

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>505313</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HALLMARK MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>32300 FIRST AVENUE SOUTH FEDERAL WAY, WA 98003</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on interview and record review the facility failed to operationalized their infection prevention and control program to provide a safe, sanitary environment and to help prevent the development and transmission of communicable diseases and infections in particular COVID-19. Specifically the facility failed to implement Center for Disease Control (CDC) and Department of Health (DOH) directives to: Maintain one entry into the facility for people; Complete, maintain and dispense the Long Term Care Respiratory Surveillance line list; and Notify the Department of symptomatic residents. These failed practices placed residents and staff at risk for contracting COVID-19. Findings included . On March 4th 2020 CMS (Center for Medicare &amp; Medicaid Services) released a transmittal to nursing homes that directed nursing homes to monitor the CDC (Center for Disease Control) website which included a link to CDC. Clicking on the link directed the facility to a Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings. This checklist should be used as one tool in developing a comprehensive COVID-19 response plan. The checklist did not describe mandatory requirements or standards; rather, it highlighted important areas to review to prepare for the possibility of residents with COVID-19. The CDC Interim Infection Control Infection Prevention and Control Recommendations for patients with suspected or confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings recommended, Limit points of entry to the facility, and All visitors should be actively assessed for fever and respiratory symptoms upon entry to the facility. If fever or respiratory symptoms are present, visitors should not be allowed entry into the facility. ENTRY Review of the facility's 04/03/2020 Coronavirus (COVID-19) policy showed the policy did not address or instruct staff on what entry procedure staff/visitors should implement or how staff/visitors should gain access to the facility. On 03/26/2020 observations showed signs posted on multiple entrance doors directing people to check-in with a screener before entering the building. The facility was observed to maintain a single front entry into the facility. During an interview on 03/26/2020, Staff A, Administrator confirmed all staff/visitors gained access to the facility through one entry and were screened, prior to be accessing resident care areas. Staff C, Infection Control Manager, interviewed on 04/03/2020 at 3:30 PM, stated that the front entry to the facility was maintained with staff and screening supplies from 8:00 AM to 4:00 PM daily. Staff C stated that from 4:00 PM to 8:00 AM the side door, with a coded entry, was used by staff to enter the facility. When asked how screening was accomplished, Staff C stated that anyone entering by the side door would go thorough resident areas in the 500 wing and be screened at the south nurse's station. Staff A, interviewed on 04/07/2020 at 8:30 AM stated that the entry used by staff, after 4:00 PM when the main front lobby was closed, was the back service entrance, located mid building and usually used for supply delivery. When asked how staff were screened before working with residents, Staff A stated that, staff would take their own temperatures and proceed to the North or South nurse's stations through resident areas to complete the screening process. Using the service or side entrance prevented thorough screening before staff/visitors were allowed access to resident areas placing residents and staff at risk for exposure to persons potentially afflicted with COVID-19. SURVEILLANCE The CDC Interim Infection Control Infection Prevention and control Recommendations for patients with suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, included, a Preparedness Checklist. The CDC included a link to CDC guidance on respiratory surveillance that instructed facility's to monitor for, and internally review, the development of COVID-19 among residents and staff. Included was a Long Term Care Surveillance Line List that allowed the facility to comprehensively record data (demographics, symptomatology, testing performed and results received, treatments required, and resolution) about each resident/staff that was suspected of having COVID-19. The document provided an, at a glance, review of data that would allow staff to ascertain what was, in real time, occurring in the facility and what potential remedies to implement if patterns were identified. Staff C, was asked for the line list on 04/03/2020 at 3:30 PM. And Staff A and B, the Director of Nursing were asked for the same data on 04/07/2020 at 8:30 AM. The facility provided a corporate, Line Listing of Patient Infection for March of 2020 document that was incomplete. A 03/11/2020 entry for Resident #6 who had temperatures of 100.9 degrees Fahrenheit (dF) and 102 dF, was ruled out for influenza but did not include COVID-19 data or consideration, other symptomatology, treatments or precautions if any. An entry on 03/11/2020 for Resident #5, who had a low grade fever and was negative for influenza, indicated the resident had a cough but did not indicate when the resident was relieved of the cough or fever, if treatment was required, or what caused the cough. Similar data was identified for Residents, #1, #2, #3, #4, and #7. The facility provided a March 2020 Associate Infection Record that listed by date and name of staff who had symptomatology of various conditions. No data was recorded for seven named staff (N, H, T, AA, BB, DD, and S). At least nine staff (E, F, G, K, O, U, W, X, and V) reported symptoms of COVID-19 but only two were tested for COVID-19. There was no data recorded to indicate the final disposition of any of the staff such as when symptoms abated, how long they were off work, or when they returned to work. Staff A, B and C, interviewed on 04/07/2020 at 12:09 PM, stated that the infection control data gathering tools provided were the only tools used by the facility at this time to gather data about COVID-19. NOTIFICATION A March 10, 2020 letter to Long-Term Care Facility Director, from WA (Washington) State DOH (Department of Health), instructed the facility to Immediately notify the health department about anyone with COVID-19 or if you identify two or more residents or healthcare providers who develop respiratory infections within a week. Review of the facility's corporate March 2020 Infection Control Line List showed that five residents (#1 on 03/27/2020, #2 on 03/28/2020, #3 on 03/23/2020, #4 on 03/23/2020, and #7 on 04/02/2020), were tested for the presence of COVID-19. According to this document the Department was not notified about any of these potential active COVID-19 cases. Only Residents #3 and #1 were referred to the Department of Health (DOH). The facility provided a March 2020 Associate (staff) Infection Record that listed by date and name of staff who had symptomatology of various conditions/infections. The facility recorded that Staff F on 03/03/2020, and Staff W on 3/16/2020, were negative for COVID-19. There was no record that either of these staff were reported to the Department or DOH. Staff C, interviewed on 04/03/2020 at 3:30 PM, stated that the facility was not aware the Department was to be notified about residents or staff with symptoms of potential COVID-19. Refer to: WAC 388-97-1320(1)(a)(2)(a)(b)(c) .</p>		

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.