STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135093	A. BUILDING _____ B. WING _____	**06/14/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ASPEN PARK OF CASCADIA	**420 ROWE STREET MOSCOW, ID 83843**

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 and interviews the facility failed to ensure all staff implemented measures to prevent contamination of surfaces in common areas with potential for cross contamination and spread of infectious organisms from one person to another or from a contaminated surface to a resident. These failures potentially affected nine randomly observed residents who ate in the dining room and all residents who consumed water or ice from the nourishment center ice/water dispenser and placed them at risk for infection. Findings include: During the entrance interview on 6/10/20 at 9:30 AM, the administrator said the facility was COVID-free with no residents or staff testing positive for COVID-19 and no residents on transmission-based precautions for COVID-19. The administrator reported a low incidence of COVID-19 in the community and county but acknowledged risk due to close proximity to a Washington State college town with co-mingling of persons from the two communities. 1. During observation of the 300 resident hall on 6/10/20 at 10:54 AM housekeeping staff HK1 exited resident room [ROOM NUMBER]. HK1 placed cleaning cloths on the housekeeping cart in the corridor then removed gloves and washed hands with soap and water. Resident R6 called from resident room [ROOM NUMBER] asking for ice water. HK1 re-entered room [ROOM NUMBER] and went to the window bed. HK1 took R6's water pitcher from the room to the nourishment center down the hall. HK1 placed the water pitcher directly on the tray of the ice/water dispenser and activated controls to add ice/water to the pitcher. HK1 took the filled pitcher back into room [ROOM NUMBER]. HK1 used hand sanitizer gel then resumed housekeeping duties. HK 1 did not disinfect or sanitize the outside of the water pitcher before taking it from or returning it to the resdent room and did not disinfect or sanitize the surface of the ice/water dispenser. 2. During the lunch meal observation on 6/10/20 from 12:15 PM to 12:40 PM, nine residents each sat at a separate table. Six staff fed residents, one staff to one resident, and/or assisted with the meal service. Five staff wore cloth face covers (cloth face masks) and one staff wore a surgical mask. Six resident's cloth face covers were placed directly on the dining tables with no protective barriers between the surface of the tables (table top) and the face covers. Two cloth face covers hung freely on wheelchair handles and one randomly observed resident R7 wore a cloth face cover on her forearm. The administrator entered the dining room at 12:23 PM. The administrator immediately obtained a paper towel and spread it out on the dining table. The administrator redirected R7, removed the face cover from R7's arm, and placed the face cover with the outside of the face cover down on the paper towel. The administrator confirmed it was the facility expectation that a barrier be used when masks or cloth face covers were placed on tables in the communal dining room to prevent contamination of the table by the mask/face cover or contamination of the mask/face cover by the table surface. Licensed nurse LN1 was in the dining room. She said she was a charge nurse. LN1 said she was aware masks and face covers should be placed on barriers to prevent cross contamination. LN1 said she did not notice the masks/face covers on the tables without barriers until questioned by the surveyor. In an interview on 6/10/20 at 1:40 PM the facility Infection Control Preventionist (ICP) was informed of the observations regarding face covers on dining tables with no barriers and staff filled a soiled water pitcher directly from the communal ice/water dispenser. ICP said all staff were educated on proper storage of face masks/covers intended to be re-used. ICP said barriers should be first placed on the table and then the face mask should be placed with the outside of the mask/face cover down on the barrier. ICP said the masks/ face covers could be hung by the ties if not in contact with objetcs but ideally the facemasks should be stored in a breathable paper bag. Regarding the water pitcher, ICP said HK1 did not provide resident care and was trying to give prompt service to R6 by responding to his request When asked what she expected HK1 and others to do when a resident asked for ice water; ICP said staff should get a new water pitcher to change out with the used/soiled pitcher. ICP said; or staff could bring ice and water to the resident's room to refresh the water pitcher. ICP confirmed the resident's water pitcher was considered soiled or contaminated and it should not have been taken into the nourishment center. ICP further stated; the used or soiled water pitcher definitely should not contact surfaces of the ice/water dispenser. ICP concluded both the dining room practices with the face coverings and the re-filling process for the water pitcher created potential for cross contamination. ICP said the facility expected all staff in all disciplines to practice and implement infection control standards at all times.

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.