

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 135069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
NAME OF PROVIDER OF SUPPLIER COVE OF CASCADIA, THE		STREET ADDRESS, CITY, STATE, ZIP 620 NORTH SIXTH STREET BELLEVUE, ID 83313	
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. 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: 1. The facility's policy Personal Protective Equipment Donning & 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. 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. 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. 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. 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. 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. 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. 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.		
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.