

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 135131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER IDAHO STATE VETERANS HOME - BOISE		STREET ADDRESS, CITY, STATE, ZIP 320 COLLINS ROAD BOISE, ID 83702	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>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 6 sampled residents (R1) reviewed for COVID-19 symptom monitoring had daily infection surveillance screening assessments conducted. No assessments were conducted on [DATE], [DATE], [DATE] and [DATE]. 2. Failed to follow proper sequence for removal of personal protective equipment (PPE) and therefore contaminated gown and goggles for 1 of 1 sampled resident (R1) observed for PPE removal. In addition, resident did not have droplet transmission based precaution signage on door. 3. Did not follow manufacturer's instructions for cleaning and disinfecting glucometer and did not use a protective barrier for 1 of 1 sampled residents (R) (R2) observed for blood sugar testing. 4. Failed to clean and disinfect high-touch items for 5 of 5 resident (R) (R3, R4, R7, R8, R9) room cleanings observed. 5. Failed to clean resident hand sink and counter with disinfectant product for 2 of 5 resident (R3 and R4) room cleanings observed. 6. Failed to perform hand hygiene between glove changes after cleaning resident rooms for 2 of 2 (R3 and R4) opportunities observed. 7. Failed to change gloves between cleaning resident rooms for 2 of 4 (R8 and R9) opportunities observed. 8. Failed to have a process to ensure chemical strips was not outdated for 3 of 3 strip containers observed (expiration dates of [DATE], [DATE] and [DATE]). Chemical strips are used to ensure kitchen sanitizing solution is at the correct concentration and therefore effective. These failures increased the risks for the spread of communicable diseases and infections amongst residents and staff. Findings include: During an interview on [DATE] at about 8:30 AM Administrator and Director of Nursing (DON) stated that facility census was 95 and had no current COVID-19 positive residents or staff. 1. Daily COVID-19 symptom monitoring Record review of progress notes, physician orders, Medication Administration Record [REDACTED]. R1 had physician orders [REDACTED]. Start date was [DATE]. Infection screening assessments showed responses to questions, does resident have temperature greater than 100 degrees, new/acute cough, new shortness of breath, difficulty breathing, acute wheezing, sore throat, new onset or increased confusion, difficult to arouse. R1's infection screening assessment was dated [DATE] on admission and then on [DATE], [DATE] and [DATE]. No infection screening assessments were found for [DATE], [DATE], [DATE] and [DATE]. During concurrent record review and interview on [DATE] at about 3:00 PM DON confirmed infection screening assessments were not present for [DATE], [DATE], [DATE] and [DATE] for R1 but should have been done. Review of facility policy, COVID-19 Surveillance Policy, undated, showed this facility will implement heightened surveillance activities for coronavirus illness during periods of transmission in the community and/or during a declared public health emergency for the illness. Residents will be monitored for signs and symptoms of coronavirus illness at least 3 times a day: fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell. The physician will be notified immediately, if evident. CDC's Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, accessed [DATE], 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. Removing PPE Record review of progress notes, physician orders, and Medication Administration Record [REDACTED]. R1 had physician orders [REDACTED]. Start date was [DATE]. Observation on [DATE] at 11:15 AM showed R1's room door slightly open. Room door had holder mounted on door that contained plastic bags and gloves. Sign on door showed No visitors. Keep Door closed. Please remind resident to wear mask when others present or if leaving room. A small sign showed COVID-19 recommendations PPE. Putting on: 1. Gown, 2. Mask, 3. Eye Wear, 4. Gloves. Removing: 1. Gloves, 2. Eye Wear, 3. Gown, 4) Mask. Resident was observed lying in bed. Observation on [DATE] at 12:00 noon showed Certified Nursing Assistant (CNA1) enter R1's room. CNA1 was already wearing a surgical face mask. CNA1 donned long sleeve black cloth gown, removed surgical face mask and donned N95 mask, goggles and gloves. After a few minutes, Recreational staff stood outside door and asked CNA1 to inquire if resident wanted hot cocoa. CNA1 appeared at door entrance and asked staff for more wipes. Beverage and wipes were passed to CNA1 who provided incontinence cares to resident who was behind curtain. After several minutes passed, CNA1 was observed at doorway entrance. With same gloved hands, CNA1 removed goggles, removed gown and then removed gloves. CNA1 placed goggles and N95 mask on top shelf in closet. CNA1 placed cloth gown on wall hook behind door in resident's room. Immediately after, CNA1 removed N95 mask and washed hands at resident's room hand sink. CNA1 then placed surgical face mask on, sanitized hands, and exited the room. CNA1 was observed passing meal trays after leaving R1's room. CNA1 did not re-enter R1's room to clean/disinfect goggles. During an interview on [DATE] at 12:30 PM CNA1 stated that each CNA uses individual black cloth gowns and gowns are stored on the hooks behind the door in resident's room for use throughout the shift and at the end of