STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505311	A. BUILDING _____ B. WING _____	**06/26/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SEATTLE MEDICAL POST ACUTE CARE	**555 16TH AVENUE SEATTLE, WA 98122**

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 staff consistently maintained face mask infection control practices to prevent the spread of COVID-19 and other respiratory infections when going in and out of resident rooms or providing care for two of two residents(#1, #2). This failure placed residents at risk for potential COVID-19 infection and other serious respiratory infections. Findings included . The Centers for Disease Control website stated the following regarding COVID-19 infection: a. You could spread COVID-19 to others even if you do not feel sick. b. The cloth face cover is meant to protect other people in case you are infected. c. Everyone should wear a cloth face cover in public settings and when around people who don't live in your household, especially when other social distancing measures are difficult to maintain. d. Currently, surgical masks and N95 respirators are critical supplies that should be reserved for healthcare workers and other first responders. Review of the facility policy titled COVID-19 Policy and Procedure dated 5/13/2020 showed the following regarding the use of face masks to prevent the spread of COVID-19. Respirator or Facemask: a. The PPE (personal protective equipment) recommended when caring for a patient with known or suspected COVID-19 includes an N95 respirator facemask. b. Based on local and regional situation analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand, during this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP. c. See Optimizing Supply of N95 Checklist and Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19. d. When the supply chain is restored, Centers should return to use of respirators for patients with known or suspected COVID-19. e. Do NOT TOUCH the front of the respirator! It may be contaminated. The policy did not state any information of when staff members should wear face masks to protect residents or other staff members from COVID-19 infection. During an interview on 06/23/20 at 2:08 PM, the Director of Nursing Services (DNS) stated that staff were required to wear a facemask at all times while in the facility. He stated and pointed out designated areas at the nurse's station where staff could take a Personal Protective Equipment (PPE) break, but PPE breaks was confined to only to those specific areas. A joint observation with the DNS at 2:10 PM showed Staff B, Nursing Assistant Certified (NAC) exiting Resident #1 and #2's room. Staff B was wearing gloves, but had his face mask pulled down resting below his chin, exposing his mouth and nose. The DNS stated the staff member should have had his mask on while in the residents' room and was not sure why the staff member did not have his mask on while in the residents' room. During a joint interview with the DNS and Staff B at 2:15 PM, Staff B stated that he was aware that he was to have his mask on while attending to the residents and stated he pulled down his mask because he needed to take a breath. Staff B stated that he was aware of the importance of adhering to the facility infection control procedures to protect residents and other staff members from exposure to possible COVID infection. The DNS stated more education was needed. Reference (WAC) 388-97-1320 (2)(a)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE