

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 505239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER PARK ROSE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3919 SOUTH 19TH STREET TACOMA, WA 98405	
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, interview and record review, the facility failed to ensure that staff practiced appropriate precautions related to infection control and droplet precautions for one of four residents (Resident #1) observed for infection control. This failure placed the residents and staff at risk for exposure to, and the spread of, infectious disease. Findings included . An observation on 03/11/20 at 12:00 PM showed a cart outside of Resident #1's room with a sign which read, Droplet Precautions - Perform hand hygiene before entering and before leaving room - Wear mask when entering room (visitors and health care workers) - Dietary may not enter. The cart had two drawers which contained disposable gloves, surgical masks and gowns. An observation on 03/11/20 at 12:05 PM showed Staff B, Nursing Assistant Certified (NAC), enter Resident #1's room, with a lunch tray, without donning any personal protective equipment (PPE) such as a mask, gown or gloves, and walk through Resident #1's living space to serve lunch to Resident #1's roommate on the other side of the room. A continued observation on 03/11/20 at 12:06 PM showed Staff C, Resident Care Manager (RCM), don a gown, gloves and a mask, and enter Resident #1's room to serve a lunch tray to Resident #1. During an interview on 03/11/20 at 12:18 PM, Staff B, NAC, stated that she did not believe the donning of PPE was necessary when entering Resident #1's room if she was serving a meal tray to Resident #1's roommate, and further stated that she knew to don PPE if she were going to provide direct care to Resident #1. During an interview on 03/11/20 at 12:25 PM, Staff C, RCM, stated that Staff B, NAC, should have donned PPE when entering Resident #1's room, even if she was delivering a meal tray to Resident #1's roommate. During an interview on 03/11/20 at 12:55 PM, Staff A, Director of Nursing (DNS), stated that her expectation was that any staff entering a room that was under droplet precautions should don PPE, regardless of which resident was being assisted, because even walking through the effected resident's living space may expose the staff to contaminated droplets. Reference WAC 388-97-1320 .		
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.