the shift, the gowns are placed in container to be laundered. CNA1 stated that today was the first time wearing cloth gown. CNA1 previously used disposable gowns. Surveyor and CNA1 reviewed small sign on R1's door showing COVID-19 recommendations PPE. Removing: 1. Gloves, 2. Eye Wear, 3. Gown, 4) Mask. When asked about the order for removing PPE when in resident's room earlier, CNA1 stated that he removed his goggles and gown and then his gloves. When asked if it contaminated his goggles and gown with his contaminated gloves, CNA1 nodded his head and said, Yes. CNA1 then stated, I see, I need to take off my gloves first so that I don't dirty goggles or gown. During an interview on [DATE] between 2:00 PM and 2:45 PM with DON, Infection Preventionist (IP) and Staff Development Coordinator (SDC), it was stated that correct sequence to remove PPE for droplet precautions was gloves first and then eye wear, gown and mask. It was confirmed that R1 was on droplet precautions because of recent admission and on COVID-19 symptom monitoring observation. When asked if there was a transmission based precautions (TBP) signage on R1's door, stating the type of TBP such as contact or droplet, DON stated that during survey, that occurred awhile back, she was informed that TBP signage on resident's door was a HIPAA privacy violation (Health Insurance Portability and Accountability Act) so instead the facility uses different colors to show type of TBP. IP then stated that the type of TBP should be on the resident's door. SDC also stated that PPE donning and doffing training was just conducted with staff. Observation on [DATE] at about 3:15 PM showed R1's door had a green signage showing Droplet precautions. In addition to Standard Precautions and showed instructions including use of mask/face shield for those who come within 3 feet of patient/resident. This signage was not present before interview with staff on [DATE] between 2:00 PM and 2:45 PM. Review of facility email and materials for PPE donning and doffing training, dated [DATE], showed doffing (taking off PPE). 1. Remove gloves. 2. Remove gown. Perform hand hygiene. Remove face shield or goggles. Review of facility policy, Transmission Based Precautions, undated, showed once a physician's orders [REDACTED]. Ensure isolation station contains the following: Visitors report to Nurses Station before entering room sign with appropriate color code: yellow for contact isolation, green for droplet isolation, etc. Review of CDC's website regarding Precautions in Nursing Homes, https://www.cdc.gov/hai/containment/faqs.html, accessed [DATE], showed signs containing the type of precautions and recommended PPE and did not contain information about the resident's [DIAGNOSES REDACTED]. 3. Glucometer</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>use Observation on [DATE] at 9:10 AM showed Licensed Nurse (LN)1 perform hand hygiene, donned gloves and gather Quintet AC glucometer, glucometer carrying case, container of glucometer strips, lancet, gauze and alcohol swab and brought to R2's room. LN1 placed the glucometer and glucometer carrying case containing glucometer strips, lancet, gauze and alcohol swab on resident's overbed table. No barrier was used to protect glucometer or glucometer carrying case. LN1 used the glucometer to check R2's blood sugar by obtaining blood from R2's finger placed in contact with the small strip on the glucometer.</p> <p>After obtaining blood sugar, LN1 placed the glucometer on the resident's overbed table. No barrier was used to protect overbed table from used glucometer. LN1 then returned to medication cart and placed the glucometer directly on medication cart. No barrier was used to protect medication cart from used glucometer. LN1 opened a Super Sani-Cloth large wipe packet and wiped the glucometer for approximately [DATE] seconds then placed the glucometer in the glucometer carrying case. The glucometer was touched about a minute later and it was dry. The glucometer did not remain wet for at least two minutes. During an interview on [DATE] at about 9:20 AM when asked how long glucometer stayed wet after wiping with sani-cloth, LN1 stated 15 seconds. LN1 and surveyor reviewed the label of the Super Sani-Cloth packet which showed it was a germicidal disposable wipe with directions to disinfect nonfood contact surfaces only. Unfold a clean wipe and thoroughly wet surface. Allow treated surface to remain wet for a full two (2) minutes. LN1 stated that she did not know the glucometer needed to be wet for two minutes and but will make sure this is done in the future. LN1 stated the glucometer was used on multiple residents, all residents who receive their medications from the medication cart used the same glucometer. During an interview on [DATE] between 2:00 PM and 2:45 PM with DON, Infection Preventionist (IP) and Staff Development Coordinator (SDC), it was stated that the glucometer should be disinfected according to manufacturer's instructions and placed on paper towel to protect resident's room environment. Review of facility policy, Performing A Blood Glucose Test, dated [DATE], showed: 1. Carry Quintet AC meter with supplies to resident's bedside in carrying case provided. 2. Place case on a clean paper towel, unzip and open case. 5. Place blood glucose meter and supplies on another clean paper towel to provide a clean working surface. 