

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 505262	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2020
NAME OF PROVIDER OF SUPPLIER SHORELINE HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 2818 NORTHEAST 145TH STREET SEATTLE, WA 98155	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0838 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>Based on interview and record review, the facility failed to review and update the facility assessment, failed to perform risk assessments, and identify the needed resources to provide the necessary care and services to the residents related to the COVID-19 (a highly communicable infectious illness) pandemic as required. These failure's placed all residents at the facility at risk for harm and unmet care needs. Findings included . A review of the facility assessment, dated 09/11/18, reviewed and revised on 09/18/2018, showed the facility did not conduct, document, and annually review a facility-wide assessment which included information about their resident population and the resources the facility needed to care for their residents. Additionally, the current facility assessment was missing information related to the current COVID-19 pandemic/outbreak. There was no information related to any risk assessments, equipment and supplies needed during the pandemic, such as any personal protective equipment and medical supplies, and/or information about training and competency needed by staff/employees to meet the needs of each resident of the facility. A review of the facility's COVID-19 infection tracking and reporting information from March 2020 to August 06, 2020, showed the facility had two positive cases of COVID-19 (one resident and one staff member). The facility currently placed the entire long-term care units and short-term rehab unit on quarantine (droplet precautions). During multiple interviews on 08/06/2020 from 11:15 AM to 11:55 AM, several staff members, including Staff C Nursing Assistant Certified (NAC), Staff D NAC, Staff E NAC, Staff I NAC, Staff J NAC, Staff G, Licensed Practical Nurse (LPN) and Staff F, Resident Care Manager (RCM)/LPN, stated that they could not recall any specific training related to the required PPE and the required transmission based precautions when caring for the residents in the facility. During an interview on 08/06/2020 at 1:30 PM with the Administrator and the Director of Nursing (DNS), the Administrator stated that the facility assessment had not been reviewed and/or updated as required, and was missing information related to the COVID-19 infection/pandemic. Reference: (WAC) 388-97-1000(1)(a)(b)(c)(d) .</p>		
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 and implement written policies and procedures related to the needed precautions for COVID-19 (a highly communicable infectious illness) prevention, and failed to ensure staff maintained infection control practices to minimize and/or prevent the spread of infection. Additionally, the facility failed to report COVID-19 cases to the state agency as required. These failures placed all residents of the facility at risk for serious harm related to COVID-19 infection. Findings included . According to the Centers for Disease Control (CDC) website, COVID-19 is an illness caused by [MEDICAL CONDITION] (coronavirus) that can spread from person to person. The CDC website also showed that a person can become infected from respiratory droplets when an infected person coughs, sneezes or talks. Symptoms of COVID-19 included: Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting and Diarrhea. The CDC guidelines for COVID-19 showed: Residents with known or suspected COVID-19 should be cared for using all recommended PPE (Personal Protective Equipment), which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (such as goggles or a disposable faceshield that covers the front and sides of the face), gloves, and gown. Healthcare Personnel (HCP): HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (such as blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). During an interview on 08/06/2020 at 11:00 AM, the Administrator stated that the facility's entire second floor was on quarantine due to possible COVID-19 exposure, and all healthcare personnel (HCP) entering the second floor were required to wear full PPE that included a face shield or eye covering, face mask, gown, and gloves. A review of an undated/untitled policy and procedure displayed at the facility's elevator and second floor entrance door showed, You are entering a Quarantined Unit, please make sure to perform hand hygiene and don (put on) appropriate PPE. The policy showed that HCPs were to perform hand hygiene and put in the following PPE while in the area: A. WASH or GEL HANDS (even if gloves used), B. Gown C. Mask and eye cover D. Gloves The policy also showed, The Unit is on Droplet and Contact Precaution, Please follow droplet and contact precautions with all residents. FAILURE TO IMPLEMENT TRANSMISSION BASED PRECAUTIONS Second floor/long term care units Observation on 08/06/2020 at 11:15 AM showed Staff A, Administrative Assistant/Receptionist and Staff B, Housekeeping Aide, on the second floor without