

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 135127	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF SANDPOINT		STREET ADDRESS, CITY, STATE, ZIP 1125 NORTH DIVISION STREET SANDPOINT, ID 83864	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review the facility failed to follow recommended transmission based precautions to prevent the spread of infections while obtaining a finger stick blood glucose reading for a resident with unknown COVID-19 status. Failure to utilize all recommended personal protective equipment (PPE) during the provision of care for a resident on droplet isolation with questionable COVID-19 status has the potential to contribute to the spread that infection to other residents and/or staff. Findings include: Resident 1 is a [AGE] year old male that was admitted into the facility on [DATE]. Some of his multiple [DIAGNOSES REDACTED]. On June 08, 2020 shortly after 4:30 PM Staff 2 was observed completing a finger stick blood sugar reading on Resident 1 who currently was being housed in the COVID-19 isolation unit. Staff 2 put on all PPE except for the eye goggles or face shield. After the procedure was complete Staff 2 was interviewed in the presence of the Director of Nurses (DON) regarding the goggles or face shield. Staff 2 stated she thought the use of her eye glasses was sufficient eye protection. The DON acknowledged Staff 2's misunderstanding and verbally clarified to Staff 2 eye protection (goggles or face-shield) were required. The facility CORONAVIRUS 2019 What you need to know posting /in-service indicates [MEDICAL CONDITION] is thought to spread mainly from person to person: Through respiratory droplets produced when an infected person coughs or sneezes. Another posting used by the facility regarding Droplet Precautions states: -Make sure the eyes, nose, and mouth are fully covered before room entry The facility guidance on Standard and Transmission-Based Precautions (Chapter 4 on page 5 of 26) states: -All residents on the 'unknown' unit will need to be placed in Droplet + Contact precautions +eye protection From that same document on page 8 of 26 it states -NOTE: glasses are not sufficient for protection.</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.