

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/02/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF POST FALLS			STREET ADDRESS, CITY, STATE, ZIP CODE 460 NORTH GARDEN PLAZA COURT POST FALLS, ID 83854		
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E 000	<p>Initial Comments</p> <p>A COVID-19 Focused Emergency Preparedness Survey was conducted on July 22, 2020 to July 23, 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>Brad Perry, LSW, Team Leader Presie C. Billington, RN</p>	E 000			

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

TITLE

(X6) DATE

Electronically Signed

08/06/2020

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 July 22, 2020 to July 23, 2020. The survey was conducted by: Brad Perry, LSW, Team Leader Presie Billington, RN Survey Abbreviations: CDM = Certified Dietary Manager CNA = Certified Nursing Assistant DON = Director of Nursing ICP = Infection Control Preventionist NA = Nursing Assistant RNA = Restorative Nursing Assistant RN = Registered Nurse	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: §483.80(a)(1) A system for preventing, identifying,	F 880		8/28/20	

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F 880	<p>Continued From page 1 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 identified under the facility's IPCP and the</p>	F 880			

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F 880	<p>Continued From page 2 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 Cleaning and Disinfection of Non-Critical Patient Care Equipment, revised 3/13/20, directed staff to clean and disinfect equipment prior to storage.</p> <p>On 7/22/20 at 10:24 AM, CNA #1 pushed the Hoyer lift (a mobility lift device used for transfers) out of Resident #12's room. CNA #1 then left the Hoyer lift outside Resident #12's room and went to the soiled utility room.</p> <p>On 7/22/20 at 10:36 AM, NA #1 pushed the Hoyer lift to a vacant room where the other two Hoyer lifts were stored. NA #1 did not clean or disinfect the Hoyer lift before placing it in the storage room.</p>	F 880	<p>LCC of POST FALLS POC 880E for Survey dated 7/23/20</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. Facility clinical staff re-educated on cleaning and disinfecting of non-critical patient care equipment prior to storage. 2. LN's were re-educated on the facility's cleaning and disinfection of the glucometer policy, to include use of a barrier. 3. Facility staff were re-educated on facility's resident hand hygiene policy. <p>Identification of Others at Risk:</p> <ol style="list-style-type: none"> 1. All residents currently residing in the facility are at risk due to these unmet requirements. <p>Systemic Changes:</p> <ol style="list-style-type: none"> 1. Facility staff were re-educated on facility policy on cleaning and disinfecting of non-critical patient care equipment prior to storage, to include competency quiz. 2. Facility licensed nurses were re-educated on facility policy on cleaning and disinfection of the glucometer, to include return demonstration competencies. 		

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F 880	<p>Continued From page 3</p> <p>On 7/22/20 at 11:42 AM, CNA #1 said she did not disinfect or clean the Hoyer lift after she used it to help transfer Resident #12 to her wheelchair.</p> <p>On 7/22/20 at 3:00 PM, the ICP said the Hoyer lift should have been cleaned after each use.</p> <p>2. The facility's Cleaning and Disinfection of the Glucometer (a portable machine used to measure the blood glucose level) policy and procedure, revised 4/7/20, directed staff to do the following:</p> <p>*Clean and disinfect the glucometer prior to leaving the resident's room with commercially available Environmental Protection Agency (EPA) registered disinfectant wipes.</p> <p>*Wipe the entirety of the glucometer using the disinfectant wipe.</p> <p>*Wrap the glucometer with a clean wipe.</p> <p>*Place the glucometer in a disposable cup, to ensure the glucometer remained wet for the duration of time required according to the manufacturer recommendation.</p> <p>A plastic container of Sani-Cloth wipes, with a red top, included directions for disinfection. The directions stated a three-minute contact time (the total amount of time that it takes to inactivate all the microorganisms listed on the product label) was required.</p> <p>On 7/22/20 at 11:17 AM, RN #1, while wearing gloves, took a wipe from the Sani-Cloth container and wiped the glucometer outside Resident #11's room. RN #1 then placed the glucometer on top of the PPE cart located outside Resident #11's</p>	F 880	<p>3. Facility staff were re-educated on resident hand hygiene policy, to include return demonstration quiz.</p> <p>Ongoing Monitoring:</p> <p>1. DON/Designee will conduct observation audits to verify staff are cleaning and disinfecting non-critical patient care equipment prior to storage. Audits will include: 7 staff members a week x 4 weeks; 5 staff members per month x 2 months.</p> <p>2. DON/Designee will conduct observation audits to verify licensed nurses are cleaning and disinfecting glucometers according to facility policy. Audits will include: 7 staff members a week x 4 weeks; 5 staff members per month x 2 months.</p> <p>3. DON/Designee will conduct observation audits to verify staff are offering residents hand hygiene prior to meals. Audits will include: 7 staff members a week x 4 weeks; 5 staff members per month x 2 months. Results of these audits will be brought to facility QAPI committee for a period of 3 months, or until a lesser frequency is deemed appropriate.</p>		