wearing a gown, gloves and face/eye shields. During an interview at the time of the observation, Staff A and Staff B both stated that they were aware of the facility's second floor being on droplet precautions. Staff B stated that she was not sure what was the needed PPE when she was only in the hallway. Observations on 08/06/20 from 11:15 AM to 11:45 AM showed the following staff members were not wearing gloves and face shields/eye covers when entering residents' rooms and providing direct patient care/contact: A. Staff C, Nursing Assistant Certified (NAC) delivered lunch trays/meals to multiple residents on the second floor area without wearing appropriate PPE. Staff C had contact with the residents' environment, such as the bedside tables and call lights, and was within 6 feet of the resident during these encounters. Staff C was not wearing face shield/eye covers and gloves. B. Staff D, NAC delivered lunch trays/meals to multiple residents on the second floor area without wearing appropriate PPE. Staff D had contact with the residents' environment, such as the bedside tables and call lights and was within 6 feet of the resident during these encounters. Staff D was not wearing face shield/eye covers and gloves. C. Staff E, NAC delivered lunch trays/meals to multiple residents on the second floor area without wearing appropriate PPE. Staff E had contact with the resident environment, such as the bedside tables and call lights and was within 6 feet of the resident during these encounters. Staff E was not wearing face shield/eye covers and gloves. D. Staff I, NAC delivered lunch trays/meals to multiple residents on the second floor area without wearing appropriate PPE's. Staff I had contact with the resident environment, such as the bedside tables and call lights and was within 6 feet of the resident during these encounters. Staff I was not wearing face shield/eye covers and gloves. E. Staff J, NAC delivered lunch trays/meals to multiple residents on the second floor area without wearing appropriate PPE's. Staff J had contact with the resident environment, such as the bedside tables and call lights and was within 6 feet of the resident during these encounters. Staff J was not wearing face shield/eye covers and gloves. These observations also showed Staff C, Staff D, Staff E, Staff</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>I, and Staff J were wearing disposable gowns. All staff members wore the same disposable gowns in-between residents contact/care without any type of cleaning/disinfection process. This practice increased the likelihood for cross-contamination. During an interview on 08/06/20 at 11:20 AM, Staff C NAC, stated that she wore the same gown throughout the shift and only changed it as needed. Staff C stated that she was not aware of any type of cleaning and/or disinfection process for the disposable gowns and she was only following what others were doing. Staff C stated that she was aware she needed to wear a face shield/eye cover while on the unit or when entering residents' rooms. Staff C also stated that she could not recall any specific training related to the required PPE and the required transmission-based precautions in the unit. During an interview on 08/06/20 at 11:25 AM, Staff D NAC stated that she wore the same gown throughout the shift and only changed it as needed. Staff D stated that she was not aware of any type of cleaning and/or disinfection process for the disposable gowns and she was only following what others were doing. Staff D stated that she was aware she needed to wear a face shield/eye covers while on the unit or when entering resident rooms. Staff D also stated that she could not recall any specific training related to the required PPE and the required transmission based precautions in the unit. During an interview on 08/06/20 at 11:30 AM, Staff E NAC stated that he wore the same gown throughout the shift and only changed it as needed. Staff E stated, she was not aware of any type of cleaning and/or disinfection process for the disposable gowns and she was only following what others were doing. Staff E stated, she was aware she needed to wear a face shield/eye cover while on the unit or when entering resident rooms. Staff E also stated that he could not recall any specific training related to the required PPE and the required transmission based precautions in the unit. During a joint interview on 08/06/2020 at 11:35 AM, Staff I NAC and Staff J NAC, both stated that they wore the same gown throughout the shift and only changed it as needed. Staff I and Staff J both stated that they were not aware of any type of cleaning and/or disinfection process for the disposable gowns. Both staff members stated that they were not aware they needed to wear a face shield/eye covers while on the unit or when entering resident rooms and they could not recall any specific training related to the required PPE and the required transmission based precautions in the unit. Observation on 08/06/2020 at 11: 45 AM showed Staff G, Licensed Practical Nurse (LPN) entered room [ROOM NUMBER] and provided direct patient care to the resident without wearing a face shield or an eye covering. The room had a