

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 135137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER PROMONTORY POINT REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 3909 SOUTH 25TH EAST AMMON, ID 83406	
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 - Immediate jeopardy Residents Affected - Many	<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 operationalize all components of their infection prevention and control program and Centers for Disease Control and Prevention (CDC) recommendations for COVID-19 (COVID-19 is an infectious disease by a new virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, dizziness, nausea, vomiting, diarrhea, loss of taste and/or smell, and in severe cases difficulty breathing that could result in severe impairment or death) when 1) new admissions were not quarantined for 14 days pending COVID-19 testing and/or asymptomatic, and 2) residents were not asked and/or encouraged to wear masks when out of their rooms. These failures placed all residents and staff at risk for exposure to COVID-19 resulting in an Immediate Jeopardy (IJ-a situation of non-compliance that has placed the health and safety of residents at risk for serious injury, serious harm, serious impairment or death). On 6/18/2020 at 4:00 PM, the Administrator, Infection Preventionist (IP), Corporate Nurse, and two other administrative staff were notified of the Immediate Jeopardy. On 6/18/2020 at 5:20 PM, the facility provided an acceptable removal plan that addressed the findings that resulted in the Immediate Jeopardy. The plan included an immediate action to place all residents who were admitted in the past 14-days in quarantine pending a COVID-19 test, and future new admissions would be quarantined in a private room until COVID-19 test results were obtained. In either case, if the resident had gone 14 days without signs and symptoms of COVID-19 they would be removed from quarantine. The plan also included an immediate action to encourage all residents to wear a mask when outside of their room and during cares. Training would be provided to staff and residents regarding these procedures. On 6/25/2020, a follow-up survey was conducted to verify the implementation of the facility's 6/18/20 removal plan. The survey found that the facility had successfully implemented the Immediate Jeopardy removal plan. Findings include: The facility's policy entitled COVID-19 Admission and Re-admission Policy (undated) indicated the following: Promontory Point Rehabilitation has a plan for managing new admissions and readmissions whose COVID-19 status is unknown or patients with signs or symptoms of COVID-19. Policy Interpretation and Implementation, New Admissions 1. New admissions will be tested for COVID-19. Patients will remain quarantined to their private room until results for COVID-19 are received. 2. Patient will be asked to wear a mask during therapy or when cares are provided. 4. If the COVID-19 test is negative, quarantine restrictions for patients will be lifted. 5. If the COVID-19 test results are positive, following provider will be notified and patient will be sent back to the ER of the hospital they were admitted from. CDC recommendations include the following: Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP (healthcare provider) should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Implement Source Control Measures. Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. 1. On 6/18/20, the facility had 25 residents, only one resident (Resident (R)6) was on isolation precautions (quarantined). R6 was admitted to the facility on [DATE]. R6's [DIAGNOSES REDACTED]. The resident was on droplet precautions, which indicated that staff entering the resident's room needed to wear (don) personal protection equipment (mask, gloves, gowns, and a face shield/goggles). A Nursing Progress Note dated 6/17/20 documented the Pt (patient) continues on COVID Precautions until COVID test returns. An interview regarding R6 was conducted with the IP on 6/18/20 at 11:00 AM. The IP indicated that R6 had a fall at home and she injured both arms. When she was discharged from the hospital she returned home; however, her husband was unable to provide the needed care of her so their physician arranged admission to the facility. The IP further explained that because R6 did not have a current negative COVID-19 test R6 was placed on isolation precautions. The IP stated that the facility was awaiting the results from a COVID-19 test that the facility had completed. The IP was asked about residents coming from the hospital. The IP stated that if the resident had a negative COVID test at the hospital, the facility did not place the resident in isolation/quarantine. Resident 1: R1 was admitted to the facility on [DATE]. Resident 1's [DIAGNOSES REDACTED]. R1 had a physician's orders [REDACTED]. The results of the test were still pending on 6/18/20. There was no other COVID test results or documentation of a previous COVID test. The resident's medical record did not indicate that the resident had been on any isolation precautions at the beginning of his stay at the facility. The resident's COVID status was unknown at the time of his initial admission. Resident 2 R2 was admitted to the facility on [DATE]. R2's [DIAGNOSES REDACTED]. There was no documentation of the resident's COVID-19 status at admission or that the resident had been on isolation precautions at admission. On 6/12/20, R2 was sent to the hospital for altered mental status. The resident was admitted to the hospital for treatment of [REDACTED]. R2 returned to the facility on [DATE]. There was no documentation of the resident's current COVID status at the time of readmission. The resident was not placed on isolation precautions after returning from the hospital. Resident 3 R3 was admitted to the facility on [DATE]. R3's [DIAGNOSES REDACTED]. There was no documentation that the facility knew the resident's COVID status at admission or that the resident had been placed on isolation precautions following admission. Resident 4 R4 was admitted to the facility on [DATE]. R4's [DIAGNOSES REDACTED]. There was no documentation indicating what R4's COVID status was at admission or that the resident had been placed on isolation precautions following admission. An interview was conducted with the IP on 6/18/20 at 1:05 PM to clarify the facility's process for determining new admission's COVID-19 status. The IP stated the facility required each new admission to have had a negative COVID-19 test during their hospital stay and no symptoms of COVID. The IP indicated that the facility did not necessarily get a copy of the COVID test but a verbal confirmation from the hospital that the resident had had a negative test. The IP was asked about the time frame for the COVID-19 test, the IP stated just a negative test anytime during the hospitalization. It was pointed out that the resident could have had the test at or before their hospitalization. The IP acknowledged that the test could have been completed early on in the resident's hospitalization, which made it possible that the resident could have been exposed to COVID-19 between testing and admission to the facility. 2. On 6/18/20 at approximately 9:15 AM, therapy staff were observed ambulating with residents in the hallways of the facility. The staff were wearing masks; however, none of the residents were observed wearing a mask. At approximately 10:20 AM, a resident was seen ambulating in the hallway without staff; the resident was not wearing a mask. At 11:20 AM, observations in the therapy gym revealed four residents working with therapy staff. The therapy staff were all wearing masks; however, none of the residents were wearing masks. At no time during the survey were residents seen wearing masks. Resident 8 R8 was admitted to the facility with [DIAGNOSES REDACTED]. A Minimum Data Set (MDS-assessment tool) dated 4/28/20 revealed a Brief Interview for Mental Status (BIMS-a test for measuring cognitive status) score of 9 (Moderate cognitive impairment) for R8. During an interview on 6/18/20 at approximately 2:35 PM, R8 was asked about wearing a mask while in the facility. R8 stated I don't need to wear a mask because you are wearing one, so that protects me. R8 was asked if he had a mask and he indicated he did not have one. Resident 9 R9 was admitted to the facility for surgery aftercare and had [DIAGNOSES REDACTED]. A Minimum Data Set</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 - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 1)</p> <p>(MDS-assessment tool) dated 6/2/20 revealed a Brief Interview for Mental Status (BIMS-a test for measuring cognitive status) score of 15 (no cognitive impairment) for R9. An interview with R9 on 6/18/20 at 2:50 PM was conducted. R9 had a surgical mask lying on her bedside table, which R9 indicated she wore when she went out of the facility for doctor's appointments. R9 stated she did not wear a mask when in the facility. Resident 7 On 6/18/20 at approximately 3:15 PM, R7 was interviewed. R7 explained that she was in the facility for therapy, which she needed after having surgery. R7 was asked about her stay at the facility and COVID-19. R7 stated that she was never isolated during her stay at the facility. In her description of her stay at the facility, R7 indicated that she had never worn a mask when she worked with therapy or when she was out of her room. R7 did state that she had gone out of the facility to a doctor's appointment that morning and her daughter made her wear a mask. On 6/18/2020 at 4:00 PM, a meeting was held with the facility's Administrator, Infection Preventionist (IP), Corporate Nurse, and two other administrative staff. The facility's COVID-19 procedure for admitting new residents and mask use were discussed. The staff confirmed that resident's being admitted from the hospital only had to have a negative COVID-19 test sometime during their hospitalization. The facility staff acknowledge that between the time of the COVID-19 test and the time the resident was admitted to the facility; a resident could have been exposed to COVID-19. Therefore, the facility did not really know the COVID status of residents when they were admitted to the facility. The staff also acknowledge that the resident should be wearing a mask when out of their rooms. The facility's policy was reviewed and it was confirmed that the facility staff were not following the facility policy regarding COVID-19. These failures resulted in an Immediate Jeopardy situation.</p>		