15. Disinfect blood glucose machine using a Super Sani-cloth disposable wipe. Thoroughly wet surface and wipe. Allow treated surface to remain wet for a full 2 minutes. Let air dry. The Centers for Disease Control and Prevention (CDC) website, at www.cdc.gov, section titled, Infection Prevention During Blood Glucose Monitoring and Insulin Administration, showed that if the glucose meters must be shared, the device should be cleaned and disinfected after every use per the manufacturer's instructions. The Centers for Disease Control and Prevention (CDC)'s Guidelines for Environmental Infection Control in Health-Care Facilities, updated [DATE], accessed [DATE], https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html, showed Recommendations-Environmental Services .Cleaning and Disinfecting Strategies for Environmental Surfaces in Patient-Care Areas, .use barrier protective coverings as appropriate for noncritical equipment surfaces that are touched frequently with gloved hands during the delivery of patient care; likely to become contaminated with blood or body substances [DATE]. High-touch items and hand hygiene</p> <p>Observation on [DATE] at 9:50 AM showed Housekeeper (HSPK)1 in R3's room. HSKP1 wore gloves on hands, bagged trash, checked toilet, checked paper, placed chemicals in toilet bowl and then sprayed solution from container labeled Johnson power cleaner and degreaser, professional, TruShot onto cloth and then used cloth to wipe down hand sink counter, bowl, and handles in R3's room. HSKP1 then removed his gloves and donned new gloves. No hand hygiene was performed during glove changes. With gloves on, HSKP1 cleaned toilet and mopped the floor. HSKP1 then entered R4's room and removed trash, checked paper products, swept floor and then removed gloves. No hand hygiene was performed after removing gloves. HSKP1 then donned new gloves and placed new roll of paper towels in dispenser. HSKP1 placed chemicals in toilet bowl and then sprayed Johnson TruShot power cleaner and degreaser onto cloth and wiped down resident's hand sink handles, counter and sink bowl. HSKP1 removed gloves. No hand hygiene was performed after removing gloves. HSKP1 mopped the floor. During an interview on [DATE] at about 10:10 AM when asked about the cleaning of high-touch items in the resident's rooms, HSKP1 stated while touching resident's over bed table, I keep my eyes open, if it's dirty or I see crumbs, I clean it. When asked when resident room's door knobs, bed rails, tv and bed controls, and overbed table gets cleaned, HSKP1 stated that these items are part of deep cleaning which occurs once a month. When asked about use of hand sanitizer between glove changes, HSKP1 stated I didn't use hand sanitizer right now, but I do all the time. I use hand sanitizer when I'm done at the end. Observation on [DATE] at 10:30 AM showed HSKP2 emptying the rubbish can in R7's room and bagging the trash. HSKP2 wore gloves. HSKP2 then sprayed R7's room hand sink with solution with label TBicide Quat and wiped sink bowl, counter and handles and then swept and mopped the floor. With the same gloves on, HSKP2 placed wet sign in front of R7's room and entered R8's room. In R8's room, HSKP2 repeated same tasks above. Without changing gloves, HSKP2 then entered R9's room and repeated same tasks. During an interview on [DATE] at 10:45 AM when informed about observation that HSKP2 did not change his gloves despite cleaning three resident rooms, HSKP2 was asked when gloves are changed. HSKP2 stated that he changes gloves when they are torn or have tears in them and then the gloves are replaced. HSKP2 stated that if gloves are intact, the gloves stay on. HSKP2 stated that he does not change his gloves between resident rooms and he hasn't been told to do that. HSKP2 stated that he changes his gloves when he goes to the bathroom. When asked when resident room's door knobs, bed rails, tv and bed controls, and overbed table gets cleaned, HSKP2 stated that these items are part of deep cleaning which is once a month. That's when bed rails, door knobs, head board, foot board, tv remote and bed control and light switches get cleaned. Review of Johnson power cleaner and degreaser, professional, TruShot, container showed a purple color banner and no Environmental Protection Agency (EPA) registration number as a disinfectant could be found. Review of Johnson's website showed SC Johnson Professional Power Cleaner and Degreaser is a powerful non-[MEDICATION NAME] alkaline formulation that cleans the toughest soils and quickly eliminates grease, oil and food soils. Review of EPA N List for disinfectants known to be effective against emerging [MEDICAL CONDITION] pathogens or novel coronavirus [DIAGNOSES REDACTED]-CoV-2 (EPA List N agent) did not show Johnson TruShot degreaser listed. During an interview on [DATE] at 11:30 AM HSKP manager stated that contact point cleaning includes cleaning/disinfection of resident room's door knobs, remote control, tv set, doors when hands are placed to open door, light switches and anything that anyone comes into contact with. HSKP manager stated that cleaning was really stepped up in the last four months given the coronavirus and everything that's been going on. HSKP manager stated contact point cleaning is done daily by the main housekeepers and there's a virtual checklist that the housekeepers sign off daily that indicates contact point cleaning was completed for all the resident's rooms that they cleaned. During an interview on [DATE] at 1:15 PM in the Laundry room HSKP manager showed surveyor virtual checklist on the computer system that housekeepers sign off