

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

PRINTED: 09/03/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/11/2020
NAME OF PROVIDER OR SUPPLIER VALLEY VIEW NURSING & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 1140 NORTH ALLUMBAUGH STREET BOISE, ID 83704		
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E 000	<p>Initial Comments</p> <p>A COVID-19 Focused Emergency Preparedness Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) Seattle on 8/10/20 to 8/11/20. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6).</p> <p>Total residents: 60</p>	E 000			

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

TITLE

(X6) DATE

Electronically Signed

08/31/2020

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 A COVID-19 Focused Infection Control Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) Seattle on 8/10/20 to 8/11/20. The survey sample, based on a resident census of 60, included 6 sampled residents and 9 unsampled residents. US Department of Health and Human Services Centers for Medicare and Medicaid Services 701 Fifth Avenue Suite 1600 Region 10, mailstop 400 Seattle, WA 98104 206.615.2313 206.615.2088 (Fax)	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, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals	F 880		9/8/20	

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F 880	<p>Continued From page 1</p> <p>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 corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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, interview and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the transmission of communicable diseases, including COVID-19 and infections. COVID-19 is an infectious disease by a new virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death.</p> <p>Specifically:</p> <ol style="list-style-type: none"> Failed to ensure enhanced respiratory transmission based precautions (TBP) were maintained when staff (Certified Nursing Assistant (CNA)1, Housekeeper (HK)1) donned used isolation gowns and/or wore used isolation gowns outside of resident rooms and in the hallways, staff (HK1 and Transporter) did not dispose of used isolation gowns prior to exiting resident rooms, staff (HK1) doffed used isolation gowns in the hallways, and staff (CNA3) used same isolation gown for more than one resident. Failed to perform hand hygiene after providing resident cares, after touching used isolation 	F 880	<p>F-880</p> <p>1.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <ol style="list-style-type: none"> The Director of Nursing (DON)/Designee provided education to applicable staff on the following: <ol style="list-style-type: none"> Enhanced respiratory, transmission-based precautions related to proper procedure for Donning/Doffing PPE before entering a clean area and between residents including gown removal that is done slowly and deliberately to avoid agitation and aerosolizing any contaminants on the gown. Performing hand hygiene before and after resident cares, after touching used isolation gowns, and between meal trays. Process for disinfecting vitals machine (including blood pressure cuff and pulse oximeter probe) before and after rounds and between residents. The DON/Designee provided education to (CNA) 1 and (HK) 1 regarding the procedure related to donning, doffing and disposing of used PPE. 		

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F 880	<p>Continued From page 3</p> <p>gown, and between passing meals trays for residents (R1, R3, R8 and Room 226) for CNA1.</p> <p>3. Failed to disinfect pulse oximeter and blood pressure cuff between use on 8 of 8 residents (R7, R9, R10, R11, R12, R13, R14, and R15) observed for vital sign observation.</p> <p>These failures increased the risk for the spread of infection and its associated complications.</p> <p>Findings include:</p> <p>During an interview on 8/10/20 at 10:15 AM with Administrator and Director of Nursing (DON), who was also serving as facility's Infection Preventionist, stated that the facility census was 60. The facility currently had 25 residents positive with COVID-19 in two separate halls on the first floor, which was their COVID unit. The COVID unit had a separate entrance and exit. A separate new admit unit was on the first floor which was separated from COVID unit by fire doors and floor to ceiling plastic barriers. Second floor residents were not COVID positive. Facility had sufficient inventory of PPE (personal protective equipment) and all staff were required to wear full PPE, comprised of mask (N95 on COVID unit and KN95 or surgical mask on non-COVID unit), eye protection, gown and gloves.</p> <p>Review of Centers of Disease Control and Prevention (CDC) cases and deaths by county, https://www.cdc.gov/coronavirus/2019-ncov/case-s-updates/county-map.html, updated 8/19/20, accessed 8/20/20, showed Ada County (the county where the facility was located) had 2,104 cases per 100,000 indicating a high level of community COVID-19 activity.</p>	F 880	<p>3. The DON/Designee provided education to (CNA) 1 regarding the proper procedure for changing isolation gown between residents and for performing hand hygiene after providing resident cares, after touching used isolation gown and between meal tray passes.</p> <p>4. The DON/Designee conducted a review of the 24-hour report for a 7 day lookback to validate that resident R1 was free of s/s of infection. Any concerns were brought to the physician's attention, responsible parties were notified, Physician's orders were noted and care plan updated as applicable. Applicable staff were educated on the disinfecting process of the vital machine (including blood pressure cuff and pulse oximeter) before and after resident vitals.</p> <p>5. The DON/Designee conducted a review of the 24-hour report for a 7 day lookback to validate that resident R3 was free of s/s of infection. Any concerns were brought to the physician's attention, responsible parties were notified, Physician's orders were noted and care plan updated as applicable. Applicable staff were educated on the disinfecting process of the vital machine (including blood pressure cuff and pulse oximeter) before and after resident vitals.</p> <p>6. The DON/Designee conducted a review of the 24-hour report for a 7 day lookback to validate that resident R7 was free of s/s of infection. Any concerns were brought to the physician's attention, responsible parties were notified, Physician's orders were noted and care</p>		

