

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>135132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>IDAHO STATE VETERANS HOME - POCATELLO</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1957 ALVIN RICKEN DRIVE POCATELLO, ID 83201</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to follow standard infection precautions when 1 of 3 housekeepers (HK) failed to complete hand hygiene after removing gloves. This failure placed all residents at risk for preventable exposure to infection and the development of disease and infection. Findings include: The facility's policy for Using gloves with a revised date of 4/2020 indicated that the purpose was To provide guidelines for the use of gloves for resident and employee protections .1. Clean glove procedure .g. Perform hand hygiene after removing gloves. Gloves do not replace hand washing .2. Gloves should be used .c. When providing housekeeping for resident areas that may expose staff to potentially infectious materials, such as but not limited to: changing linens, cleaning resident sink areas, bedside tables, wheelchairs, ect .c. Removing gloves .iv. Always remember to perform hand hygiene after removing gloves. The facility's policy for Hand Hygiene with a revision date of 5/2020 indicated that Hand hygiene is a general term that applies to either handwashing (mechanical cleansing using soap and water) or the use of an antiseptic (alcohol-based) hand rub. Hand hygiene is a simple and effective method for preventing the spread of pathogens, such as bacteria [MEDICAL CONDITION] which cause infections. Pathogens can contaminate the hands of staff through direct contact with residents or contact with contaminated equipment and environmental surfaces within close proximity to residents, staff and environmental surfaces .All staff, contractors .are expected to follow the hand hygiene policy . HK1 was observed on 6/24/20 at approximately 10:10 AM on the East Hallway. HK1 was observed putting on gloves, getting a clean rag and spray bottle of bleach out of the housekeeping cart. HK1 took these items into resident room [ROOM NUMBER]. HK1 was observed wiping high-touch areas; picking up trash; and cleaning around the sink area in the resident room. HK1 then brought out the trash emptying it in the housekeeping cart's trash bag, placed the used rag in a plastic bag attached to the cart, and placed the spray bottle back into the cart. HK1 than took a broom-like device and entered the resident room to sweep the floor. HK1 swept the debris to the room entrance and swept the material into a dustpan. HK1 then mopped the floor. HK1 did not change gloves during this observation. After mopping the room, HK1 removed his gloves and walked to another resident room and looked in; HK1 then went back to the housekeeping cart and put on another pair of gloves. HK1 did not wash or use hand sanitizer between glove changes. HK1 then got a clean rag and a spray bottle of bleach and walked to room [ROOM NUMBER]. When HK1 reached room [ROOM NUMBER], a certified nursing assistant stated that the resident needed care; HK1 walked back to the housekeeping cart and returned the rag and spray bottle to the cart. HK1 removed his gloves but again did not complete hand hygiene before leaving the area. HK1 returned to the housekeeping cart at approximately 10:25 AM with a can of window/glass cleaner. HK1 walked down the hall looking into resident rooms. HK1 returned to the cart and put on a pair of gloves, got a rag and a bottle of bleach spray; he then went to room [ROOM NUMBER]. HK1 was observed cleaning room [ROOM NUMBER] much like he had room [ROOM NUMBER] (wiping high-touch areas, emptying trash, cleaning the sink and bathroom area). After mopping room [ROOM NUMBER], HK1 returned the mop to the cart and removed his gloves. No hand hygiene was observed by HK1. HK1 then moved the cart down the hall and looked in other resident rooms. HK1 then left the East hallway and walked to the West hallway. HK1 came back to the East hallway at approximately 10:40 AM with a container of soap, which he took to a resident room. HK1 then returned to the cart where HK1 picked up a soiled rag with his bare hand and placed the rag in a plastic bag attached to the cart. HK1 did not complete hand hygiene after touching the soiled rag. HK1 then left the area. HK1 was observed to be vacuuming on the West hall at approximately 10:55 AM. On 6/24/20 at 2:35 PM, an interview was conducted with the housekeeping supervisor (HKS). The HKS was asked about hand hygiene and glove use. The HKS acknowledged that staff should wash hands after removing gloves or use hand sanitizer. On 6/24/20 at 4:10 PM an interview was conducted with administrative staff. The observations of HK1 were discussed all administrative staff acknowledged that all staff should do hand hygiene after removing gloves.</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.