STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135019	A. BUILDING _____ B. WING _____	**05/27/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ORCHARDS OF CASCADIA, THE	**404 NORTH HORTON STREET NAMPA, ID 83651**

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.** 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 development and transmission of communicable diseases and infections when the facility failed to follow manufacturer's instructions for cleaning and disinfecting glucometer and use a protective barrier for 3 of 3 unsampled residents (R) (R16, R10 and R11) observed for blood sugar testing. These failures have the potential for spreading infection in the facility. Findings include: During Entrance interview on 5/26/20 at 11:45 AM Administrator and Director of Nursing (DON) stated that facility census was 69, facility was still admitting residents, the facility had no current COVID-19 positive residents or staff. Observation on 5/26/20 at 3:55 PM showed Licensed Nurse (LN)1 perform hand hygiene, donned gloves and gather Assure Platinum glucometer, container of glucometer strips, lancet, gauze and alcohol swab and cup and brought to R16's room. R16 was sitting in wheelchair at the entrance of room. LN1 used the glucometer to check R16's blood sugar by obtaining blood from R16's finger placed in contact with the small strip on the glucometer. After obtaining blood sugar, LN1 returned to medication cart and placed the glucometer directly on binder that was on medication cart. A barrier was not used between the used glucometer and the binder. LN1 opened a Super Sani-Cloth large wipe packet and wiped the glucometer for approximately 15 seconds then placed the glucometer on the medication cart. LN1 then gather the container of glucometer strips, lancet, gauze, alcohol swab, cup and glucometer and entered R10's room. LN1 placed a paper towel on resident's over bed table and then placed the glucometer and container of glucometer strips on the paper towel. The gauze, alcohol swab and lancet were in a cup that was also placed on the over bed table. LN1 opened the container of strips and placed a strip in the glucometer and then set the container of strips directly on the resident's over bed table and not on the paper towel barrier. LN1 used the glucometer to check R10's blood sugar by obtaining blood from R10's finger placed in contact with the small strip on the glucometer. After completing blood sugar test, LN1 returned to medication cart and opened Super Sani-Cloth wipe packet and vigorously wiped glucometer for about 10 seconds. The glucometer was touched about a minute later and it was dry. The glucometer strip container, which was previously observed on the resident's over bed table was placed on the medication cart. No cleaning was done for the glucometer strip container before it entered R11's room. LN1 then gathered glucometer and supplies and entered R11's room. The above process was repeated with LN1 wiping glucometer with Super Sani-Cloth for about 10-15 seconds after the glucometer was used. The glucometer did not remain wet for at least two minutes. During concurrent record review and interview on 5/26/20 at 4:10 PM when asked how glucometers are disinfected between resident use, LN1 stated that she wipes down the glucometer after using it and leaves it so it dries. When asked LN1 what the dwell or contact time was to ensure Super Sani-Cloth was effective, LN1 frowned and stated that she was not sure. LN1 and surveyor reviewed glucometer manufacturer's instructions and 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 that she used the glucometer earlier on another resident prior to use of R16 and the glucometer was used on multiple residents, all residents who receive their medications from Medication Cart 2 uses the same glucometer. During an interview on 5/26/20 at 4:50 PM Infection Preventionist (IP) stated that glucometers are used on multiple residents and was always supposed to be cleaned following the manufacturer's instructions on the Super Sani-Cloth wipe packages to ensure the glucometer was cleaned and sanitized properly between residents. IP also stated that barriers should be used to protect glucometer and other shared or multiple use items between the items and any different surfaces, including resident's room and binder on the medication cart. Record review of Medication Administration Record [REDACTED]. The MAR indicated [REDACTED]. The order start date was 11/5/19. Record review of Medication Administration Record [REDACTED]. The MAR indicated [REDACTED]. Times listed were 0700, 1200 and 1700. The order start date was 1/30/20. Record review of Medication Administration Record [REDACTED]. The MAR indicated [REDACTED]. Times listed were 0700, 1100, and 1600. The order start date was 11/6/17. 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 July 2019, accessed 5/14/20, 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 Facility document, Blood Glucose-Assure Platinum Glucose Monitoring, dated 10/12/17, showed a list of procedural steps with columns for date of 1st review with sub column heading of S and U. Legend showed S=satisfactory demonstration of skill and U=unsatisfactory demonstration of skill. Additional columns also showed date of 2nd review with same sub column headings of S and U. Step #21 showed cleanse exterior of glucometer with Germicidal wipe for blood glucose monitors, wait 2 minutes and dry with damp non-sterile cloth (gauze). Place cleaned machine on a barrier and/or store for next patients use.

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.