

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 505412	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2020
NAME OF PROVIDER OF SUPPLIER COLVILLE TRIBAL CONVALESCENT C		STREET ADDRESS, CITY, STATE, ZIP PO BOX 150 NESPELEM, WA 99155	
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 - 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 ensure infection control interventions, intended to mitigate the risk for spread of coronavirus ([MEDICAL CONDITION]) which causes COVID-19) infections, were consistently implemented. Additionally, the facility failed to develop policies and procedures to direct staff, related to the frequency of changing and/or sanitizing facemasks. These failures placed all residents and staff at the facility at risk for contracting COVID-19, during a global pandemic. Findings included . On 07/21/2020, an anonymous reporter stated that some staff at the facility refused to wear facemasks, and frequently removed their masks when Staff A, Administrator, left the building. Additionally, the reporter stated that a staff member who frequented crowded community spaces, refused to be tested for coronavirus, in spite of the mandate for all residents and staff of long-term care facilities to do so. Per interview, the reporter further expressed concern that this practice placed all residents and staff at risk for contracting the COVID-19 virus. During an observation on 07/28/2020 at 12:15 PM, Staff B, Licensed Practical Nurse, was sitting at the nurses station/front desk, with a cloth face mask tied behind her head, above her ears. The mask was not tied at the bottom, and was hanging down below the level of her chin. A resident was seated on the other side of the desk within two feet of Staff B. Upon seeing the surveyor in the building, Staff B placed the face mask over her nose and mouth, but did not tie it at the bottom, leaving it unattached (and improperly worn). In a concurrent observation and interview on 07/28/2020 at 12:50 PM, Staff B's face mask covered her mouth, but not her nose, and was still untied at the bottom. The resident was still present beside Staff B on the other side of the desk, and Staff A, Administrator, was seated next to Staff B behind the desk. When asked if she was aware of how and when the face mask was supposed to be worn inside long-term care facilities, Staff B quickly pulled the mask up over her nose and stated, I am supposed to wear it over my mouth and nose, I have to wear it in residents' rooms, and if residents are within six feet of me. When asked if the resident on the other side of the nurse's station was within six feet of her, she acknowledged the resident was. On 07/28/2020 at 12:20 PM, Staff C, Housekeeping, was cleaning a resident's room with a disposable face mask hanging from one ear, not covering his face. Upon seeing the surveyor, Staff C placed the mask appropriately over his face. The resident was not present in the room while it was being cleaned. In an interview on 07/28/2020 at 1:00 PM, Staff C stated that he was supposed to wear the face mask at all times while he was in the building. When asked how frequently he needed to change the mask, he stated daily. During a concurrent observation and interview on 07/28/2020 at 12:30 PM, Staff D, Kitchen Manager, was wearing a disposable face mask over her mouth, but her nose was uncovered. She was seated in an office, with the door open to a main hallway. Staff D stated I will be honest, it is too hot in the kitchen to wear this mask. Staff D acknowledged she was aware she was supposed to wear the mask over her nose and mouth, but stated that she was confused as to when she was supposed to have the mask on. Additionally, when asked how frequently she was supposed to change the mask, Staff D stated that she wasn't sure, but thought it was once a day. In an interview on 07/28/2020 at 1:10 PM, Staff E, Nursing Assistant, was wearing a cloth face mask. When asked how frequently she needed to change and/or sanitize it, she stated that she was unsure, but stated she washed it at night, when needed. In an interview on 07/28/2020 at 1:15 PM, Staff F, Activities Assistant, was wearing a disposable face mask. When asked how frequently she was supposed to change the mask, she stated that she had just started working at the facility, and was unsure how often, but thought she should change it after she went on breaks. A review of an untitled facility document dated 06/11/2020, showed staff were instructed to wear a face mask at all times while they were in the facility. The document did not show policies or procedures related to how frequently staff needed to change and/or sanitize the face masks. In an interview on 07/28/2020 at 1:30 PM, Staff A, Administrator, confirmed the lack of information in the policy, related to changing and/or sanitizing face masks. Additionally, she stated that she had to post additional reminders for staff to keep their face masks on, and had initiated disciplinary action for staff seen not wearing them appropriately. Staff A further stated that Staff B was given written notice to be tested for coronavirus by 07/30/2020, or she would not be allowed in the building until she was tested . Staff A stated that none of the residents or staff in the building had tested positive for [MEDICAL CONDITION], and no one had any signs or symptoms of respiratory illness at the time of the investigation. Reference: (WAC) 388-97-1320 (2)(a)</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.