

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 505527	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2020
NAME OF PROVIDER OF SUPPLIER PRESTIGE POST-ACUTE AND REHAB CENTER - EDMONDS		STREET ADDRESS, CITY, STATE, ZIP 21008 76TH AVENUE WEST EDMONDS, WA 98026	
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 - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow written policies and procedures and current professional standards of practice and failed to ensure staff consistently maintained infection control practices to minimize the risk and prevent the spread of infection related to the use of personal protective equipment (PPE). The facility failed to ensure staff performed hand hygiene in-between provision of resident care and services and after contact to a potentially contaminated object. These failures placed residents at risk for harm and acquiring serious infection. Findings included . A review of the facility policy titled, Coronavirus COVID-19, dated 03/16/2020, showed the center follows current CDC (The Centers for Disease Control) guidelines and recommendations to minimize exposure to respiratory pathogens including [MEDICAL CONDITION] that causes COVID-19. The policy directed facility staff to: A. Hand Hygiene: Staff should perform hand hygiene before and after all patient contact, contact with potentially infectious materials, and before putting on and upon removal of PPE, including gloves. B. PPE: Gowns - Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Eye protection (a face shield) - Reusable eye protection must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to reuse. An observation on 07/14/2020 at 11:22 AM showed Staff A, Housekeeping aide (HA), cleaning room [ROOM NUMBER]. The room had a sign that showed the resident was on droplet precautions. Staff A was wearing full PPE, including a face shield, mask, a disposable gown, and gloves. When finished cleaning the room, Staff A removed her gloves, washed her hands in the resident's bathroom, and left the room. However, Staff A was still wearing her disposable gown when she exited the room. Staff A walked into the hallway, removed her contaminated gown, and placed the gown into a garbage bag on the housekeeping cart. Shortly after removing her contaminated gown, Staff A entered another resident room, room [ROOM NUMBER], without performing any form of hand hygiene. Additionally, Staff A did not clean and/or sanitize her face shield in between rooms #309 and #308. A similar observation on 07/14/2020 at 11:35 AM showed Staff A exit from room [ROOM NUMBER] while wearing the contaminated gown she had on while cleaning in the room, walk in the hallway, remove her contaminated gown, and disposed the gown into a garbage bag on the housekeeping cart. Staff A then entered room [ROOM NUMBER] without performing any form of hand hygiene and without cleaning her face shield. During an interview on 07/14/2020 at the time of the observation, Staff A stated that she should have cleaned her face shield and washed her hands in-between patients. However, she stated she was not sure where to discard her gown as she had been trained to remove and discard her gown outside the room using the housekeeping cart. An observation on 07/14/2020 at 12:10 PM showed Staff B, HA, cleaning room [ROOM NUMBER]. The room had a sign that indicated the resident was on droplet precautions. Staff B was wearing full PPE, including a face shield, mask, a disposable gown and gloves. Staff B left the room, walked in the hallway and removed her contaminated gown, gloves and face shield, and disposed the PPE into a garbage bag on the housekeeping cart. Shortly afterwards, Staff B re-entered room [ROOM NUMBER] while wearing only her face mask, went to the bathroom and took some paper towels and hand sanitizer from the bathroom. Staff B used the paper towel and hand sanitizer to wipe off her face shield. Then on 07/14/2020 at 12:17 PM, Staff B entered another resident room, room [ROOM NUMBER], without performing any form of hand hygiene. During an interview on 07/14/2020 at the time of the observations, Staff B stated that she was not sure where to remove and throw away her contaminated gown, gloves and face shield. Staff B also stated that she had used paper towels and hand sanitizer to clean her face shield because she was not sure what to use. According to Staff B, she should have washed her hands before and after she removed her gloves and in-between patient rooms. Staff B further stated that she should not have removed her face shield when entering an isolation room. During an interview on 07/14/2020 at 12:30 PM with the Director of Nursing (DNS), Staff C, Housekeeping Supervisor and Staff D, Infection Control Nurse, the DNS stated that contaminated PPE should have been removed and discarded before leaving a resident's room to minimize the risk of cross contamination. The DNS also stated that staff were trained to perform hand hygiene before and after all resident contact, after contact with potentially infectious materials, and before putting on and upon removal of PPE. According to the DNS, staff should be cleaning and sanitizing their face shields using bleach wipes, and she was not sure why staff were not following those instructions. The DNS further stated that she would immediately re-educate and train staff about these infection control concerns. Reference: (WAC) 388-97-1320(1)(a)(2)(b)(5)(e)</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.