

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 135147	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2020
NAME OF PROVIDER OF SUPPLIER MERIDIAN MEADOWS TRANSITIONAL CARE		STREET ADDRESS, CITY, STATE, ZIP 2656 E MAGIC VIEW DRIVE MERIDIAN, ID 83642	
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	<p>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 control program when a staff member did not follow precautions for one out of four residents observed for transmission based precautions. The staff member walked in and out of Resident 3's room, which was under contact precautions, without doffing (removing) contaminated Personal Protective Equipment (PPE). The staff member also placed a contaminated gloved hand inside her pocket to retrieve keys. The failure to maintain contact precautions had the potential to spread an infectious disease to other residents and staff. Findings: Observed stop sign posted on the door of Resident 3's room on 06/17/2020 at 09:50 AM. A cart with PPE was located just outside the room. Observed staff 1, a certified nursing assistant (CNA) on 06/17/2020 at 10:13 AM, exited Resident 3's room, disinfected a pair of goggles, and then proceeded to a sink and washed their hands. CNA1 stated the stop sign indicated the resident was on contact precautions while awaiting test results for bowel problem. Observed Housekeeping Staff 2 as she cleaned Resident 3's room on 06/17/2020 at 10:25 AM. Staff 2 was wearing a mask, a yellow isolation gown, and gloves while she swept just inside the doorway. Staff 2 stepped out of the room, removed gloves, performed hand hygiene, re-gloved and then retrieved a dust pan from the housekeeping cart positioned a couple feet outside of the doorway. Staff 2 did not remove the gown and gloves before exiting the room. Staff then reentered the room, swept the dust into the dust pan, emptied it into a trash can and then stepped out of the room, in full PPE, to replace the broom and dust pan on the cart. Staff 2 then reached under the gown and placed a gloved hand into her right pocket and removed a set of keys. She used the keys to unlock the cart and removed additional supplies. At 10:28 AM she took the supplies into the bathroom. At 10:35 AM Staff 2 exited the room, wearing the gown, gloves and mask. She discarded an item in the housekeeping cart receptacle, removed gloves and performed hand hygiene while standing in the hallway outside of the room still wearing the contaminated gown. Staff 2 opened the cart with the keys and replaced supplies. She returned to Resident 3's room with mopping supplies and finished cleaning the room. She exited the room at 10:40 AM after doffing the isolation gown and gloves in the room, and performed hand hygiene. During an interview on 06/17/2020 at 10:45 AM Staff 2 confirmed Resident 3 was on contact precautions, and described the required PPE was an isolation gown, a mask, and gloves. When asked about the three times she exited the room under contact precautions while still wearing the isolation gown and gloves, she stated but I didn't think anything about it. When asked to clarify if that was the appropriate infection control practice to follow for contact precautions she stated it's just contact. I'm not contaminated. Reviewed Resident 3's electronic health records on 06/18/2020. The Admission Record read Resident 3 was admitted on [DATE] for orthopedic aftercare following a femur fracture. The Order Recap Report revealed and order dated 06/ 0 and read LAB: Send stool sample for Ova and Parasites test. one time only for Unusal (sic) Stool until 6/07/2020 23:59. Two orders dated 06/08/2020 read ALERT CHARTING: Stool collected pending results. Monitor abnormal stools, stool consistency/frequency/ abnormal characteristics, (complained of) GI distress every shift for 3 Days and Maintain Contact isolation precautions (related to) possible parasitic infection every day and night shift. During an interview on 06/17/2020 at 1105 AM the lead housekeeper, Staff 4 stated she had talked with Staff 2 about the appropriate procedures for rooms on transmission based precautions. She confirmed that staff should not go in and out of a room under transmission based precautions while wearing PPE, and said She should take her stuff in the room and not go in and out. During interview with the Director of Nursing (DON) on 06/18/2020 at 11:30 AM, the DON confirmed she was also the Infection Preventionist at the facility. Surveyor informed the DON of observations of Staff 2 entering and exiting a room under contact precautions without doffing the contaminated gown and gloves multiple time, as well as placing a contaminated glove under the gown and into her pocket. The DON stated it was her expectation for staff to follow transmission based precautions, and bring their supplies into the room with them, and not exit the room without doffing PPE. Facility policy implemented on 08/15/2019 and titled Transmission-Based Precautions was reviewed on 06/19/2020. It read in part under the section Policy Explanation and Compliance Guidelines bullet point 3. Contact Precautions- a. Intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the resident or the resident's environment. . d. Donning personal protective equipment (PPE) upon room entry and discarding before exiting the room is done to contain pathogens.</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.