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F 880	Continued From page 4 *Gown use and lack of hand hygiene for 2nd floor residents Observation of resident rooms on the 2nd floor showed sign on the doors of each room that read "Enhanced Respiratory Precautions Plus. Essential personnel only. Wear N95 mask or surgical mask, eye protection, gown, gloves, keep door closed, apply surgical mask to resident during encounter." CNA1 Observation on 8/10/20 at 12:35 PM showed Certified Nursing Assistant (CNA)1, wearing KN95 mask and face shield, obtained R1's lunch tray from dining room and walked down 2nd floor zone 3 hallway. CNA1 placed R1's lunch tray on top of the isolation cart outside R1's room, and stepped into R1's room and grabbed re-use gown hanging from push pins on the wall near the entrance of R1's room. CNA1 donned re-use gown in the hallway. CNA1 entered room and after several seconds appeared at door entrance, doffed gown and hung gown on wall push pin. CNA1 did not perform hand hygiene after doffing used gown and exited the room and touched hallway railings and then fire door handle to open door. After entering the dining room, CNA1 performed hand hygiene. CNA1 then obtained R7's lunch tray from dining room and walked to R7's room and placed lunch tray on top of the isolation cart outside R7's room, and stepped into R7's room and grabbed re-use gown from push pins hanging on wall near the entrance of R7's room. CNA1 donned re-use gown in the hallway. After setting up R7's meal, CNA1 went down the hall and obtained R2's lunch tray and placed R2's	F 880	plan updated as applicable. Applicable staff were educated on the disinfecting process of the vital machine (including blood pressure cuff and pulse oximeter) before and after resident vitals. 7. The DON/Designee conducted a review of the 24-hour report for a 7 day lookback to validate that resident R8 was free of s/s of infection. Any concerns were brought to the physician's attention, responsible parties were notified, Physician's orders were noted and care plan updated as applicable. Applicable staff were educated on the disinfecting process of the vital machine (including blood pressure cuff and pulse oximeter) before and after resident vitals. 8. The DON/Designee conducted a review of the 24-hour report for a 7 day lookback to validate that resident R9 was free of s/s of infection. Any concerns were brought to the physician's attention, responsible parties were notified, Physician's orders were noted and care plan updated as applicable. Applicable staff were educated on the disinfecting process of the vital machine (including blood pressure cuff and pulse oximeter) before and after resident vitals. 9. The DON/Designee conducted a review of the 24-hour report for a 7 day lookback to validate that resident R10 was free of s/s of infection. Any concerns were brought to the physician's attention, responsible parties were notified, Physician's orders were noted and care plan updated as applicable. Applicable staff were educated on the disinfecting		

