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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 135082 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/17/2020 |
| NAME OF PROVIDER OF SUPPLIER MCCALL REHABILITATION AND CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 418 FLOYDE STREET MCCALL, ID 83638 | |
| 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 - Many | Provide and implement an infection prevention and control program. Based on observation, staff interview, and policy review, and review of nationally recognized standards, it was determined the facility failed to ensure appropriate infection control measures were implemented for hand hygiene. These failures created the potential of exposing residents to the risk of infection and cross-contamination including COVID-19. Findings include: a. The facility's policy for Hand Hygiene, undated, documented, The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections. The Centers for Disease Control and Prevention website, Hand Hygiene in Healthcare Settings under the tab Guidelines, accessed 6/22/20, stated: * Hands should be decontaminated or washed after removing gloves * Gloves should not be washed or reused On 6/16/20 at 2:47 PM, LPN #1 was wearing gloves at the nurse's cart and applied hand sanitizer to her gloved hands and rubbed her gloved hands together until the hand sanitizer was dry. LPN #1 then removed a disinfectant wipe and wiped down the nurse's cart while wearing the gloves. LPN #1 stated she was pretending there was a glove shortage and applied the hand sanitizer on her gloved hands. LPN #1 stated the facility did not have a glove shortage. There were two boxes of gloves on the wall next to the nurse's cart and one box of gloves above the nurse's cart. LPN #1 stated she received education regarding hand hygiene which included not to reuse gloves. b. The Centers for Disease Control and Prevention website, How to Wear Cloth Face Coverings, accessed on 6/22/20, stated: * Cloth face coverings are an additional step to help slow the spread of COVID-19 * The correct way to wear cloth face coverings was to put it over your nose and mouth and secure it under your chin * Don't touch the face covering, and, if you do, wash your hands On 6/16/20 at 2:50 PM, LPN #1 was wearing a cloth mask while talking. The mask dropped below her nose and her nostrils were exposed. LPN #1 readjusted the cloth mask above her nose and did not perform hand hygiene after touching her cloth mask. LPN #1 stated the cloth masks did not fit her correctly and this was the second one she had changed since the start of her shift. While LPN #1 was explaining the cloth mask did not fit her correctly, she readjusted the cloth mask to cover her nose five times. LPN #1 did not perform hand hygiene each time after touching her mask. LPN #1 then reached in her pocket and grabbed the keys to the nurse's cart and stated she was going to change masks. LPN #1 stated she should perform hand hygiene after each time she touched her mask. On 6/16/20 at 3:05 PM, the DNS stated the facility did not have a glove shortage and LPN #1 should not have applied hand sanitizer to her gloved hands. The DNS stated LPN #1 should have performed hand hygiene after each time she readjusted the cloth mask above her nose. | | |
| 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.