

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:  <b>135076</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/18/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>MEADOW VIEW NURSING AND REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>46 NORTH MIDLAND BOULEVARD NAMPA, ID 83651</b>		
(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 on August 17, 2020 to August 18, 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>Jenny Walker, RN, Team Leader Kim Saccomando, RN</p>	E 000			

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

TITLE

(X6) DATE

Electronically Signed

09/03/2020

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 August 17, 2020 through August 18, 2020.  The survey was conducted by:  Jenny Walker, RN, Team Coordinator Kim Saccomando, RN  Abbreviations:  DNS = Director of Nursing F 880 Infection Prevention & Control SS=E 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 000			
		F 880		9/9/20	

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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, nationally recognized standards of practice, 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>The website for Disinfectants for use against SARS-CoV-2 (COVID-19) , accessed 8/18/20, did not include Spic and Span Antibacterial Cleaner as an approved disinfectant for COVID-19.</p> <p>On 8/18/20 at 10:08 AM, Nurse Manager #1 showed surveyors the communal areas in the COVID-19 unit. She described what surfaces were cleaned with bleach or Virex (a disinfectant). Nurse Manager #1 entered the shower room on the COVID-19 unit with the surveyors. A bottle of Spic and Span Antibacterial Cleaner sat on the shower room sink. Nurse Manager #1 stated "We use Virex, not this. We do not use Spic and Span. I don't know why it is here."</p> <p>At 10:30 AM, the Nurse Manager showed Shower Aide #1 the Spic and Span Antibacterial Cleaner and asked if she used it for cleaning in the COVID-19 unit shower room. Shower Aide #1</p>	F 880	<p>F880</p> <p>Meadow View's alleged date of being back in compliance September 9th, 2020</p> <p>Corrective action for residents found to have been affected by this deficiency:</p> <p>All residents have the potential of being affected by this deficient practice.</p> <p>Corrective action for residents that may be affected by this deficiency:</p> <p>Shower aide #1 was in serviced on the appropriate cleaners that may be utilized for disinfecting the shower room.</p> <p>Measures that will be put in place to ensure that this deficiency does not recur:</p> <p>Shower rooms will be audited three times a week for 8 weeks to ensure that only disinfectants that are approved for COVID-19 treatment are being utilized for sanitization of the shower rooms.</p> <p>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this</p>		

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F 880	Continued From page 3 stated she had used the Spic and Span Antibacterial Cleaner since Sunday, 8/16/20, when she found it in the shower room. She stated she cleaned the whole shower room with the Spic and Span Antibacterial Cleaner after every shower room use.  On 8/18/20 at 12:08 the DNS stated the facility does not buy nor stock Spic and Span Antibacterial Cleaner.	F 880	deficiency has been corrected and will not recur:  DON, SDC or designee will provide an in service to all nursing, housekeeping, maintenance and purchasing staff on using only approved disinfectants for the treatment of COVID-19 for sanitization of shower rooms. The in service will include a list of approved sanitizing agents this facility utilizes to disinfect for COVID-19. Education started the week of the 26th of August and will be completed by the 8th of September.  Corrective action completed by:  In service will be completed by September 8th, 2020.  Audits will begin September 9th, 2020 and continue for eight weeks.		