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F 880	<p>Continued From page 5</p> <p>lunch tray on the isolation cart across the hall from R2's room. There was no isolation cart or table outside of R2's room. CNA1 stepped into R2's room and grabbed re-use gown from push pins hanging on wall near the entrance of R2's room and wearing used gown walked across the hall to the isolation cart and obtained R2's lunch tray and entered R2's room with lunch tray.</p> <p>Observation at 8/10/20 at about 12:35 PM showed CNA1 at the entrance of R8's room with gown on. CNA1 doffed re-use gown and did not perform hand hygiene. CNA1 walked down the hall and placed R8's tray into the meal cart and picked up R3's lunch tray. No hand hygiene was observed after donning gown in R8's room and picking up R3's lunch tray. CNA1 placed R3's lunch tray on isolation cart across the hall and two rooms away from R3's room, approximately 22 feet away from R3's room. There was no isolation cart or table outside R3's room. CNA1 stepped into R3's room and grabbed re-use gown from push pins hanging on wall near the entrance of R3's room and wearing used gown walked about 22 feet across the hall and two rooms away to the isolation cart and obtained R3's lunch tray and entered R3's room with lunch tray.</p> <p>Observation on 8/10/20 at 1:40 PM near Room 226, while standing and talking with DON, showed CNA1 and CNA2 in Room 226. CNA1 was at entrance of room carrying plastic bags of linen and trash near gowns hanging on wall push pins. One of the used gowns fell onto the floor. CNA1 picked the used gown off the floor. DON directed CNA1 to discard gown. CNA1 discarded gown and exited the room. CNA1 did not perform hand hygiene after touching used gown. CNA1 then open fire door handles with unwashed hands. When asked about lack of hand hygiene,</p>	F 880	<p>process of the vital machine (including blood pressure cuff and pulse oximeter) before and after resident vitals.</p> <p>10. The DON/Designee conducted a review of the 24-hour report for a 7 day lookback to validate that resident R11 was free of s/s of infection. Any concerns were brought to the physician's attention, responsible parties were notified, Physician's orders were noted and care plan updated as applicable. Applicable staff were educated on the disinfecting process of the vital machine (including blood pressure cuff and pulse oximeter) before and after resident vitals.</p> <p>11. The DON/Designee conducted a review of the 24-hour report for a 7 day lookback to validate that resident R12 was free of s/s of infection. Any concerns were brought to the physician's attention, responsible parties were notified, Physician's orders were noted and care plan updated as applicable. Applicable staff were educated on the disinfecting process of the vital machine (including blood pressure cuff and pulse oximeter) before and after resident vitals.</p> <p>12. The DON/Designee conducted a review of the 24-hour report for a 7 day lookback to validate that resident R13 was free of s/s of infection. Any concerns were brought to the physician's attention, responsible parties were notified, Physician's orders were noted and care plan updated as applicable. Applicable staff were educated on the disinfecting process of the vital machine (including blood pressure cuff and pulse oximeter) before and after resident vitals.</p>		

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F 880	<p>Continued From page 6</p> <p>DON stated, "Yeah, I saw that" and asked CNA1 to perform hand hygiene.</p> <p>During interview on 8/10/20 at 1:55 PM CNA1 stated that she should have performed hand hygiene after touching used gown and touching resident's meal tray before touching another meal tray, but didn't. When asked about placing meal trays on isolation carts and then donning and walking in the hallway with used gown to retrieve meal tray, CNA1 stated that there is nowhere to put meal tray near or at entrance of resident's room and then after she dons gown, she has to wear the used gown in the hallway to retrieve the meal tray. CNA1 stated that she didn't know what she is supposed to do and she typically wears used gowns in the hallway while passing meal trays because there's no other option. CNA2</p> <p>Observation on 8/10/20 at about 1:35 PM showed CNA2 placing Room 229's meal tray on isolation cart outside room. CNA2 stepped into Room 229 and grabbed re-use gown from push pins hanging on wall near the entrance of Room 229 and donned gown in the hallway.</p> <p>Housekeeper (HK)1</p> <p>Observation on 8/10/20 at 12:30 PM showed HK1 entering Room 224. HK1 wore mask, face shield, goggles, and donned a new gown from plastic bag containing multiple gowns on his cart. HK1's gown was observed touching resident's bed linens. Thirty minutes later, HK1 was observed exiting Room 224 with gown on. HK1 stood in hallway outside of Room 224 and removed gown in multiple short fast bursts of movement while walking 20 feet down the hallway and disposed of</p>	F 880	<p>13. The DON/Designee conducted a review of the 24-hour report for a 7 day lookback to validate that resident R14 was free of s/s of infection. Any concerns were brought to the physician's attention, responsible parties were notified, Physician's orders were noted and care plan updated as applicable. Applicable staff were educated on the disinfecting process of the vital machine (including blood pressure cuff and pulse oximeter) before and after resident vitals.</p> <p>14. The DON/Designee conducted a review of the 24-hour report for a 7 day lookback to validate that resident(s) in room 226 were free of s/s of infection. Any concerns were brought to the physician's attention, responsible parties were notified, Physician's orders were noted and care plan updated as applicable. Applicable staff were educated on the disinfecting process of the vital machine (including blood pressure cuff and pulse oximeter) before and after resident vitals.</p> <p>2.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action(s) will be taken.</p> <p>1. The DON or designee conducted an observation audit of staff Donning and Doffing PPE before entering/exiting resident rooms and no other residents were affected by the deficient practice.</p> <p>2. The DON or designee conducted an observation audit of staff performing hand hygiene after resident cares, after</p>		

