

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>135113</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BRIDGEVIEW ESTATES</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1828 BRIDGEVIEW BOULEVARD TWIN FALLS, ID 83301</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, staff interview, and policy review, it was determined the facility failed to ensure infection control prevention practices were implemented and maintained to provide a safe and sanitary environment. These failures created the potential for negative outcomes by exposing residents to the risk of infection and cross-contamination including COVID-19. Findings include: 1. The facility's policy for screening contractors, dated 5/7/20, documented. All visitors, vendors, and contractors will be screened for COVID-19 symptoms in accordance with current CDC, CMS, and local and state guidelines. This screening will include a temperature check. On 7/1/20 at 11:05 AM, CDM #1 stated the dietary employees worked for the ALF and the facility had a contract with them to provide services. On 7/1/20 at 11:30 AM, CDM #2 stated the dietary employees were screened at the front desk at the ALF. CDM #2 stated the dietary employees were responsible for delivering the food carts to the skilled nursing facility, bussing the dining room for residents who needed assistance, and delivering the snack cart. On 7/1/20 at 4:45 PM, CDM #2 and the DNS stated they collaborated with the ALF on the screening process which included temperature checks. CDM #2 stated when a dietary employee answered yes to any of the questions on the screening log or had a temperature greater than 99.0 degrees Fahrenheit, the administration of the ALF assessed the dietary employee and sent them to the doctor to get tested for COVID-19. The DNS stated CDM #2 notified her when a dietary employee called in sick, was tested for COVID-19, and for results of the COVID-19 test. The DNS stated she did not review the screening logs for the dietary employees. The DNS stated the dietary employees were not screened when they entered the skilled nursing facility. 2. Chapter 4 of the facility's Guide to Infection Prevention and Control Manual for COVID-19, revised 6/25/20, stated HCP should wear a facemask at all times while they are in the healthcare facility. A memo to All Associates of Bridgeview Estates, dated 5/22/20, stated As of March 2020, Bridgeview has always required all Associates to wear masks. On 7/1/20 at 12:16 PM, Dietary Aide #1 entered the facility pushing a lunch cart and was not wearing a mask. After the cart was delivered to the front of the Sawtooth Hall, Dietary Aide #2 was asked where she came from and why she was not wearing a mask. She answered The kitchen. She did not answer any other questions asked by the surveyor and left the facility.		
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.