

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 135116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2020
NAME OF PROVIDER OF SUPPLIER ROYAL PLAZA HEALTH & REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 2870 JUNIPER DRIVE LEWISTON, ID 83501	
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.</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 maintain transmission based precautions-droplet precautions during 1 of 4 observations of care. This failure potentially placed residents residing on Maple and Tamarac wings at risk for respiratory illness. Findings include; Observation of care on 5/7/20 at 10:26 AM revealed NAC1 prepared to enter R1's room. The resident room had signage on the door that indicated special droplet precautions were required to enter R1's room. NAC1 wore a facemask and correctly donned (put on) PPE (personal protective equipment) including gown, eye protection (goggles) and gloves. After providing care NAC1 removed the gown and gloves in the room. NAC1 exited R1's room wearing the goggles and a mask. NAC1 walked to the Maple Wing nurse station and asked Staff 3 for wipes. NAC1 said she wanted only the red wipes. Staff 3 said the wipes should be in central supply. NAC1 walked down the corridor to Tamarac nurse station carrying a clipboard and equipment to measure vital signs. NAC1 walked to the main nurse station and back to Tamarac nurse station. NAC1 finally located red wipes (germicidal wipes in a red topped container). NAC1 donned gloves and used the wipes to sanitize her goggles while she walked down the hall. NAC1 put the goggles back on, removed the gloves and sanitized her hands. On 5/7/20 at 11:27 AM NAC1 and NAC2 prepared to enter R1's room to provide care. NAC1 and NAC2 properly donned PPE to enter the room and properly doffed (removed) the appropriate PPE when exiting the room. NAC1 and NAC2 sanitized their goggles prior to exiting the room. During an interview on 5/7/20 at 11:50 AM was asked about the process to sanitize her goggles when she completed R1's care this AM at 11:26 AM. NAC1 said bleach wipes were available in R1's room to wipe down the goggles. NAC said she did not want to use bleach. NAC1 said the bleach wipes left a permanent haze or fog on the goggles and NAC1 wanted to keep them clear. When asked about walking through the facility before sanitizing the goggles. NAC1 acknowledged Oh, yes I walked all over and said she should have removed them at the room or used the bleach wipes. NAC1 said she was trained about PPE and isolation precautions and said she knew what to do but just did not think first. Review of admission records revealed R1 readmitted to the facility on [DATE] following a hospitalization for non-COVID pneumonia with acute [MEDICAL CONDITION]. R1 was placed on droplet precautions for a 14-day period following readmission to observe for potential signs or symptoms of COVID-19 infection. The observations and interview findings were shared with the ADON (Assistant Director of Nursing) and Infection Control nurse in an interview on 5/7/20 at 2:00 PM. The ADON said NAC1 told the ADON about searching for wipes with contaminated goggles on. The ADON said NAC1 should have sanitized the goggles before leaving R1's room. The ADON said she reviewed proper procedure with NAC 1. CDC droplet precautions per CDC website: Droplet Precautions. Everyone MUST: make sure their eyes, nose, and mouth are fully covered before room entry. Remove face protection before room exit.</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.