STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135141	A. BUILDING _____ B. WING _____	05/11/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
TERRACES OF BOISE, THE	5301 E WARM SPRINGS AVE BOISE, ID 83716

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 -** Few	**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 development and transmission of communicable diseases and infections when the facility failed to ensure manufacturer's instructions for products used for cleaning and disinfection was followed for 1 of 1 sampled resident (R) (R2) observed for durable medical equipment cleaning and 1 of 1 (R4) unsampled resident room cleaning/disinfection of high-touch items observed. In addition, the facility failed to perform hand hygiene between glove changes for 1 of 1 (R3) sampled resident observed for blood glucose and insulin administration. These failures have the potential for spreading infection in the facility. Findings include: *Cleaning of durable medical equipment Observation on 5/7/20 at 8:10 AM showed Certified Nursing Aide (CNA)1 and Licensed Nurse (LN)1 assisting R2 with transfer out of bed with sit-to-stand equipment (durable medical equipment to assist resident from moving from sitting to standing position). A strap was placed behind R2's back while R2's left hand was holding handles of sit-to-stand device. R2 stood up and was then moved to the bathroom in his room. Occupational therapist (OT)1 joined CNA1 in providing assistance. After completing toileting, R2 held onto sit-to-stand while OT1 and CNA1 provided assistance to transfer resident to his wheelchair. CNA1 moved sit-to-stand out of resident's room. Record review of Medication Administration Record [REDACTED]. R1 did not have COVID-19 diagnosis. During concurrent record review and interview on 5/7/20 at 11:30 AM when asked about cleaning of sit-to-stand after use by R2, CNA1 stated that he wiped sit-to-stand with purple top sani-wipes. CNA1 stated that sit-to-stand is used by multiple residents and was used by other residents after use by R2. When asked how long sit-to-stand stayed wet with purple top sani-wipes, CNA1 frowned and said he wiped down the sit-to-stand handles but didn't know about needing to keep the device wet for any period of time. CNA1 and surveyor reviewed PDI Super Sani-Cloth Germicidal Disposable wipe (purple top) label which showed To disinfect and deodorize: unfold a clean wipe and thoroughly wet surface. Allow treated surface to remain wet for a full two (2) minutes. Let air dry. CNA1 stated Ok, I didn't know. Will keep wet for two minutes next time. Facility policy, Cleaning and disinfection of reusable medical equipment, undated, showed In accordance with existing Infection Control Prevention Policies and Procedures. The Terraces of Boise will implement and maintain process to ensure all non-critical, reusable patient medical equipment is routinely cleaned before and after use H. Steps for cleaning: 1. Follow manufacturers recommendations for cleaning .3. Follow product disinfectant recommendations. During interview on 5/7/20 at 12:45 with Director of Nursing (DON), Infection Preventionist (IP) and Administrator, when asked if staff should be following manufacturer's instructions for contact time for cleaning and disinfecting sit-to-stand equipment, DON stated yes. When asked if staff training included contact time, DON and IP stated that they were unsure because both had only been at the facility for about a month but contact time should have been covered. *Hand hygiene between glove changes Observation on 5/7/20 at 11:05 AM showed LN1 measure R3's blood sugar with glucometer. LN1 removed R3's personal glucometer from resident's cabinet in room. With gloved hands, LN1 pricked resident's finger with lancet and moved glucometer with strip inserted to resident's finger to place drop of blood on strip. After blood sugar reading obtained, LN1 wrapped strip in gloves, doffed and discarded gloves. Without performing hand hygiene, LN1 donned new gloves and cleaned glucometer with purple top sani-cloth disinfecting wipes. LN1 doffed gloves. LN1 prepared insulin to administer. Without performing hand hygiene, LN1 donned gloves and administered insulin and then doffed gloves and washed her hands. During an interview on 5/7/20 at about 11:15 AM when asked how many times gloves were changed during glucometer check and insulin administration, LN1 stated, several times. When asked how many times LN1 performed hand hygiene for the aforementioned tasks, LN1 stated, oh, I should have done hand hygiene more than I did. I should have washed my hands after changing my gloves. Record review of Medication Administration Record [REDACTED]. Facility policy, Hand Hygiene-CDC Guidelines, undated, showed to provide guidelines for effective hand hygiene, in order to prevent the transmission of bacteria, germs and infections all staff will use the hand-hygiene techniques .always after removing gloves . During interview on 5/7/20 at 12:45 with Director of Nursing (DON), Infection Preventionist (IP) and Administrator, when asked about hand hygiene between glove changes, DON stated that hand hygiene should be done between glove changes. *Cleaning of high-touch items in resident's room Observation on 5/7/20 at 10:20 showed Housekeeper (HSKP)1 in R4's room. HSKP1 sprayed liquid from container labeled Turbo DC spray onto the cloth and then wiped down the door handles in R4's room. HSKP1 continued this same task of spraying and wiping down with other items in R4's room including cupboard, sink counter, walker surfaces, remote control, over bed table, phone, bedside table, bed control. HSKP1 moved from one item to the next within seconds of each other. Record review of Medication Administration Record [REDACTED]. R4 was not on transmission based precautions. Review of Turbo DC spray showed EPA (Environmental Protection Agency) registration number of -93. Review of EPA's List N: Disinfectants for Use Against [DIAGNOSES REDACTED]-CoV-2 (Severe acute respiratory syndrome coronavirus 2 ([DIAGNOSES REDACTED]-CoV-2) is the strain of coronavirus that causes coronavirus disease 2019 (COVID-19), a respiratory illness) showed EPA registration number -93 was effective against the human coronavirus and directed users to follow the disinfection directions and preparation which had a contact time of 10 minutes. During an interview on 5/8/20 at 9:50 AM Housekeeping supervisor stated that Clorox fusion should be used for cleaning and disinfecting high-touch points in the room. Fusion should be sprayed, let it sit there for 30 seconds. When asked how long Turbo DC spray needed to sit for, Housekeeping supervisor stated, 10 minutes. When informed of observation of HSPK1 using Turbo DC spray for cleaning/disinfecting high-touch items in resident's room, Housekeeping supervisor stated that shouldn't have been done because without adequate contact time, the items were not properly cleaned/disinfected. Housekeeping supervisor stated that training informing housekeepers of required contact time was done recently. Review of facility policy, Cleaning Resident Rooms/Apartments/Houses, dated 3/2020, showed damp wipe all high touch areas, all flat surfaces, bedside tables, telephone, coffee table, chairs, stools, ledges, light switches, lamps and spots on walls or cabinets, and door knobs with a hospital-approved germicidal solution. The policy did not show information about contact time.

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