

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER Washington Odd Fellows Home		STREET ADDRESS, CITY, STATE, ZIP CODE 534 Boyer Avenue Walla Walla, WA 99362	

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>46722</p> <p>Based on observation, interview and record review, the facility failed to ensure infection control interventions intended to prevent the spread of communicable disease during a COVID-19 (infectious disease by a new virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death) outbreak were consistently implemented for the use of: personal protective equipment (PPE) during COVID-19 testing for 3 of 3 staff (Staff G, J, and K); National Institute for Occupational Safety and Health (NIOSH) approved respiratory protective device (N95) fitted masks (a respirator mask used to achieve a very close facial fit and very efficient filtration of airborne particles) for 5 of 5 staff (Staff B, D, F, H, and I) when entering a COVID-19 positive resident room; and face shields for 4 of 4 staff (Staff F, G, H, and I), reviewed for infection control practices.</p> <p>Additionally, 2 of 2 staff (Staff J and K) did not wait the required time for COVID-19 testing results prior to returning to work. These failures placed all residents at risk for facility acquired or healthcare associated infections and related complications.</p> <p>Findings included .</p> <p>Review of the Center for Disease Control and Prevention (CDC) guidance titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 03/18/2024, showed when staff entered a room with suspected and/or confirmed COVID-19, they were to wear PPE that included approved N95 mask, gown, gloves, and eye protection.</p> <p>Review of the CDC's guidance titled Strategies for Conserving the Supply of Eye Protection (face shields), dated 05/09/2023, showed eye protection should be cleaned and disinfected after each patient encounter.</p> <p>Review of the undated guidance from the Washington State Department of Health titled, Respiratory Protection Program for Long-term Care Facilities, showed the N95 mask protected the user when the seal around the person's nose and mouth was tight enough to prevent the respiratory hazards from leaking into their breathing space and facial hair should not cross under the respiratory sealing surface.</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>Review of the CDC's Guidance for SARS-CoV-2 Rapid Testing in Point-of-Care Settings, dated 06/25/2024, showed when COVID-19 specimens were collected, PPE should be worn including an N95 mask or higher-level respirator, eye protection, gloves, and gown.</p> <p>Review of the policy titled Personal Protective Equipment, dated 08/02/2024, showed staff must wear a NIOSH N95 respirator for airborne pathogens. Staff were to wear the appropriate size of the N95 per their fit test.</p> <p>Record review of the facility's N95 respirator fit test records showed Staff B, D, H and I had incomplete fit test records. The records did not show the make, model, approval number, or size of the N95 mask they were fitted for.</p> <p>During an interview on 08/20/2024 at 9:37 AM, Staff B, Infection Control Registered Nurse, (ICRN), stated all staff were to wear full PPE when entering a COVID-19 resident room. This included a gown, gloves, face shield, and a N95 mask. Staff B further stated when staff performed their COVID-19 test, they were to wear a gown, gloves, face shield, and a N95 mask.</p> <p>During an observation and interview on 08/20/2024 at 10:27 AM, Staff D, Licensed Practical Nurse, stated they had been fit tested for an N95 mask. Staff D picked up a box of KN95 (not approved by NIOSH) masks and stated they were fit tested with that mask.</p> <p>An observation on 08/20/2024 at 11:58 AM, showed Staff B had donned a KN95 mask and entered a COVID-19 resident's room.</p> <p>An observation and interview on 08/20/2024 at 12:03 PM, showed Staff H, Nursing Assistant, (NA), and Staff I, NA, preparing to enter a COVID-19 resident room by donning KN95 masks, gown, gloves, and removed face shields from a hanging PPE holder on the resident's door, placed the elastic strap around their head with the foam cushion against their forehead and the plastic shield over their face. Staff H stated the sign on the resident's door showed the PPE they were required to wear upon entering the room. The sign showed everyone must wear a fit-tested N95 respirator mask, eye protection, gown, and gloves. Upon exit from the resident's room, Staff H and Staff I, removed their face shields and placed them back into the PPE holder on the door, without cleaning them, and tossed their KN95 masks in the trash. Staff H and Staff I stated they were fit-tested for the KN95 masks.</p> <p>An observation and interview on 08/21/2024 at 10:36 AM, showed Staff F, NA, obtain an N95 mask and placed over their bearded face. Staff F continued to place additional PPE on, including a gown, gloves, and a face shield that was hanging in a PPE holder on a Covid-19 resident's room. Upon Staff F's exit from the resident's room, they removed the used face shield and without cleaning, placed it back into the hanging PPE holder and threw the N95 in the trash. At 11:05 AM, Staff F stated they were fit-tested for that N95 and had a beard during their fit-test and passed. Staff F stated the N95 they had worn was what the facility had for use for staff. Staff F stated the PPE holder on the resident door was to place the face shields into so they could be reused when they entered a COVID-19 room. At 11:05 AM, Staff F stated they did not disinfect the face shield after use.</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>During an interview on 08/21/2024 at 11:19 AM, Staff D, Rehabilitation Aide, stated they performed the N95 mask fit testing for staff. Staff D stated that most of the staff wore the same N95 mask, the green one. Staff D further stated that staff could have a beard for testing, however, not where the seal would be on their face. Staff D stated when a staff member had a beard, they should shave to ensure proper fit of the N95.</p> <p>An observation and interview on 08/21/2024 at 11:28 AM, showed Staff G, Certified Dietary Manager, performing a COVID-19 nasal swab test for Staff J, Dietary Aide, (DA). Staff G was wearing a surgical mask and gloves and handed Staff J the nasal swab and instructed Staff J to swab each nostril 15 times. Staff J then handed the used nasal swab to Staff G. Staff G placed the nasal swab into the COVID-19 testing solution, swirled the swab, and stated the results would be available in 30 minutes. Staff J stated they were returning to work while the test was resulting. Upon Staff J's exit, Staff K, DA, entered the COVID-19 test room. Staff G handed them a nasal swab and told them to swab each nostril 15 times. Staff J handed the used nasal swab to Staff G. Staff G placed the nasal swab into the COVID -19 testing solution, swirled the swab, and stated the result would be available in 30 minutes and they may return to work. Staff G stated they had been trained by Staff C, Staff Coordinator, and this was their first day performing the COVID-19 tests. Staff G stated they were instructed to perform the COVID-19 nasal tests and the PPE they needed to wear was a surgical mask and gloves.</p> <p>During an interview on 08/21/2024 at 11:58 AM, Staff C, Staff Devlopment, stated they trained Staff G and instructed them to wear an N95 mask and gloves. Staff C stated they should have instructed them to also wear a gown and eye protection. Staff C stated once the COVID-19 test swab was completed, staff were not to return to work and were to wait for their results in the adjoining conference room.</p> <p>During an interview on 08/21/2024 at 12:26 PM, Staff B stated the PPE holder on the COVID-19 resident's door was for staff to place their face shields into for reuse, after they were cleaned. Staff B also stated they were unaware that there was difference between KN95 masks and N95 masks, and they would need to repeat fit testing for staff and PPE retraining.</p> <p>During an interview on 08/21/2024 at 2:52 PM, Staff A, Administrator, stated staff should be wearing the appropriate PPE for COVID-19 residents and testing. Staff A stated staff had been fit tested for N95 masks and should be wearing the correct one they tested for. Staff A stated staff with facial hair would have been required to shave to ensure a correct seal during N95 fit testing and when required to wear an N95. Staff A further stated KN95 masks and N95 masks were not the same.</p> <p>Reference WAC: 388-97-1320(1)(a)(2)(a)(5)(b)</p>		