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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 135085 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/17/2020 |
| NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN SOCIETY - BOISE VILLAGE | | STREET ADDRESS, CITY, STATE, ZIP 3115 SYCAMORE DRIVE BOISE, ID 83703 | |
| 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. Based on observation, policy review, and staff interview, it was determined the facility failed to ensure staff performed hand hygiene consistent with infection control standards and the facility's policy. This failure created the potential of exposing residents to the risk of infection from cross contamination including COVID-19. Findings include: The Centers for Disease Control and Prevention (CDC) website, accessed 6/17/20, documented hand hygiene should be performed immediately after removing gloves. The facility's policy for Hand Hygiene and Handwashing, dated 4/14/20, documented, If hands are not visibly soiled or contaminated with blood or body fluids, use an alcohol-based hand rub for routinely cleaning hands. The policy stated hand hygiene should be performed; before having direct contact with residents, after having direct contact with another person's skin, after having contact with body fluids wounds or broken skin, after touching equipment or furniture near the resident/patient, after removing gloves. On 6/16/20 at 11:13 AM, LPN #1 was observed in the Harbor Care unit. LPN #1 was preparing oral medications at the medication cart while wearing gloves. LPN #1 then walked from the nurses' station to a male resident who was sitting at a table in the common area of the unit. LPN #1 administered the oral medication to the resident, using a spoon and what appeared to be pudding. LPN #1 then walked over to a trash can on the farthest side of the unit, removed her gloves, and disposed of the medication cup, spoon, and gloves. LPN #1 did not perform hand hygiene after removing her gloves. She then walked back to the nurses' station and picked up a laptop computer from the medication cart. LPN #1 sat down at the nurses' station and started typing on the laptop computer. Immediately after the observation, LPN #1 said hand hygiene should be performed when hands are soiled, after feeding a resident, after returning from a break, after using the bathroom, and between contact with residents. LPN #1 said she usually wore gloves so her hands were not soiled, and she would just put on a new pair of gloves. LPN #1 said her hands were clean when she put on the gloves and she did not touch anything, so she did not need to perform hand hygiene after she removed the gloves. LPN #1 said she did not perform hand hygiene after she administered the medication and removed her gloves. On 6/16/20 at 3:10 PM, the DON said hand hygiene should be performed after gloves are removed, and it was not acceptable for LPN #1 to walk away without performing hand hygiene after she removed her gloves. | | |
| 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.