STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135114	A. BUILDING _____ B. WING _____	**06/16/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ST LUKE'S REHAB - ELKS SUB ACUTE REHAB UNIT	**600 NORTH ROBBINS 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.

(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** - Some	**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 maintain an infection prevention and control program designed to provide a safe and sanitary environment to prevent the transmission of communicable diseases and infections when the facility failed to practice universal precautions when staff failed to utilize a barrier for a multi-resident use glucometer after use on 2 of 2 unsampled residents (R) (R4 and R5) and 1 sampled resident (R3) for 3 of 3 blood sugar monitoring observation. These failures increased the risk for the spread of infection and its associated complications. Findings include: During Entrance interview on 6/16/20 at 12:00 PM Administrator and Director of Nursing (DON) stated that facility census was 10 and the facility had no current COVID-19 positive residents or staff. Observation on 6/16/20 at 5:05 PM showed Certified Nursing Assistant (CNA)1 and CNA2 at the nursing station. The glucometer was wrapped in grey top sani cloth wipe. CNAs walked to R5's room carrying glucometer, lancet, gauze, alcohol swab, and strips. Both CNAs were gloved, CNA2 scanned R5's identification wrist band with glucometer and then placed glucometer on resident's overbed table. No protective barrier was placed under glucometer. CNA2 placed strip into glucometer, swab resident's finger with alcohol and then pricked finger with lancet with a small bead of blood shown. CNA2 brought glucometer towards blood and blood was shown on the strip inserted in glucometer. Blood sugar reading was obtained. CNA2 placed lancet in sharps container and removed gloves and performed hand hygiene. CNA2 then tucked glucometer under her arm and walked to nursing station. CNA2 placed glucometer on nursing station counter. No barrier was used to protect nursing station counter from used glucometer. CNA2 removed sani cloth wipes from container and wiped and wrapped glucometer with sani cloth wipes. Nursing CNA1 observed CNA2 performing blood sugar check for R5. CNA1 stated that she was going to R3's room to bring R3 a warm blanket in preparation for blood sugar testing. CNA2 then entered R4's room and proceeded with the above tasks. Again placing glucometer on resident's overbed table without protective barrier before checking blood sugar and on resident's hand sink after checking blood sugar. CNA2 again tucked used glucometer under her arm when exiting the room and placed glucometer on nursing station counter. No barrier was used to protect resident's hand sink or nursing station counter from used glucometer. CNA2 cleaned glucometer with sani cloth wipes and walked to R3's room placing glucometer on resident's overbed table before checking blood sugar and again after checking blood sugar. CNA2 then tucked glucometer under her arm and walked to nursing station. CNA2 placed glucometer on nursing station counter. No barrier was used to protect nursing station counter from used glucometer. CNA2 removed sani cloth wipes from container and wiped and wrapped glucometer with sani cloth wipes. During an interview on 6/16/20 at 5:55 PM with Nursing Unit Supervisor (NUS), DON, and IP. IP stated that barrier should be used after glucometer is used to protect resident's environment and other surfaces before the glucometer can be cleaned. NUS stated that protective barriers with glucometers have never been used before and interviews with CNAs would confirm that. During Exit interview on 6/16/20 at 6:00 PM with DON, IP, NUS, and Administrator, no additional information was provided. Record review of progress notes and physician orders [REDACTED]. In addition, some diabetes-related health issues, such as nerve damage and reduced blood flow to the extremities, increase the body's vulnerability to infection.). Facility technical procedure, POCT (Point of Care Testing) Glucose Testing by Nova StatStrip, revised date 5/8/20, showed staff should clean and disinfect the meter after each patient test. The procedure did not detail when the meter should be cleaned and disinfected (such as immediately after use), where the meter should be cleaned (such as either in the resident's room or taken out of the resident's room), or how staff should protect the meter to ensure it did not contaminate the resident's environment after use especially if the meter was not cleaned/disinfected immediately and taken out of the resident's room. Centers for Disease Control and Prevention Guidelines for Environmental Infection Control in Health-Care Facilities (2003), https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html, accessed 6/17/20 showed under Recommendations - Environmental Services on subsection Cleaning and Disinfecting Strategies for Environmental Surfaces in Patient Care Areas, .3. Use barrier protective coverings as appropriate for noncritical surfaces that are 1) touched frequently with gloved hands during the delivery of patient care; 2) likely to become contaminated with blood or body substances .

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE