

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 135076	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OF SUPPLIER MEADOW VIEW NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 46 NORTH MIDLAND BOULEVARD 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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review, and staff interview, it was determined the facility failed to ensure infection control and prevention practices were implemented and maintained consistent with CDC COVID-19 guidance. This was true for 3 of 3 residents (#1, #2 and #3) observed for the use of facemasks. This failure created the potential for negative outcomes by exposing residents to the risk of COVID-19 infection. Findings include: The CDC website, accessed on 9/15/20, Clinical Questions about COVID-19: Questions and Answers stated as part of universal source control measures, all residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room. The CDC Duration of Isolation and Precautions for Adults with COVID-19 recommended all people, whether or not they have had COVID-19, take steps to prevent getting and spreading COVID-19. These steps included washing hands regularly, staying at least 6 feet away from others whenever possible, and wearing facemasks. This guidance was not followed. 1. Resident #2 had a positive COVID-19 test result on 7/29/20 and she was placed in isolation with standard plus droplet precautions (includes hand hygiene; use of gloves, gown, facemask, eye protection, or face shield) on the COVID-19 unit for 14 days. A Nurse Practitioner progress note, dated 8/13/20, documented Resident #2 was asymptomatic throughout her quarantine period and she could be released from quarantine and return to the facility's general population. On 9/14/20 at 12:26 PM, Resident #2 was observed propelling her wheelchair in the facility's C hallway and was not wearing a facemask. On 9/14/20 at 2:35 PM, Resident #2 said she was not required to wear a facemask 2. Resident #3 had a positive COVID-19 test result on 8/12/20 and was placed in isolation with standard plus droplet precautions on the COVID-19 unit for 14 days. A Nurse Practitioner progress note, dated 8/31/20, documented Resident #3 was not immunocompromised and remained asymptomatic throughout her quarantine period. The Nurse Practitioner recommended Resident #3 be released from quarantine and return to the facility's general population. On 9/14/20 at 2:40 PM, LPN #1 was in front of her medication cart by the nurses' station and CNA #1 was sitting at the nurses' station. Resident #3 propelled her wheelchair to the nurses' station and was not wearing a facemask. Resident #3 made a phone call and when she finished she returned to her room. LPN #1 and CNA #1 did not remind Resident #3 to wear a facemask when she came out of her room. 3. Resident #1 had a positive COVID-19 test result on 8/12/20. Resident #1 was moved to the COVID-19 unit and placed in isolation with standard plus droplet precautions for 14 days. Resident #1's record documented she recovered from COVID-19 on 8/27/20. On 9/15/20 at 2:45 PM, Resident #1 was observed in her wheelchair in the facility's C hallway and was not wearing a facemask. Resident #1 said she did not need to wear a facemask anymore. On 9/14/20 at 2:47 PM, CNA #1 in the presence of LPN #1 said Residents #1, #2 and #3 were recovered from COVID-19. CNA #1 said she was told by the DON when a resident recovered from COVID-19 they did not need to wear a facemask. On 9/14/20 at 3:05 PM, the DON said when a resident recovered from COVID-19 they were not required to wear a facemask when they were outside of their room.</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.