sign that showed droplet precautions. The sign showed droplet precautions included wearing eye protection and/or a face shield when entering the room. Additionally, Staff G left room [ROOM NUMBER] wearing the same disposable gown and provided care/administered medications to other residents in rooms #206 and #225. During an interview on 08/06/2020 at the time of the observation, Staff G, LPN stated that she knew she needed to wear a face shield and/or an eye cover, however she did not do so. Additionally, Staff G stated that she was not aware of any type of cleaning and/or disinfection process for the gowns and she could not recall any specific training related to the required PPE and the required transmission based precautions in the unit. FIRST FLOOR/SHORT STAY-REHAB UNIT During an interview on 08/06/20 at 11:00 AM, the Administrator stated that the facility's first floor, East nursing station was on quarantine for all new admissions. All the residents on the unit were on droplet precautions and were being monitored for COVID-19 symptoms. The Administrator stated that all HCP were required to wear full personal protective equipment (PPE) that includes a face shield or eye covering, face mask, gown and gloves when entering the resident room. A review of the facility's Special Droplet/Contact Precautions procedure showed, Everyone must clean hands when entering and leaving room, wear mask, wear eye protection, gown and gloves and to keep door closed. Observation on 08/06/20 at 11:50 AM showed Staff L NAC, enter rooms #122, #116, and #115 without wearing a face shield and/or eye cover. Staff L provided direct resident care and assisted each resident with meal trays without wearing appropriate PPE. Additionally, Staff L provided direct patient care to each resident without doing any form of hand hygiene. In addition, all the resident room doors in the unit were wide open. During an interview on 08/06/2020 at the time of the observation, Staff L NAC stated that she knew what the precautions were and that she needed to wear a face shield and/or eye cover when providing resident care. However, Staff L stated that she had left her eye covers/shield in the charting area and forgot to wear them. Staff L also stated that she should have performed hand hygiene in-between residents and before leaving the resident rooms. FAILURE TO REPORT COVID-19 CASES TO THE STATE AGENCY AS REQUIRED During an interview and record review on 08/06/2020 at 11:00 AM, the Administrator stated that the facility had one resident and one staff member who had tested two positive for COVID-19. The facility was notified of those positive COVID-19 test results on 07/31/20. The Administrator stated that the facility did not report the positive COVID-19 cases to the state agency as required. A review of all complaints/reports reported to the state reporting hotline from 07/01/2020 to 08/06/2020 showed no evidence of a COVID-19 report from the facility as required. FAILURE TO PROTECT FOOD ITEMS/FOOD FROM CONTAMINANTS</p> <p>Observations on 08/06/2020 from 11:15 AM to 12:15 PM showed the meal trays for residents on both the first and second floor residents were not properly covered to protect them from contaminants, dusts and germs. The meal trays showed that the vegetable plates, fruit bowls and cake desserts were not covered coming from the kitchen. Staff would remove the food trays from the carts, walked in the hallway, and delivered these food items to the residents without covers. Both the first and second floor of the facility required transmission-based precautions (droplet precautions) related to the prevention of COVID-19. During an interview on 08/06/2020 at 11:25 AM, Staff D NAC stated that she was not sure why the food was not covered. Staff H stated that all food items should have been covered to protect the the food from contaminants, germs and potential droplet particles that could have been present in the air. During a joint interview on 08/06/2020 at 11:35 AM, Staff I NAC and Staff J NAC, both staff members stated they were not sure why the food was not covered. Both Staff I and Staff J stated that all food items should have been covered to protect the the food from contaminants, germs and potential droplet particles that could have been present in the air. During an interview on 08/06/2020 at 11:50 AM, Staff H, LPN, stated that she was not sure why the food were not covered. Staff H stated that all food items should have been covered to protect them from contaminants, germs and potential droplet particles that could have been present in the air. During an interview on 08/06/2020 at 1:30 PM, the Administrator and the Director of Nursing (DNS) both stated that the policies and procedures related to the required precautions, PPE, hand hygiene, and infection control should have been followed by all staff members. Both the Administrator and the DNS stated that they would immediately re-educate the staff about these concerns and ensure all staff understood the infection control guidelines needed to prevent and minimize the risk of infection and possible exposure to COVID-19 by both staff and residents. Reference: (WAC) 388-97-1320 (1)(a)(b)(2)(a)(b)</p>		