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F 880	<p>Continued From page 7</p> <p>gown in grey bin outside Room 231. The gown clung and stuck to HK1's uniform. There was no trash container near entrance of Room 224. HK1 then donned new gown and entered Room 226.</p> <p>Observation on 8/10/20 at 1:15 PM showed HK1 inside Room 226 mopping the floor. There was no trash container near entrance of Room 226. HK1 doffed gown outside in the hallway in short fast movement and rolled gown then walked to dispose gown in grey bin outside Room 231. There was only one grey bin in Zone 3 hallway.</p> <p>During interview on 8/10/20 at 1:18 PM HK1 stated that he disposed used gowns in the grey bin so the gowns could be laundered and reused. HK1 confirmed that he does a lot of bending and lifting and gown touches floor, bed, and resident's room environment. HK1 stated that he's trying to get things done quickly and acknowledged that he shouldn't be walking in hallway while removing gown and should remove gown slowly and deliberately to avoid agitation and aerosolizing any contaminants on the gown.</p> <p>During an interview on 8/10/20 at 2:10 PM Environmental Services (EVS) Manager stated that he managed HK1 and staff were trained to doff gown in the room before coming out of the resident's room. Staff should also be bagging gown in the room and then taking bag to the bin for laundering as soiled or used gowns should be bagged first and then taken outside of the resident's rooms. When asked if there was a trash can at the entrance of each resident room so that non-nursing staff could dispose of used gown before exiting the room, EVS Manager stated that a trash can is not at the entrance of each room, but there used to be and he will make</p>	F 880	<p>touching used isolation gowns, and between passing meal trays and no other residents were affected by the deficient practice.</p> <p>3. The DON or designee conducted an audit through direct observation and interview of staff regarding the process of disinfecting vitals machines and no other residents were affected by the deficient practice.</p> <p>3. What Measures will be put in place or what systemic change will you make to ensure that the deficient practice does not recur.</p> <p>1. The DON/Designee provided education to applicable staff on the following:</p> <ol style="list-style-type: none"> Having a designated gown for each resident and staff member as well as the proper procedure for donning and doffing gowns between residents. Education also included the process to distinguish employee and resident gowns. Performing hand hygiene before and after donning/doffing PPE, before and after resident contact, between glove changes, and before entering and exiting residents' room. The process for meal tray delivery during times when gown re-use is implemented. The process for disinfecting the vitals machine between residents using an EPA recommended disinfecting wipe including appropriate dwell time. <p>4.</p>		

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F 880	<p>Continued From page 8</p> <p>sure a trash can is placed there.</p> <p>Transporter</p> <p>Observation on 8/10/20 at 2:05 PM showed Transporter wheeling R4 into her room. Transporter wore mask, face shield and gown. Upon exiting R4's room, Transporter removed gown and carried used gown in hands to grey bin in the hallway to dispose of gown. There was no trash can at entrance to R4's room.</p> <p>CNA3</p> <p>Observation on 8/10/20 at 2:35 PM showed CNA3 enter R9 and R10's room. R9 and R10 were roommates. There were four push pins with a gown hanging on each push pin in R9 and R10's room. CNA3 entered room wearing mask and face shield and donned new gown and gloves. CNA3 took R9's vital signs and then doffed gloves and performed hand hygiene. CNA3 then moved to R10's bed, wearing the same gown, and took R10's vital signs.</p> <p>During an interview on 8/10/20 at 4:40 PM CNA3 stated that puts on a new gown before going into each resident room but she does not needed to change gowns between resident when residents are in the same room.</p> <p>Additional interviews</p> <p>During interview on 8/10/20 at 1:50 PM Administrator and DON stated that staff should not be wearing gowns in hallway. Staff should be doffing gowns in the resident's rooms and not doffing gowns in the hallways. When asked about staff wearing gowns in the hallway while walking to grey bin, Administrator stated staff could place used gowns in grey bin for laundering or gowns</p>	F 880	<p>1. The DON or Designee will conduct audits through direct observation and interview to validate appropriate use and proper donning/doffing and disposal of PPE 5x per week from 8/31/20- 9/11/20 and then 3x per week from 9/14/20- 9/27/20 and then 1x per week from 9/28/20-10/11/20 or until a lessor frequency is deemed appropriate by the QAPI committee. The DON/Designee will report any identified trends to the QAPI Committee monthly and as needed. The QAPI Committee will evaluate the effectiveness of the plan based on the trends identified and implement additional interventions as needed to ensure continued compliance monthly x 3 months, and then reassess the need for continued monitoring based on compliance.</p> <p>2. The DON or Designee will conduct hand hygiene audits through direct observation and interview to validate that hand hygiene is being conducted to infection control and prevention standards 5x per week from 8/31/20- 9/11/20 and then 3x per week from 9/14/20-9/27/20 and then 1x per week from 9/28/20-10/11/20 or until a lessor frequency is deemed appropriate by the QAPI committee. The DON/Designee will report any identified trends to the QAPI Committee monthly, and as needed. The QAPI Committee will evaluate the effectiveness of the plan based on the trends identified and implement additional interventions as needed to ensure</p>		

