STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505331	A. BUILDING _____ B. WING _____	06/03/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BROOKFIELD HEALTH AND REHAB OF CASCADIA	510 NORTH PARKWAY BATTLE GROUND, WA 98604

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	**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 establish and maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of communicable diseases and infections when the facility failed to follow manufacturer's instructions for products used for cleaning and disinfecting high-touch items in 1 of 1 resident (R) (R2) room cleaning observed. The cleaning and disinfecting product was used for cleaning high-touch items in all resident rooms. In addition, the facility failed to establish a system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility and ensure antibiotic stewardship to optimize infection control. The facility's infection control logs for April 2020 and May 2020 showed the facility failed to accurately track and trend infections of the residents in the facility and facilitate antibiotic stewardship. In addition, process surveillance did not include housekeeping and dietary staff. These failures represented systemic failures which increased the risks for the spread of communicable diseases and infections amongst residents and staff. Findings include: During an interview on 6/3/20 at 9:00 AM Administrator and Director of Nursing (DON), who was also the facility's Infection Preventionist (IP) stated that facility census was 42, facility was still admitting residents, the facility had no current COVID-19 positive residents or staff. It was further stated, none of staff had been tested for COVID-19 but all were asymptomatic. New residents admitted to the facility are tested negative for COVID-19 prior to admission and these residents, as well as residents who go out in the community for [MEDICAL TREATMENT] are placed in quarantine and reside in dedicated area of the facility. 1. Infection surveillance Review of facility policy, Surveillance of Healthcare Associated Infection, revision date 11/28/19, showed Infection Prevention and Control Plan includes surveillance that investigates, prevents and controls infections .Surveillance is used to determine baseline, detect and investigate clusters or outbreaks, identify organisms and diseases of epidemiological importance .to prevent their spread. Sources of surveillance data includes reports generated by the laboratory. Review of facility policy, Antibiotic Stewardship, dated 10/1/17, showed the facility's Infection Preventionist utilizes microbiological, clinical symptoms and radiological findings to confirm clinical evidence of infection. Coordinates facility-wide monitoring and prevention of healthcare-associated infection and audits, analyzes and reports data associated with microbiology culture results to determine if there is an active infection, validates licensed practitioners prescribe antibiotics only when the definition of an active infection exists and/or culture results indicates an active infection, and validates antibiotics are ordered for the shortest duration possible while still being clinically appropriate. The IP reviews culture and sensitivity reports routinely as part of the surveillance of infection .tracks how and why antibiotics are prescribed. Review of facility's Outbreak Surveillance Form (for Residents), undated, the onset dates showed all occurred during the month of April, showed resident's name, onset date, symptoms, if fever: max(imum) temp(erature), case with Y(es) or N(o) entry, specimen collection date/date submitted and result and symptom duration(days). The form did not identify if infection was healthcare acquired infection or community acquired infection. Five residents were listed. Under the column specimen result the form showed possitve (sic) for R6 and c.diff ([MEDICAL CONDITION] results from disruption of normal healthy bacteria in the colon, often from antibiotics) for R7. The form was blank without any information for the specimen result shown for the other three residents. The log failed to document if the ordered antibiotic was appropriate to treat the infection or if, and when, the infection was resolved. The April 2020 report also included a map of the facility color coded with type of infection, but there was no organism identified on the map and therefore the facility map was very limited to assess the potential relationship and spread of infection in the facility. Review of facility's Outbreak Surveillance Form (for Residents), undated, the onset dates showed all occurred during the month of May, showed resident's name, onset date, symptoms, if fever: max(imum) temp(erature), case with Y(es) or N(o) entry, specimen collection date/date submitted and result and symptom duration(days). The form did not identify if infection was healthcare acquired infection or community acquired infection. Five residents were listed. The form was blank without any information for the specimen result shown for the all five residents. R11 was shown to have a fever with 5/8 onset date but nothing was entered, the form was blank, for column if fever: max(imum) temp(erature). The log failed to document if the ordered antibiotic was appropriate to treat the infection or if, and when, the infection was resolved. The May 2020 report also included a map of the facility color coded with type of infection, but there was no organism identified on the map and therefore the facility map was very limited to assess the potential relationship and spread of infection in the facility. During a concurrent record review and interview on 6/3/20 between 1:40 PM and 2:00 PM with DON/IP when asked if the organism or pathogen for each infection was known and where it was captured, DON/IP looked at the attached pages to the report which showed R6 had a laboratory results report for urine collected on 4/9/20 with greater than 100,000 Escherichia coli isolated. The Outbreak Surveillance showed R6 had increased confusion on 4/8/20. The Outbreak Surveillance form did not show R6 had a urinary tract infection or the type