daily as completed. The screen showed dusted and disinfected all the touch points of each of the rooms. When informed of observation and interviews with HSKP1 and HSKP2, HSKP manager stated that housekeepers should have cleaned the high touch or contact points during the cleaning of the resident's rooms and didn't understand why housekeepers were getting confused with deep cleaning schedule, which is separate from daily room cleaning. When asked if cleaning of high touch or contact point items as part of daily resident room cleaning should be done only if items are visibly soiled or has crumbs on them, HSKP manager said no housekeepers should always clean contact point items daily as you can't see germs. HSKP manager stated daily room cleaning should include the cleaning of high touch or contact point cleaning and HSKP manager will correct this with staff. HSKP manager also stated that staff should be cleaning a resident's room and then removing gloves and hand sanitizing and then putting on new gloves and then cleaning the next resident's room. HSKP manager stated that housekeepers should absolutely not be wearing the same gloves to clean different resident rooms and instead staff should change their gloves between resident rooms. HSKP manager said changing gloves between resident rooms was very basic and was disappointed that staff was not changing gloves between resident rooms or hand sanitizing between glove changes. When asked what cleaner/disinfectant should be used to clean resident room hand sink and counter, HSKP manager stated TBicide Quat, Clorox bleach, or Johnson green label disinfectant or Johnson yellow label multi-surface disinfectant. When asked if Johnson purple label cleaner degreaser could be used, HSKP manager stated that degreaser can be used after Johnson green or yellow labeled disinfectant is used if there continues to be something sticky or residue that doesn't come off. HSKP manager stated that purple label cleaner degreaser is not a disinfectant so green or yellow label disinfectant needs to be used first to make sure the item is getting disinfected. HSKP manager stated housekeeping services are managed by separate company contracted by the facility and didn't have any policies and procedures but operated under the facility's policies and participated in facility's infection control auditing process to evaluate housekeepers adherence. HSKP manager provided COVID-19 Infection Control Observations form. Review of facility's COVID-19 Infection Control Observations form, undated, showed perform hand hygiene after contact with objects and surfaces in the resident's environment. During an interview on [DATE] between 2:00 PM and 2:45 PM with DON, Infection Preventionist (IP) and Staff Development Coordinator (SDC) IP and DON stated that hand hygiene between glove changes is the expectation for staff and that includes housekeeping staff. IP also stated that gloves should be changed between cleaning different resident rooms.</p>		

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 2)</p> <p>Review of facility policy, Novel Coronavirus Prevention and Response, undated, showed under Environmental infection control housekeeping staff shall adhere to transmission-based precautions .perform routine and terminal cleaning using disinfectants known to be effective against emerging [MEDICAL CONDITION] pathogens or novel coronavirus [DIAGNOSES REDACTED]-CoV-2 (EPA List N agent). CDC's Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, accessed [DATE].</p> <p>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 Environmental Cleaning and Disinfection: Develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas; Ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging [MEDICAL CONDITION] pathogens program for use against [DIAGNOSES REDACTED]-CoV-2 (Severe Acute Respiratory Syndrome coronavirus 2 [MEDICAL CONDITION] that causes COVID-19). 8. Outdated</p> <p>kitchen chemical strips Observation on [DATE] at 1:05 PM in kitchen with dietary manager (DM) showed red sanitizing bucket on counter across cooktop. When asked what was used to wipe kitchen counters, DM pointed to red sanitizing bucket. When asked how it was ensured the correct concentration of sanitizing solution was used, DM retrieved quat test strip and dipped in red bucket. DM removed wet quat strip and placed against legend on quat test strip container and stated that since the reading was 200, the concentration was good. The QT-10 Hydrion. www.microessentiallab.com quat strip container had an expiration date of [DATE]. DM stated the quat strip container was just opened. DM opened kitchen drawer showing two opened quat strip containers. The dates on these containers was [DATE] and [DATE]. During an interview on [DATE] at 1:10 PM DM stated that quat strips used should not be expired and the expired quat strips will be discarded and will be correctly immediately. When asked what the process was to ensure quat strips were current and not outdated, DM stated that a process will be put in place in the future. When asked for a policy for use of sanitizing buckets and ensuring quat strips are not expired, DM stated that there wasn't a policy but Quat strips use is covered during training and provided the Infection Control Review form. Review of Infection Control Review form, undated, showed directions for location of Quat strips, correct measurement for Quat solution and length of contact time to be effective but did not include checking expiration dates.</p>		