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F 880	<p>Continued From page 9</p> <p>could be disposed of. Administrator stated that there were two push pins on the wall for hanging gowns. The clear push pin is designated for the nurses and the colored push pin is designated for the CNAs. A push pin was not present for non-nursing staff, such as rehabilitation, transport, housekeeping, activities staff, and these staff were supposed to use a disposable or re-usable gown that could be either disposed or laundered. DON stated that staff should be performing hand hygiene after touching used gown or after passing resident meal tray and before touching another resident's new meal tray.</p> <p>During an interview on 8/10/20 at 2:30 PM when asked about disposing of gown after leaving resident's rooms, Rehabilitation Staff (RS)1 stated, "Yes, always have to find those bins in the hallways to dispose gowns." The bins are in different places in each hallway.</p> <p>During an interview on 8/10/20 at 3:10 PM Corporate nurse (CN)1 and CN2 stated that staff should not be wearing used gowns in the hallways and they have a plan to use disposable gowns and developing a buddy system going forward. We have seen staff wearing used gowns in the hallways and recognize that is an issue.</p> <p>During an interview on 8/10/20 at 5:05 PM Administrator and DON stated that staff have been taught to use one gown per resident and not one gown per room since we are not sure where each resident is in the disease process and we have had COVID outbreaks in each hall on the 2nd floor. A resident could be asymptomatic.</p> <p>During an interview on 8/11/20 at 4:41 PM Administrator stated that none of the 2nd floor</p>	F 880	<p>continued compliance monthly x 3 months, and then reassess the need for continued monitoring based on compliance.</p> <p>3. DON or Designee will conduct audits through direct observation and interview of meal tray service to validate that the proses is being followed as designed and that infection control standards are being met as it relates to gown reuse and hand hygiene during meal service 5x per week from 8/31/20- 9/11/20 and then 3x per week from 9/14/20-9/27/20 and then 1x per week from 9/28/20-10/11/20 or until a lessor frequency is deemed appropriate by the QAPI committee. The DON/Designee will report any identified trends to the QAPI Committee monthly and as needed. The QAPI Committee will evaluate the effectiveness of the plan based on the trends identified and implement additional interventions as needed to ensure continued compliance monthly x 3 months, and then reassess the need for continued monitoring based on compliance.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 10</p> <p>residents are COVID positive and all were cleared by the health department to be off isolation and in the general population and there is no one on the 2nd floor who are persons under investigation because they were pending test results.</p> <p>Review of CDC's Preparing for COVID-19 in Nursing Homes, https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, updated 6/25/20, accessed 8/12/20, showed "Position a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room or before providing care for another resident in the same room."</p> <p>Facility policy, "Handwashing/Hand Hygiene", dated Quarter 3, 2018, showed use of an alcohol-based hand rub or soap and water for several situation including before and after direct contact with residents, after contact with a resident's intact skin, and before and after eating or handling food.</p> <p>Facility policy, "Respiratory Virus (COVID-19, Influenza, RSV etc.) Prevention and Control", undated, showed under Standard Precautions section, gowns will be removed and hand hygiene performed before leaving resident's environment. The same gown will not be worn for care for more than one resident.</p> <p>Record review of R1's progress notes and medical records showed resident was admitted on 1/16/18 and readmitted on 1/31/19 with diagnosis that included post hip surgery care and COVID-19 diagnosis on 7/23/20. Resident moved to COVID-19 isolation unit and later transferred to 2nd floor.</p>	F 880			

