

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 135090	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2020
NAME OF PROVIDER OF SUPPLIER SHAW MOUNTAIN OF CASCADIA		STREET ADDRESS, CITY, STATE, ZIP 909 RESERVE STREET BOISE, ID 83712	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, policy review, and staff interview, it was determined the facility failed to ensure infection control prevention practices were consistently implemented and maintained to provide a safe and sanitary environment. This failure 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 Hand Hygiene policy, revised 9/10/20, directed staff to perform hand hygiene before entering and after leaving a resident's room, and to assist residents to perform hand hygiene prior to eating. This policy was not followed: a. On 10/13/20 from 12:25 PM to 12:42 PM, lunch trays in the 200 hallway were served to residents. The following was observed: -At 12:25 PM, CNA #1 delivered and set up Resident #1's meal on his tray table. CNA #1 did not offer hand hygiene to Resident #1 prior to eating his lunch. -At 12:35 PM, CNA #1 delivered and set up Resident #2's meal on her tray table. CNA #1 did not offer hand hygiene to Resident #2 prior to eating her lunch. -At 12:42 PM, CNA #1 delivered and set up Resident #3's meal on his tray table. CNA #1 did not offer hand hygiene to Resident #3 prior to eating his lunch. On 10/13/20 at 12:45 PM, CNA #1 said she did not offer Resident #1, Resident #2 and Resident #3 hand hygiene before eating their meals. CNA #1 said she should have offered them hand hygiene. On 10/13/20 at 3:07 PM, the IP said staff were to offer residents hand hygiene before their meals. b. On 10/13/20 between 1:25 PM and 1:45 PM, the Activities Assistant was observed entering and exiting resident rooms 311, 309, 312, 305 and 303 without performing hand hygiene before entering or leaving the rooms. On 10/13/20 at 2:35 PM, the Activities Manager said if a staff member went into a resident's room and touched the resident's belongings in the room they should perform hand hygiene, but not when just talking with the resident. On 10/13/20 at 2:37 PM, the Activities Assistant said she did not perform hand hygiene before going into or out the residents' rooms, but she did not touch anything when in each of the rooms. On 10/13/20 at 2:45 PM, LPN #1, who worked on the 300 Hall, said staff should perform hand hygiene before going into a resident's room. On 10/13/20 at 3:07 PM, the IP said staff should perform hand hygiene when going in and out of a resident's room even if they had no contact with the resident. 2. The facility's Personal Protection Equipment Conservation Plan, dated 4/6/20, stated a washable facemask may be worn by residents during personal cares and when they were out of their rooms to prevent the potential spread of respiratory droplets. A CDC document provided by the facility, updated July 15, 2020, titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19), stated: Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19. It further stated: * Patients and visitors should, ideally, wear their own cloth face covering (if tolerated) upon arrival to and throughout their stay in the facility. If they do not have a face covering, they should be offered a facemask or cloth face covering as supplies allow. * Patients may remove their cloth face covering when in their rooms but should put it back on when around others (e.g., when visitors enter their room) or leaving their room. This policy and CDC guidance was not followed. On 10/13/20 at 2:15 PM, Resident #4 was sitting in the shower chair and was assisted by LPN #2 and another staff member to the Shower room. Resident #4 was not wearing a facemask. On 10/13/20 at 2:25 PM, LPN #2 said Resident #4 was not wearing a facemask when she was assisted to the Shower room. LPN #2 said she should have reminded Resident #4 to wear a facemask before taking her out of her room. On 10/13/20 at 3:07 PM, the IP said residents should be reminded to wear a facemask before leaving their rooms.</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.