

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505311	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/19/2024
NAME OF PROVIDER OR SUPPLIER Seattle Medical Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45146</p> <p>Based on observation, interview and record review, the facility failed to ensure resident room doors with COVID-19 (an infectious virus causing respiratory illness that may cause difficulty breathing and could lead to severe impairment or death) were kept closed for 4 of 5 Residents (Residents 1, 2, 3, and 4) in accordance with the Centers for Disease Control (CDC) guidelines. In addition, the facility failed to ensure 3 of 3 staff members (Staff D, E, and F) used personal protective equipment (PPE - use of gowns, gloves, eye protection, and N95 or higher-level respirator) in accordance with the CDC guidelines when caring for residents with known COVID-19 infections. These failures placed the residents, staff, and visitors at risk for COVID-19 infection and related complications.</p> <p>Findings included .</p> <p>According to CDC's guidance titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated as of 03/18/2024, showed when health care personnel enter the room of a patient with suspected or confirmed COVID 19, they should use an N95 respirator (a mask that filters 95% of airborne particles), gown, gloves, and eye protection. When an N95 respirator was used during the care of a resident with a COVID-19 infection, they should be removed and discarded after the resident care encounter and a new one should be donned (put on). The guidance also showed the room doors of patient (resident) with suspected or confirmed COVID-19 should be kept closed.</p> <p>Review of the facility's policy titled, Prevention and Management of COVID-19 in Long Term Care updated on 09/06/2023, showed staff caring for those residents in COVID-19 quarantine should use full PPE. The policy further showed that resident with COVID-19 should ideally be placed in a private room with their own bathroom with the door closed.</p> <p>According to CDC's guidance titled, How to Use Your N95 Respirator, last reviewed on 05/16/2023, showed N95 respirators must form a seal to the face to work properly. When wearing an N95 respirator, the top strap should be placed over a head, near the crown and the bottom strap should be placed at the back of the neck, below the ears. The guidance also directed to not crisscross the straps and to make sure the straps lay flat and are not twisted.</p> <p>RESIDENT 1</p> <p>Review of Resident 1's nursing progress notes dated 07/13/2024, showed Resident 1 tested positive for COVID-19 infection.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 07/19/2024 at 10:29 AM, showed Resident 1 was lying in bed and had an Aerosol Contact Precautions [measures put in place to prevent the spread of infection] sign posted outside their door that directed staff to clean hands when entering and leaving the room, wear N95 or equivalent respirator or higher, eye protection, gown and gloves prior to entering the room and to keep the door closed. Further observation showed Resident 1's room door was widely open.</p> <p>Observation on 07/19/2024 at 11:13 AM, showed Resident 1's room door was widely open, and Staff D, Certified Nursing Assistant (CNA) was in the room assisting Resident 1's roommate. Observation showed Staff D was wearing an N95 respirator with both the top and the bottom straps were placed on the back of their neck. Staff D was not wearing an eye protection, gown and gloves as required.</p> <p>Observation on 7/19/2024 at 11:20 AM, showed Staff D was exiting Resident 1's room. Staff D had not removed or discarded their soiled (used) N95 respirator or performed hand hygiene upon exiting Resident 1's room and proceeded to walk on the unit. When asked about PPE requirement for Resident 1's room, Staff D acknowledged that Resident 1's room was a COVID-19 isolation room and stated they did not follow the sign posted outside the resident's door and they should have donned PPE as required. Staff D further stated they should have applied their N95 respirator straps properly.</p> <p>Observation on 07/19/2024 at 11:26 AM, showed Resident 1's room door was widely open, and Staff E, CNA, was in the room wearing an N95 mask and gloves. Staff E was not wearing an eye protection or gown as required. Further observation showed Staff E was exiting Resident 1's room and did not change their N95 respirator or perform hand hygiene.</p> <p>Joint observation and interview on 07/19/2024 at 11:31 AM with Staff E, showed Resident 1 had an aerosol precaution sign posted outside their door and directed staff to wear an N95 respirator, gloves, gown and eye protection before entering the room. Staff E stated they did not apply full PPE prior to entering Resident 1's room and that Resident 1's door was not closed when they were in the room.</p> <p>RESIDENT 2</p> <p>Review of Resident 2's nursing progress notes dated 07/13/2024, showed Resident 2 tested positive for COVID 19 infection.</p> <p>Observations on 07/19/2024 at 10:32 AM and 11:11 AM, showed Resident 2 had an Aerosol Contact Precautions sign posted outside their door that directed staff to keep the door closed. Further observation showed Resident 2 was sitting in their wheelchair in their room and their room door was widely open.</p> <p>RESIDENT 3</p> <p>Review of Resident 3's nursing progress notes dated 07/13/2024, showed Resident 3 tested positive for COVID-19 infection.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observations on 07/19/2024 at 10:31 AM and 11:09 AM, showed Resident 3 had an Aerosol Contact Precautions sign posted outside their door that directed staff to clean their hands when entering and leaving room, wear N95 or equivalent respirator or higher, eye protection, gown and gloves prior to entering the room and to keep the door closed. Further observation showed Resident 3 was sitting in their room and their room door was widely open.</p> <p>Observation on 07/19/2024 at 11:13 AM, showed Resident 3's room door was widely open, and the resident was sitting at edge of their bed. Further observation showed Staff F, CNA, was at Resident 3's bed side. Staff F was wearing an N95 mask but was not wearing eye protection, gown and gloves as required.</p> <p>Observation on 07/19/2024 at 11:15 AM, showed Staff F was exiting Resident 3's room and did not change their N95 mask or perform hand hygiene upon exiting Resident 3's room. When asked about the PPE requirement for Resident 3's room, Staff F stated they were not aware that Resident 3 was on COVID-19 isolation. Joint observation of the sign posted outside Resident 3's room with Staff F showed the room was on Aerosol Contact Precautions and directed staff to clean hands when entering and leaving the room, wear N95 equivalent respirator or higher, eye protection, gown and gloves prior to entering the room and to keep the door closed. Staff F stated they did not wear their PPE as required on the signage.</p> <p>RESIDENT 4</p> <p>Review of Resident 4's nursing progress notes dated 07/13/2024, showed Resident 4 tested positive for COVID-19 infection.</p> <p>Observation on 07/19/2024 at 10:35 AM, showed Resident 4 had an Aerosol Contact Precautions sign posted outside their door that directed staff to keep the door closed. Further observation showed Resident 4 was sitting in their wheelchair in their room and their room door was widely open.</p> <p>On 07/19/2024 at 11:31 AM, Staff C, Infection Preventionist, stated that five residents had tested positive for COVID-19 and were currently on isolation. Staff C stated staff were expected to wear an N95 respirator, eye protection, gowns, and gloves prior to entering the room of residents with COVID-19 infection. Staff C stated the room doors of residents' positive for COVID-19 should be kept always closed.</p> <p>Joint observation on 07/19/2024 at 11:39 AM with Staff C, showed Resident 1's room door was widely open.</p> <p>Joint observation on 07/19/2024 at 11:44 AM with Staff C, showed Resident 2's room door was widely open.</p> <p>Joint observation on 07/19/2024 at 11:51 AM with Staff C, showed Resident 4's room door was widely open.</p> <p>On 07/19/2024 at 12:45 PM, Staff B, Assistant Director of Nursing, stated that staff were expected to maintain the isolation precautions by following the sign posted outside the residents' room who were COVID-19 positive.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/19/2024 at 1:07 PM, Staff A, Administrator, stated that the expectation was for the staff to follow COVID-19 infection control guidelines given by public health.</p> <p>Reference: (WAC) 388-97-1320 (1)(a)</p>