

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>135076</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MEADOW VIEW NURSING AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>46 NORTH MIDLAND BOULEVARD NAMPA, ID 83651</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, nationally recognized standards of practice, and staff interview, it was determined the facility failed to ensure infection control prevention practices were implemented and maintained to provide a safe and sanitary environment. This failure created the potential for negative outcomes by exposing residents to the risk of infection and cross-contamination including COVID-19. Findings include: The website for Disinfectants for use against [DIAGNOSES REDACTED]-CoV-2 (COVID-19), accessed 8/18/20, did not include Spic and Span Antibacterial Cleaner as an approved disinfectant for COVID-19. On 8/18/20 at 10:08 AM, Nurse Manager #1 showed surveyors the communal areas in the COVID-19 unit. She described what surfaces were cleaned with bleach or Virex (a disinfectant). Nurse Manager #1 entered the shower room on the COVID-19 unit with the surveyors. A bottle of Spic and Span Antibacterial Cleaner sat on the shower room sink. Nurse Manager #1 stated We use Virex, not this. We do not use Spic and Span. I don't know why it is here. At 10:30 AM, the Nurse Manager showed Shower Aide #1 the Spic and Span Antibacterial Cleaner and asked if she used it for cleaning in the COVID-19 unit shower room. Shower Aide #1 stated she had used the Spic and Span Antibacterial Cleaner since Sunday, 8/16/20, when she found it in the shower room. She stated she cleaned the whole shower room with the Spic and Span Antibacterial Cleaner after every shower room use. On 8/18/20 at 12:08 the DNS stated the facility does not buy nor stock Spic and Span Antibacterial Cleaner.</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.