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F 880	Continued From page 11 Record review of R2's progress notes and medical records showed resident was admitted on 10/4/17 and readmitted on 4/7/18 with diagnosis that included diabetes (A disease that makes the person more susceptible to developing infections, as high blood sugar levels can weaken the person's immune system defenses. In addition, some diabetes-related health issues, such as nerve damage and reduced blood flow to the extremities, increase the body's vulnerability to infection), stroke and hypertension. R2 had frequent bowel and bladder incontinence and required 1 extensive assistance of staff with Sera Steady device for assistance with standing and transfers, extensive assistance with bathing, turning and repositioning. Record review of R3's progress notes and medical records showed resident was admitted on 4/16/20 and readmitted on 8/7/20 with diagnosis that included chronic obstructive pulmonary disease (a group of lung diseases which damage lungs and make it harder to breathe), guillain barre (A condition in which the immune system attacks the nerves and can include weakness and tingling in the feet and legs that spread to the upper body. Paralysis can occur.), respiratory failure, and abdominal cellulitis and fistula. Resident was also on contact precautions. Record review of R4's progress notes and medical records showed resident was admitted on 2/15/20 with diagnosis that included acute respiratory distress, weakness, and back fracture. Resident was COVID-19 positive on 7/20/20 and later transferred back on 2nd floor.	F 880			

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F 880	<p>Continued From page 12</p> <p>*Failed to disinfect shared resident equipment</p> <p>Observation on 8/10/20 at 2:35 PM showed CNA3 placing pulse oximeter (device used to measure oxygen level) on R9's finger and placed blood pressure cuff around R9's arm, as well as use touchless thermometer to scan resident's forehead. After obtaining measurement reading, CNA3 wrote information on paper, doffed gloves and performed hand hygiene and then moved to R10's bed. The vital signs machine tower held a container of Super Sani cloth disinfecting wipes, purple top. No cleaning or disinfection of pulse oximeter or blood pressure cuff was observed. CNA3 placed same blood pressure cuff and pulse oximeter used on R9, on R10's finger and arm. CNA3 doffed gloves and gown and performed hand hygiene and exited room. CNA3 removed a wipe from Super Sani cloth container and wiped the surface of the thermometer, but did not use Super Sani cloths on BP cuff or pulse oximeter. CNA3 then moved to R7 room and took his blood pressure and pulse oximetry and did not clean or disinfect equipment after use. CNA3 then entered R11's room and again, took blood pressure and pulse oximetry and did not clean or disinfect equipment after use. This same process of using blood pressure cuff and pulse oximetry and not cleaning or disinfecting after use on resident and before use on another resident was observed for R12, R13, R14 and R15.</p> <p>During an interview on 8/10/20 at 4:40 PM when asked when the blood pressure cuffs and pulse oximeter are cleaned and disinfected, CNA3 stated that it is done before she starts to take resident's vital signs. The vital signs machine tower is wiped down with Super Sani cloth wipes, as well as the blood pressure cuffs, pulse</p>	F 880			

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F 880	<p>Continued From page 13</p> <p>oximeter and thermometer. CNA3 stated that she also cleans and wipes down vital signs machine tower after she takes everyone's vital signs and then she charges the machine. When asked if the blood pressure cuffs and pulse oximeter is cleaned at any other time, CNA3 stated that she cleans them if it falls on the ground. When asked if blood pressure cuffs and pulse oximeter is cleaned between residents, CNA3 shook her head and said, "no". CNA3 gave surveyor paper documenting the resident's vital signs that she took on 8/10/20.</p> <p>Review of CNA3's resident's vital signs taken on 8/10/20 showed 11 resident's names and vital sign measurement.</p> <p>During an interview on 8/10/20 at 5:05 PM Administrator and DON stated that CNA3 should have cleaned and disinfected blood pressure cuff and pulse oximeter between resident use. Facility policy, "Cleaning and Disinfection of Environmental Surfaces", dated Qtr 3 2018, showed non-critical items are those that come in contact with intact skin but not mucous membranes. Non-critical surfaces will be disinfected with an EPA-registered intermediate or low-level hospital disinfectant.</p> <p>Review of CDC's Preparing for COVID-19 in Nursing Homes, https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, updated 6/25/20, accessed 8/12/20, showed "Ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. Use an EPA-registered disinfectant from List N on the EPA website to disinfect surfaces that might be contaminated with SARS-CoV-2. Ensure HCP</p>	F 880			

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F 880	Continued From page 14 (health care personnel) are appropriately trained on its use."	F 880			