

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/26/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135069</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>COVE OF CASCADIA, THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>620 NORTH SIXTH STREET BELLEVUE, ID 83313</b>		
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E 000	<p>Initial Comments</p> <p>A COVID-19 Focused Emergency Preparedness survey was conducted on July 8, 2020 through July 9, 2020. The facility was found to be in compliance with CFR §483.73 related to E-0024 (b)(6).</p> <p>The survey was conducted by:</p> <p>Cecilia Stockdill, RN, Team Coordinator Sallie Schwartzkopf, LCSW</p>	E 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/23/2020

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 000	INITIAL COMMENTS  The following deficiency was cited during a COVID-19 Focused Infection Control survey which was conducted on July 8, 2020 through July 9, 2020.  The survey was conducted by:  Cecilia Stockdill, RN, Team Coordinator Sallie Schwartzkopf, LCSW  Survey Abbreviations:  CDC = Centers for Disease Control and Prevention CNA = Certified Nursing Assistant DON = Director of Nursing Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 000			
F 880 SS=D	§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents,	F 880		8/10/20	

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F 880	<p>Continued From page 1</p> <p>staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, policy review, and staff interview, it was determined the facility failed to ensure infection control prevention practices were implemented and maintained to provide a safe and sanitary environment. This failure created the potential for negative outcomes by exposing residents to the risk of infection and cross-contamination including COVID-19. Findings include:</p> <p>1. The facility's policy Personal Protective Equipment Donning &amp; Doffing, revised 4/6/20, stated Personal Protective Equipment (PPE) is not worn outside of the resident room, except when airborne precautions are in use with N95 masks.</p> <p>Resident #3's room had a sign outside the door which stated he was under Droplet Precautions. The sign stated before staff exited the room they were to remove their gloves, gown, face mask, and to wash their hands.</p> <p>On 7/8/20 beginning at 5:23 PM, CNA #1 was in front of Resident #3's room, who was under quarantine for 14 days. CNA #1 donned (put on) PPE before she entered the room and removed the PPE upon exiting except for her facemask, which she kept on.</p>	F 880	<p>F880</p> <p>This facility will ensure infection control prevention practices were implemented and maintained to provide a safe and sanitary environment.</p> <p>Facility currently do not have an infectious disease exposure/COVID 19 and resident #1, #2 and #3 has been monitored and has not been exhibiting any signs and symptoms for infectious disease/COVID 19.</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>Staff had been in serviced on Federal Citation and Deficient Practice and the importance of good infection control prevention practices regarding donning and doffing of PPE correctly and disinfecting tables after every use.</p> <p>Staff had been educated about the importance of good infection control prevention practices regarding donning</p>		

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F 880	<p>Continued From page 3</p> <p>When asked, CNA #1 confirmed she had on the same facemask she wore into Resident #3's room. CNA #1 then went and spoke with the DON, who was in the hallway. When she returned, she said she was required to change her facemask when exiting Resident #3's room.</p> <p>On 7/9/20 at 11:30 AM, the DON said for droplet precautions staff were to don a gown, facemask, face shield, and gloves before providing resident cares in a quarantined room. She said when exiting the room staff were to remove the gloves, perform hand hygiene, remove the face shield, facemask, and the gown. The DON said staff must change their facemask when they exited the room of a quarantined resident.</p> <p>2.The facility's Emergent Infectious Diseases (EID) policy, dated 3/7/20, documented "the facility will increase disinfecting high touch surfaces following current CDC guidelines for environmental cleaning specific to the EID in addition to routine cleaning for the duration of the threat."</p> <p>On 7/8/20 at 4:30 PM, the Activities Director assisted Resident #2 in her wheelchair from a dining room table located in front of the kitchen door, to the phone counter at the nursing station to make a phone call. The Activities Director did not clean the dining room table after Resident #2 was wheeled away. The DON then assisted Resident #1 in her wheelchair to the same dining room table Resident #2 had just occupied, and Resident #1 placed her hands in the same location on the table Resident #2 had placed hers.</p>	F 880	<p>and doffing of PPE correctly and disinfecting tables after every use.</p> <p>Random Audit will be done by DON or Designee to ensure donning and doffing of PPE by staff are done correctly and staff are disinfecting table after every use.</p> <p>Audits will be completed weekly x 4, bimonthly x 2, then monthly x 3. The results of all audits will be presented to the QAPI committee for further monitoring and modification based on the findings.</p>		

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F 880	Continued From page 4 On 7/8/20 at 5:12 PM, the DON said the dining room tables were wiped down with a Sani-wipe or bleach water before and after meals and activities, and when a resident left the table.  On 7/8/20 at 5:40 PM, the Activities Director said she did not wipe down the dining room table after she wheeled Resident #2 from the table for her phone call.	F 880			