

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 06/22/2020
NAME OF PROVIDER OF SUPPLIER VALLEY VIEW NURSING & REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 1140 NORTH ALLUMBAUGH STREET BOISE, ID 83704	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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. Specifically: 1. Failed to ensure 1 of 7 sampled residents (R1) reviewed for COVID-19 symptom monitoring had daily infection surveillance screening assessments conducted from date of readmission. There were no documented evidence of assessments conducted for 9 of 9 opportunities. No assessments on 6/9/20 to 6/17/20. 2. Failed to perform hand hygiene between glove changes during incontinence care for 1 of 1 sampled resident (R2) observed for incontinence care. These failures increased the risks for delayed identification of COVID-19 and therefore increase the risk for spreading COVID-19 and other communicable diseases and infections amongst residents and staff. Findings include: During an interview on 6/18/20 at 8:20 AM Director of Nursing (DON) stated that facility census was 71, facility was admitting residents, and had no current known or suspected/presumed positive COVID-19 residents or staff. The DON stated that Infection Preventionist (IP) was on vacation and she would respond to any IP questions. 1. Daily COVID-19 symptom monitoring Record review of progress notes, physician orders, Medication Administration Record [REDACTED]. R1 was transferred to the hospital on [DATE] for urosepsis (blood infection caused by infection in the urinary tract) and readmitted back to the facility on [DATE]. R1 had physician orders [REDACTED].>99.0, Cough, Chest pain, Runny nose, SOB (shortness of breath), Chills, Muscle pain, Headache, Loss of smell or taste, N/V (nausea/vomiting) or diarrhea and loss of appetite, or sore throat. If source of symptoms has not yet been determined or treatment implemented, follow up with MD (medical doctor) for any positive findings, two times a day. The order and monitoring started on 5/1/20 and was discontinued on 6/7/20 when resident was transferred to the hospital. During concurrent record review and interview on 6/18/20 at about 10:39 AM DON confirmed covid symptom monitoring assessments were not present since resident was readmitted on [DATE]. During interview on 6/19/20 at 2:20 PM when asked about R1's covid symptom monitoring DON stated that every resident should be monitored for covid symptoms but the monitoring order was missed upon resident's readmission to the facility. DON stated that this will be corrected. Review of facility policy, COVID-19 Pandemic Plan, undated, showed a system is implemented to monitor residents daily for symptoms of COVID-19. Information from the monitoring system is utilized to implement prevention and interventions such as isolation and cohorting. CDC's Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, accessed 5/14/20, https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html, showed actively monitor all residents upon admission and at least daily for fever (T >100.0 O F) and symptoms consistent with COVID-19. 2. Failed to perform hand hygiene Observation on 6/18/20 at 9:28 AM showed CNA1 and CNA2 providing [MEDICAL CONDITION] care to R2. CNA1 wore gloves and removed [MEDICAL CONDITION] bag, removed stool from resident's skin around stoma site and then removed gloves. Without performing hand hygiene, CNA1 donned new gloves and placed new clean [MEDICAL CONDITION] wafer and bag on. CNA1 then fastened [MEDICAL CONDITION] bag closed with a clip. CNA1 wiped resident's indwelling urinary catheter tubing and abdominal folds with same gloves. Resident was repositioned to her side while CNA1 wiped resident's buttocks and applied cream. CNA1 then removed her gloves. Without performing hand hygiene, CNA1 donned new gloves and applied barrier cream. CNA1 again removed gloves and applied new gloves and placed briefs under resident and then dressed resident in pants, shirt and socks. After completing these tasks, CNA removed gloves and performed hand hygiene. During an interview on 6/18/20 at about 11:50 AM when informed of incontinence observation, DON stated it was the facility expectation to perform hand hygiene between glove changes, especially during incontinence care. Record review of R2's current physician orders [REDACTED]. 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 after removing gloves and before moving from a contaminated body site to a clean body site during resident care, and after contact with bodily fluids.</p>		

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

TITLE

(X6) DATE

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.