of infection. The infection type instead was noted on the facility map. R6's laboratory report also showed the antibiotics that the organism in R6's urine was susceptible to and therefore would have been effective in treating the infection. Review of the Outbreak Surveillance Form and R6's Medication Administration Record [REDACTED]. When asked if the IP's role was to identify if the appropriate antibiotic was being prescribed and if it wasn't the appropriate antibiotic, discuss with prescribing physician, as necessary. IP stated yes. When asked if IP discussed R6's antibiotic with prescribing physician, IP stated, no. When asked if R7 had c.diff as shown on the Outbreak Surveillance report, IP shook her head and stated that that was an error. When asked if the organism or pathogen for R7 was known or captured, IP looked at the attached pages to the report which showed R7 had a laboratory results report on 4/27/20 for urine showing greater than 100,000 Escherichia coli isolated. The Outbreak Surveillance under symptoms showed on admission was entered and no symptoms were entered with date of onset shown as 4/28/20. The Outbreak Surveillance form did not show R7 had a urinary tract infection or the type of infection. The infection type instead was noted on the facility map. R7's laboratory report also showed the antibiotics that the organism in R7's urine was susceptible to and therefore would have been effective in treating the infection. Review of the Outbreak Surveillance Form and R7's Medication Administration Form and R7's Medication Administration Record [REDACTED]. During the same interview, when asked about process surveillance, IP stated that observations and audits for personal protection equipment donning and doffing, hand sanitizing and hand hygiene is done for nursing staff. When asked if process surveillance includes laundry, housekeeping and dietary staff, IP stated, no. Record review of Medication Administration Record [REDACTED]. R6 was not on transmission based precautions. Record review of Medication Administration Record [REDACTED]. 2. Room cleaning Observation on 6/3/20 between 10:00 AM and 10:20 AM showed Housekeeper (HSKP)1 enter R2's room. HSKP1 bagged trash and then grabbed a cloth from plastic bag on housekeeping cart filled with multiple cloths, and then squeezed liquid out of the cloth. HSKP1 stated that the cloths were soaked in Virex solution which was already mixed and filled in janitorial closet at the beginning of the shift. HSKP1 wiped several items with the wet cloth including R2's bathroom grab bars, toilet flusher, face of toilet bowel, toilet seat, and toilet bowel rim. HSKP1 continued cleaning

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	(continued... from page 1) resident room and wiped over bed table, tv remote control, mobility bars, and hand sink counter top with Virex cloth. Surveyor touched mobility bars about one minute after HSKP1 wiped mobility bars and the mobility bars were no longer wet. HSKP1 stated that these items needed to be wiped down because it was high contact items. During an interview on 6/3/20 at 10:20 AM in janitorial closet, HSKP1 showed surveyor container used to fill plastic bag to wet Virex cloths for cleaning high-touch items in resident rooms. The container label showed Virex II 256 one step cleaning and disinfectant For Use as a One-Step Cleaner/Disinfectant: Apply use solution to hard, non-porous environmental surfaces. To disinfect, all surfaces must remain wet for 10 minutes. When asked if the items wiped with Virex cloth remained wet for 10 minutes, HSKP1 stated, no. When asked how long housekeeper thought items wiped with Virex cloth stayed wet for, HSKP1 stated that maybe a few minutes at most, because the items dry pretty fast. HSKP1 stated that he was trained by HSKP manager and was trained to use Virex cloth to clean high-touch items but wasn't trained to keep items wet for 10 minutes. During an interview on 6/3/20 at 10:30 AM account manager for housekeeping and laundry, HSKP manager, stated that she though Virex's contact time was similar to Bleach and the contact time was two minutes and not 10 minutes. HSKP manager stated that 10 minutes is a long time and high touch items in resident rooms do not remain wet for 10 minutes. HSKP manager stated that she trains housekeepers to use Virex to clean/disinfect high-touch items and there's no specific policy and procedure that outlines how long the Virex contact time is. During Exit interview on 6/3/20 at 2:45 PM with IP/DON, Clinical Resource Nurse and Administrator, when asked if cleaning and disinfecting manufacturer's instructions should be followed for contact time, all nodded heads in agreement and Administrator stated that bleach is now being used, instead of Virex, because bleach has a shorter contact time. The facility had a past incident when a bleach cloth was tossed with container with resident's clothing and the facility replaced the clothing because bleach discolored the clothing. No further information was provided related to infection control logs and process surveillance. CDC's Preparing for COVID-19: Long-term Care Facilities, Nursing Homes, accessed 5/14/20, https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html, showed Environmental Cleaning and Disinfection: Develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas; Ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging [MEDICAL CONDITION] pathogens program for use against [DIAGNOSES REDACTED]-CoV-2 (Severe Acute Respiratory Syndrome coronavirus 2 [MEDICAL CONDITION] that causes COVID-19). Review of EPA website showed Virex II 256 was listed for use against [DIAGNOSES REDACTED]-CoV-2 and had a contact time of 10 minutes. Record review of Medication Administration Record [REDACTED]. R2 did not have COVID-19 and was not on transmission based precautions. Review of facility contracted housekeeping services, Healthcare Services Group, Inc., document titled, Daily Work Routine: Housekeeping#1, undated, showed required supplies/tools were virex/rags. The document did not show information about cleaning/disinfectant/germicidal use and their contact time.