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F 880	<p>Continued From page 4</p> <p>room. There was no barrier between the glucometer and the PPE cart. RN #1 removed her gloves and performed hand hygiene. RN #1 then picked up the glucometer and walked toward the medication cart. RN #1 placed the glucometer on top of the medication cart. There was no barrier between the glucometer and the medication cart. RN #1 then took another wipe and wiped the glucometer and placed the glucometer back on the top of the medication cart with no barrier between the glucometer and the medication cart. RN #1 then opened the medication cart and placed the glucometer in the top drawer of the medication cart.</p> <p>On 7/22/20 at 12:15 PM, RN #1 said she did not put a barrier between the glucometer and the PPE cart, and the glucometer and medication cart after she used a Sani-Cloth wipe. RN #1 said she was not sure what kind of barrier she was going to use. RN #1 said the facility had both Sani-Cloth wipes with a purple top and a red top and she was not sure which one she used to wipe the glucometer. RN #1 said she knew the red top Sani-Cloth had a three-minute contact time. RN #1 said she placed the glucometer back in the medication cart and she did not think she followed the three-minute contact time when she wiped the glucometer with a Sani-Cloth wipe.</p> <p>On 7/22/20 at 3:00 PM, the ICP said there should be a barrier when staff put the glucometer on any surfaces. The ICP said the barrier could be a paper towel or an empty cup. The ICP also said she expected the staff to follow the Sani-Cloth manufacturer's recommendations for the contact time in cleaning the equipment.</p> <p>3. The facility's Hand Hygiene for Residents</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>policy, dated 4/16/20, directed staff to encourage and assist residents to perform hand hygiene prior to eating or drinking.</p> <p>This policy was not followed.</p> <p>On 7/22/20 from 11:45 AM to 12:34 PM, lunch trays in the 100 and 200 hallways were being served to residents.</p> <p>a. The following was observed in the 100 hall:</p> <ul style="list-style-type: none"> - At 11:45 AM, RNA #1 delivered and set up Resident #1's meal for him on his tray table in his room. RNA #1 did not offer hand hygiene to Resident #1 prior to eating his lunch. - At 11:58 AM, NA #2 delivered and set up Resident #2's meal for her on her tray table in her room. NA #2 did not offer hand hygiene to Resident #2 prior to eating her lunch. - At 12:10 PM, NA #2 delivered and set up Resident #3's meal for him on his tray table in his room. NA #2 did not offer hand hygiene to Resident #3 prior to eating his lunch. - At 12:16 PM, RN #2 delivered and set up Resident #4's meal for her on her tray table in her room. RN #2 did not offer hand hygiene to Resident #4 prior to eating her lunch. - At 12:19 PM, NA #2 delivered and set up Resident #5's meal for her on her tray table in her room. NA #2 did not offer hand hygiene to Resident #5 prior to eating her lunch. - At 12:22 PM, NA #2 delivered and set up Resident #6's meal for her on her tray table in her 	F 880			

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F 880	<p>Continued From page 6</p> <p>room. NA #2 did not offer hand hygiene to Resident #6 prior to eating her lunch.</p> <p>At 12:24 PM, the DON delivered and set up Resident #7's meal for her on her tray table in her room. The DON did not offer hand hygiene to Resident #7 prior to eating her lunch.</p> <p>On 7/22/20 at 11:50 AM, Resident #1 said he was blind in one eye, had difficulty seeing with his other eye and needed assistance from staff to set up his meals. Resident #1 said staff did not offer to assist him with hand hygiene before his meals.</p> <p>On 7/22/20 at 12:07 PM, Resident #2 said staff did not always offer her hand hygiene before meals.</p> <p>On 7/22/20 at 12:30 PM, Resident #3 said staff did not offer him to hand hygiene before meals. He said he would like the staff to offer him the chance to perform hand hygiene before eating.</p> <p>On 7/22/20 at 12:35 PM, Resident #6 said staff did not offer her hand hygiene before her lunch was served.</p> <p>On 7/22/20 at 12:38 PM, NA #2 said she had not offered residents hand hygiene when she delivered their meal trays.</p> <p>On 7/22/20 at 2:00 PM, RNA #1 said she did not offer Resident #1 hand hygiene prior to his lunch. She said she had not been offering residents hand hygiene for over a month because residents' trays no longer came with hand sanitizing wipes on them. RNA #1 said she thought the wipes were supplied by the dietary department.</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>On 7/22/20 at 3:00 PM, the DON said she did not offer Resident #7 hand hygiene prior to her lunch and said she should have.</p> <p>On 7/22/20 at 3:00 PM, the ICP said she expected staff to offer residents hand hygiene before every meal.</p> <p>b. The following was observed in the 200 hall:</p> <ul style="list-style-type: none"> - On 7/22/20 at 12:28 PM, CNA #2 delivered Resident #8's food tray. CNA #2 removed the hot plate cover and set up the tray for Resident #8. CNA #2 then asked Resident #8 if there was anything else she needed, Resident #8 said no. CNA #2 then left Resident #8's room. CNA #2 did not offer Resident #8 hand hygiene before eating her meal. - On 7/22/20 at 12:30 PM, CNA #2 delivered Resident #9's food tray and placed it on Resident #9's overbed table and left the room. CNA #2 did not offer Resident #9 hand hygiene before eating his meal. <p>On 7/22/20 at 12:42 PM, CNA #2 said she did not offer Resident #8 and Resident #9 hand hygiene before eating their meals. CNA #2 said she usually offered residents hand hygiene after she assisted them to use the restroom or when their hands were soiled.</p> <p>On 7/22/20 at 12:34 PM, the DON delivered Resident #10's food tray. The DON removed the hot plate cover and set up the tray for Resident #10. The DON then asked Resident #10 if there was anything she needed, Resident #10 said she was okay. The DON then left Resident #10's</p>	F 880			

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F 880	Continued From page 8 room. The DON did not offer Resident #10 hand hygiene before eating her meal. On 7/22/20 at 2:35 PM, Resident #8 said she was not offered hand hygiene before eating her meals. On 7/22/20 at 3:00 PM, the DON said she did not offer Resident #10 hand hygiene before eating her meal. The DON said hand hygiene should be offered to the residents before and after eating their meals.	F 880			