

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: 135144	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/18/2020
NAME OF PROVIDER OR SUPPLIER CASCADIA OF NAMPA			STREET ADDRESS, CITY, STATE, ZIP CODE 900 N HAPPY VALLEY RD NAMPA, ID 83687		
(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	
E 000	<p>Initial Comments</p> <p>A COVID-19 Focused Emergency Preparedness Survey was conducted from August 17, 2020 to August 18, 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 Brad Perry, LSW</p>	E 000			

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

TITLE

(X6) DATE

Electronically Signed

08/25/2020

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 from August 17, 2020 to August 18, 2020. The survey was conducted by: Cecilia Stockdill, RN, Team Coordinator Brad Perry, LSW Survey Abbreviations: CDC = Centers for Disease Control and Prevention CNA = Certified Nursing Assistant DON = Director of Nursing IP = Infection Preventionist NA = Nursing Assistant PPE = Personal Protective Equipment RN = Registered Nurse UTI = Urinary Tract Infection	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	F 880			

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F 880	Continued From page 1 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 providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (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: (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.	F 880			

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F 880	<p>Continued From page 2</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 Transmission-Based Precautions policy, revised 7/1/20, directed staff to clean and disinfect equipment before it was used on another resident and to allow it to air dry.</p> <p>The Super Sani-Cloth germicidal wipe directions for cleaning and disinfecting stated to thoroughly wet the surface and allow to air dry for two minutes.</p> <p>This policy and manufacture directions were not followed.</p> <p>a. Resident #2's record documented she was on</p>	F 880		

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F 880	<p>Continued From page 3</p> <p>contact precautions and was being treated for a UTI with Extended Spectrum Beta-Lactamase (ESBL) in her urine. The CDC website, accessed on 8/18/20, stated ESBL is an enzyme produced by certain bacteria causing a urinary tract infection that could spread by direct contact with an infected person's body fluids.</p> <p>On 8/17/20 at 3:00 PM, NA #1 was in Resident #1's room. NA #1 had a vital sign machine on wheels which contained a blood pressure cuff, a thermometer, and a pulse oximeter (oxygen level monitor). NA #1 placed the pulse oximeter on Resident #1's finger to measure their oxygen level. NA #1 did not disinfect it after it was used by Resident #1.</p> <p>At 3:05 PM, NA #1 left Resident #1's room and wheeled the vital sign machine to Resident #2's room. She performed hand hygiene and put on a gown and gloves. Resident #2's room door had a Contact Precautions sign which directed staff to wear a gown and gloves when in contact with the resident. At 3:07 PM, NA #1 placed the blood pressure cuff on Resident #2's left arm, used a disposable sleeve for the thermometer and took her temperature and then placed the pulse oximeter on her finger. After assisting Resident #2 in the bathroom, NA #1 took off her gloves and gown, performed hand hygiene, and took the vital sign machine out of the room and into the hallway. NA #1 did not disinfect the vital sign equipment after it was used for Resident #2.</p> <p>At 3:20 PM, Resident #3 was in her wheelchair in the hallway outside of her room and she requested NA #1 check her vital signs in the hallway. NA #1 used the thermometer and pulse oximeter from the vital sign machine for Resident</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>#3 without disinfecting them prior to use. NA #1 did not disinfect the equipment after it was used.</p> <p>At 3:23 PM, NA #1 took the vital sign machine into Resident #4's room and used the blood pressure cuff, thermometer, and pulse oximeter on Resident #4 without disinfecting them prior to use.</p> <p>On 8/17/20 at 3:27 PM, CNA #1 retrieved the vital sign machine from NA #1, which was not disinfected, and took it into Resident #5's room. CNA #1 used a Sani-Cloth germicidal wipe and wiped down the blood pressure cuff and immediately placed it on Resident #5's left arm.</p> <p>On 8/17/20 at 3:38 PM, CNA #1 said after she wiped off the BP cuff with the Sani-Cloth, she did not wait the two minutes as directed on the label before placing it on Resident #5's arm.</p> <p>On 8/17/20 at 3:55 PM, NA #1 said she had not disinfected the vital sign equipment between the residents. She said she did not know she was supposed to wipe down the vital sign equipment between residents unless the residents were suspected of Covid-19 or had tested positive for Covid-19.</p> <p>On 8/17/20 at 4:05 PM, RN #1 said she expected staff to wipe down and disinfect the vital sign equipment after each use and especially after a resident who was on contact precautions.</p> <p>On 8/17/20 at 5:00 PM, the IP said he expected staff to disinfect the vital sign equipment between each use and expected staff to follow the contact times on the disinfectant's label.</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>2. The facility's policy for Indwelling Catheters, dated 11/28/17, stated "The facility provides care for a resident with an indwelling catheter based upon current professional standards of practice, including but not limited to ... insertion, ongoing care, and catheter removal protocols that adhere to professional standards of practice and infection prevention and control procedures."</p> <p>The Lippincott Manual of Nursing Practice, Tenth Edition (p. 782), stated the procedure for maintaining a closed urinary drainage system included keeping the drainage bag off the floor.</p> <p>This policy and guideline were not followed.</p> <p>On 8/17/20 from 1:55 PM to 2:54 PM, Resident #6 was observed sitting in her wheelchair in the hall across from her room. Resident #6 had an indwelling urinary catheter in place, and the tubing was hanging over the right side of the wheelchair. The urinary drainage bag was covered by a dark blue privacy cover, which was open across the bottom. The bottom of the urinary drainage bag was exposed, and it was resting directly on the floor underneath Resident #6's wheelchair.</p> <p>On 8/17/20 at 1:54 PM, RN #2 said Resident #6's urinary drainage bag should not be touching the ground.</p> <p>On 8/17/20 at 5:00 PM, the IP said the urinary drainage bag should be covered and hung so that it was kept off the floor.</p>	F 880			