STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505344	A. BUILDING _____ B. WING _____	04/06/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CANTERBURY HOUSE	502 29TH STREET SOUTHEAST AUBURN, WA 98002

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record reviews the facility failed to operationalize their infection prevention and control program to provide a safe, sanitary environment, and to help prevent the development and transmission of communicable diseases and infections, in particular COVID-19. Specifically, the facility failed to notify the Department of symptomatic residents and staff, to notify the Department that a health care provider with access to residents tested positive for COVID-19, and failed to ensure staff followed posted precautions. These failed practices placed residents and staff at risk of contracting COVID-19. Findings Included. On March 4th 2020 C[CONDITION] (Center for Medicare & Medicaid Services) released a transmittal to nursing homes that directed nursing homes to monitor the CDC (Center for Disease Control) website which included a link to CDC. Upon clicking on the link it directs the facility to a Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings This checklist should be used as one tool in developing a comprehensive COVID-19 response plan. The checklist did not describe mandatory requirements or standards; rather, it highlights important areas to review to prepare for the possibility of residents with COVID-19. In general, when caring for residents with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless the suspected [DIAGNOSES REDACTED].g., [MEDICAL CONDITION]). This includes restricting residents with respiratory infection to their rooms. If they leave the room, residents should wear a facemask (if tolerated) or use tissues to cover their mouth and nose. A [DATE] letter to Long-Term Care Facility Director, from WA (Washington) State DOH (Department of Health), instructed the facility to Immediately notify the health department about anyone with COVID-19 or if you identify two or more residents or healthcare providers who develop respiratory infections within a week. REPORTING On 03/30/2020 the Department became aware that the facility medical provider was positive for COVID-19. During a interview on [DATE] at 11:00 AM, a collateral contact stated that the medical provider knowingly placed residents in more than one facility at risk of being exposed to a [MEDICAL CONDITION] infection. In an interview on 03/31/2020 at 3:50 PM Staff A, Administrator, stated that the facility was aware a medical provider had active [MEDICAL CONDITION] disease on 03/18/2020. According to Staff B, Director of Nursing and Staff C, Infection Control Director, interviewed on [DATE] at 4:55 PM, the facility was aware the medical provider had active disease on 0[DATE]20. Staff A and Staff B, interviewed on [DATE] at 4:55 PM, stated that, the facility did not, but should have reported to the Department. Review of the facility's March Isolation Log And Monitoring Tool revealed the following residents exhibited symptoms of [MEDICAL CONDITION] and were placed on isolation on the dates listed: Resident #1, #6 & #9 (03/04/2020), #2 (03/05/2020), #7 (03/06/2020), #3 (03/09/2020), #8 ([DATE]20), and #4 & #5 (03/24/2020). The Department was not notified of possible cases of COVID-19 until 03/31/2020. The report listed only Resident #s 5, 6, 8 & 9, and Staff #E, F, & G. Review of the Long Term Care Respiratory Surveillance Line List for Staff showed: Staff D, Nursing Assistant (NA) exhibited symptoms and west tested on [DATE], Staff E, NA exhibited symptoms on 03/19/2020 and was tested for COVID-19 on 03/26/2020, Staff F exhibited symptoms and was tested for COVID-19 on 03/26/2020, and Staff G exhibited symptoms and was tested on [DATE]. Staff A and Staff B, interviewed on [DATE] at 1:40 PM, stated that, the facility did not report potential resident and staff cases of [MEDICAL CONDITION] infections to the Department timely. TRANSMISSION BASED PRECAUTIONS Observations were conducted on 04/06/2020 from 1:45 PM until 3:00 PM with Staff C. During an interview Staff C stated that residents were on Extended Precautions. Review of the POS [REDACTED].e. face shield or goggles), gown, and gloves. RESIDENT #10 Resident #10's room was observed with posted Precautions and an Infection Control (IC) cart in front of the door. Staff C stated that Resident #10's COVID-19 test results were pending. Staff H, NA, was observed to enter Resident #10's room without eye protection of goggles or a face shield. After provision of care, Staff H exited the resident's room still wearing a gown and gloves. Staff C cued Staff H to remove PPE in thee resident's room before exiting. Staff H returned to the room, then reached out to the IC cart, opened the lower drawer and retrieved a red disposal bag. Staff H then put the PPE in the red bag, removed gloves and left the room with the bag. Staff H stated that she intended to dispose of the bag and then wash hands. Staff C instructed Staff H to perform hand hygiene prior to leaving the room. Staff K, Licensed Practical Nurse (LPN), was observed to donn PPE and entered Resident #10's room without eye protection, and having left the top drawer of the IC cart open. During an interview after exiting the room, Staff K indicated his eye protection was the prescription eye glasses he was wearing. RESIDENT #4 Resident #4's room was observed with posted Precautions and an IC cart in front of the door. Staff H and Staff I, LPN were observed to donn PPE and enter Resident #4's room without eye protection of goggles or a face shield. When questioned at that time, Staff C stated, We have available face shields but they're in the isolation room. When informed the posted precautions instructed staff to wear eye protection, Staff C stated, ok.' During an interview, Staff I stated, I had eye protection and pointed to prescription eye glasses, which provide insufficient protection. Staff C acknowledged staff needed additional training. Staff C responded to Resident #4's call light and stated that the resident requested urine drained from bag. Staff C was observed to donn PPE and enter the resident's room without eye protection. RESIDENT #11 Resident #11's room was observed with posted Precautions and an IC cart in front of the door. Staff C stated that Resident #11 exhibited a fever and cough this morning and was now placed on precautions. Staff C stated that Resident #11 was swabbed and the test was pending pick up from the laboratory. Staff J, NA was observed to donn PPE and enter Resident #11's room. Staff J was not wearing eye protection. RESIDENT #5 Resident #5's room was observed with posted Precautions and an IC cart in front of the door. RESIDENT #12 Resident #12's room was observed with posted Precautions and an IC cart in front of the door. Staff C stated that Resident #12 was exposed. No eye protection was observed in the IC cart. RESIDENT #13 Resident #13's room was observed with posted Precautions and an IC cart in front of the door. Staff C stated that Resident #13 was potentially exposed as Resident #13 had been roommates with Resident #10. No eye protection was observed in the IC cart. Staff A was informed the staff failed to wear eye protection when entering resident's rooms as directed on the posted precautions. Staff A stated, I just got a delivery of goggles. Staff C stated that there were goggles in the isolation supply room. Prior to leaving the facility, Staff L, NA, Central Supply, was observed to stock one pair of goggles in all IC carts in use. Refer to WAC 388-97-1320(1)(a)(2)(a)(b)(c) .

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.