection Control survey conducted on July 21, 2020 to July 22, 2020. The survey was conducted by: Presie Billington, RN, Team Leader Brad Perry, LSW	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	F 880		8/26/20	

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

TITLE

(X6) DATE

Electronically Signed

08/05/2020

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 880	<p>Continued From page 1</p> <p>comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§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:</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</p>	F 880			

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F 880	<p>Continued From page 2 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 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, 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 Nursing Care Equipment and Supplies policy, dated 12/1/15, directed staff to dispose of supplies that are soiled or suspected to be unsafe.</p> <p>The facility's Oxygen Administration policy, dated</p>	F 880	<ul style="list-style-type: none"> Resident #1 is no longer in the facility as of 7/29/20. Residents using supplemental oxygen have the potential to be affected by this practice. Current residents receiving supplemental oxygen were provided with new cannulas, masks and tubing as well as dated plastic bags for storage. Completed on 7/21/20 for all sources of oxygen used. Staff will be educated on or before 8/21/2020 by the DON on the oxygen safety policy and procedure to include replacing cannulas, masks, connector tubing and storage bags weekly and as needed at time of being soiled or 		

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F 880	<p>Continued From page 3</p> <p>10/1/17, directed staff to store nasal cannulas in a plastic bag when not in use.</p> <p>These policies were not followed.</p> <p>Resident #1 was readmitted to the facility on 2/17/20, with multiple diagnoses, including shortness of breath and Alzheimer's disease.</p> <p>Resident #1's physician's orders, dated 7/5/20, documented he was to receive O2 at 2-4 LPM as needed to keep oxygen saturation levels above 90%.</p> <p>On 7/21/20 from 9:00 AM to 9:15 AM, Resident #1 was observed in the dayroom in his wheelchair wearing a NC. He took off his NC and placed it in his wheelchair with the NC prongs wedged between his seat cushion and his left pant leg. At 9:10 AM, Resident #1 then picked up the tubing and it fell to the floor. The NC prongs and 6 inches of O2 tubing was on the floor to the left side of his wheelchair.</p> <p>At 9:15 AM, the Activity Director picked up the NC tubing and prongs and placed it between Resident #1's back and his wheelchair. The Activity Director then performed hand hygiene and assisted Resident #1 by placing the NC prongs back in his nose with the tubing on his face and over his ears. The Activity Director did not disinfect or replace the O2 tubing after it was on the floor.</p> <p>On 7/21/20 at 9:22 AM and 2:00 PM, the Activity Director said he picked up Resident #1's O2 tubing off the floor and placed the tubing behind the resident's back because there was no plastic bag to store the O2 tubing in. He said he then put</p>	F 880	<p>contaminated. Replacement of the nasal cannula's weekly exist on the TAR, Changing of the storage bags weekly has also been added to the TAR.</p> <ul style="list-style-type: none"> Nursing staff will routinely replace tubing, cannulas and storage bags weekly per policy and as needed for soiling or contamination. Replacement of the nasal cannula's weekly exist on the TAR, changing of the storage bags weekly has also been added to the TAR. This performance will be audited by DON or Designee weekly x4, monthly x2, and quarter x2. Audit results will be submitted to monthly QAPI Committee for review and recommendations if indicated. Compliance Date 8/26/2020 <ul style="list-style-type: none"> Mechanical lifts used by resident #2 and #4 were cleaned on 7/21/20. Resident #3 is independent and does not require a mechanical lift for transfers. Residents requiring the use of mechanical lifts have the potential to be affected by this practice. On 7/22/2020, Mechanical lifts in the facility were equipped with storage bins and supply of disinfectant wipes. The Nursing department employees will be educated on or before 8/21/2020 by the DON on infection control practices of cleaning equipment between resident contact, along with the responsibility of keeping disinfectant wipes stocked on the lifts. Observation audits for proper cleaning of lifts between use will be conducted by DON or designee weekly x4, monthly x2, and quarter x2. Audit results will be 		

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F 880	<p>Continued From page 4</p> <p>the NC back onto Resident #1. The Activity Director said he thought he could place the NC back on Resident #1 because he did not realize the NC prongs had touched the floor. He said if the NC prongs were on the floor, he would let the nurse know to replace the tubing.</p> <p>On 7/21/20 at 2:25 PM, the ICP said the NC tubing and prongs should have been discarded if they touched the floor. She said she expected staff to place O2 tubing in plastic bags when not in use.</p> <p>2. The facility's Environmental Cleaning Principles policy and procedure, dated 3/2016, stated high touch areas (surfaces with high probability of contact with skin such as handles on equipment) were cleaned frequently in between resident contact with the equipment.</p> <p>This policy was not followed.</p> <p>On 7/21/20 at 1:33 PM, CNA #1 exited Resident #2 and Resident #3's room with the Hoyer lift (a mobility lift used for transfers and entered Resident #4's room. CNA #1 then left the Hoyer lift inside Resident #4's room.</p> <p>On 7/21/20 at 1:37 PM, Resident #4, in his power wheelchair, entered his room followed by CNA #1 and CNA #2. CNA #1 then closed the door to Resident #4's room.</p> <p>On 7/21/20 at 1:43 PM, CNA #1 said she did not clean the Hoyer lift after she and CNA #2 used it to transfer Resident #2 to his bed. CNA #1 said she should have wiped the Hoyer lift with disinfectant wipes before they used it to transfer Resident #4.</p>	F 880	<p>submitted to monthly QAPI Committee for review and recommendations if indicated.</p> <ul style="list-style-type: none"> Compliance Date 8/26/2020 <p>Michael Neubauer Administrator GSS-Silver Wood Village</p>		

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F 880	Continued From page 5 On 7/21/20 at 2:15 PM, the ICP said the Hoyer lift should have been wiped down with Sani-wipes (a disinfectant wipe) after each use.	F 880			