STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505417	A. Building B. Wing	09/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saint Anne Nursing and Rehabilitation Center	3540 Northeast 110th Street Seattle, WA 98125

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. 49619 Based on observation, interview, and record review, the facility failed to ensure staff followed use of Personal Protection Equipment (PPE - use of gown, gloves, respirator/N95 and face shield/goggles) in accordance with the Centers for Disease Control guidelines when caring for residents with known COVID-19 (highly contagious respiratory disease) infection for 1 of 2 residents (Resident 1), reviewed for infection control. This failure placed the residents, staff, and visitors at risk for COVID-19 infection and related complications. Findings included . Review of the facility's policy titled, Coronavirus Disease (COVID-19) - Identification and Management of Ill Residents, revised in May 2023, showed staff who enter the room of a resident with suspected or confirmed COVID-19 infection would adhere to standard precautions and use a respirator such as an N95 or higher, gown, gloves, and eye protection (goggles or a face shield). Review of a nursing progress notes dated 09/08/2024, showed Resident 1's presented with COVID-19 symptoms that day and was placed on isolation precaution. Observation on 09/09/2024 at 10:57 AM showed a signage that Resident 1 was on quarantine (a type of isolation used for COVID-19), and on droplet (a type of isolation used for infections spread through the air) and contact precautions (a set of safety measures used to prevent the spread of infectious diseases through direct or indirect contact with a resident or their environment). Staff B, Dietician, knocked on Resident 1's door, entered the room wearing a surgical mask, and did not put on appropriate PPE (N95, gown, gloves and face shield) before entering Resident 1's room. Observation and interview on 09/09/2024 at 11:01 AM with Staff B, showed them exiting Resident 1's room with their surgical mask pulled down under their nose. Staff B stated they should have done hand hygiene and put on their appropriate PPE before entering Resident 1's room and removed their soiled PPE prior to exiting the room. Staff B further stated that PPE was important because it protected themselves and other residents from getting COVID-19. On 09/09/2024 at 11:28 AM, Staff C, Certified Nursing Assistant, stated that Resident 1 was on precautions for COVID-19. Staff C stated that before entering the resident room they had to put on PPE including an N95 mask, gown, gloves, and goggles and remove these prior to exiting the room. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505417	A. Building B. Wing	09/09/2024

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(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	On 09/09/2024 at 11:40 AM, Staff D, Registered Nurse, stated that Resident 1 had COVID-19, and PPE was required anytime anyone was entering the resident's room. On 09/09/2024 at 11:48 AM, Staff A, Director of Nursing Services, stated their expectation was for staff to put on their PPE including an N95 mask, goggles, gloves, and a gown before entering a COVID-19 isolation room. Reference: (WAC) 388-97-1320 (2)(a)