

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 505042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/10/2020
NAME OF PROVIDER OF SUPPLIER BALLARD CENTER		STREET ADDRESS, CITY, STATE, ZIP 820 NORTHWEST 95TH STREET SEATTLE, WA 98117	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to properly prevent and/or contain COVID-19. COVID-19 is an infectious disease from by a new virus causing a respiratory illness with symptoms of a cough, fever, and in severe cases difficulty breathing. Specifically, 1. Facility staff failed to follow droplet transmission based precautions and wear personal protective equipment (PPE) goggles during care of presumed COVID-19 positive resident (R) (R1) and then proceeded to care for other residents during four of six observations when entering/exit droplet precaution rooms on Unit 600. Unit 600 is a separate area from other parts of the facility which housed positive COVID-19 residents as well as presumed and unknown COVID-19 residents. This failure increased the likelihood for serious injury, serious harm, or death and required immediate action to prevent transmission of COVID-19 from positive and/or presumptive COVID-19 residents to negative COVID-19 residents and staff. These failures failure increased the likelihood for serious injury, serious harm, or death and required immediate action to prevent transmission of COVID-19 from positive and/or presumptive COVID-19 residents to negative COVID-19 residents and staff. On 4/8/20 at 3:30 PM the Center Executive Director/Administrator was informed of Immediate Jeopardy (IJ) determination for 42 CFR 483.80 (F880) and the IJ template was emailed on 4/8/20 at 4:18 PM. On 4/10/20 at 11:00 AM the Administrator was informed it was determined the immediacy was removed based on onsite verification that IJ removal plan was implemented. Additionally, 2. Staff did not clean and disinfect high-touch items in resident rooms (room [ROOM NUMBER], 606, 609 and 612) on Unit 600 during 4 of 4 observations of daily room cleaning. 3. Staff did not perform hand hygiene after removing dirty gloves between cleaning different resident rooms (room [ROOM NUMBER], 606, 609 and 612) on Unit 600 during 4 of 4 observations of daily room cleaning. Findings include: Record review of the facility's policy titled, Interim Policy for Suspected or Confirmed Coronavirus (COVID-19), dated March 11, 2020, showed this facility follows current guidelines and recommendations to minimize exposure to respiratory pathogens including [MEDICAL CONDITION] that causes COVID-19. Coronavirus is thought to spread from person to person primarily via respiratory droplet transmission among close contacts. (e.g., when an infected person coughs or sneezes near a susceptible person). Droplets generally travel only short distances (approximately six (6) feet or less) through the air. Indirect contact transmission via hand transfer of COVID-19 virus [MEDICAL CONDITION]-contaminated surfaces or objects to mucosal surfaces of the face (e.g., nose, mouth) may also occur. Residents with suspected COVID-19 will be placed on droplet precautions. Personnel entering the room will use PPE including gloves, gowns, mask and eye protection. Record review of the facility's Line List for COVID-19 Outbreaks in Long Term Care Facilities, fax dates of 4/4/20, 4/7/20, showed the earliest COVID symptom onset date of 3/6/20 with four current COVID-19 positive residents and three discharged COVID-19 positive residents, four staff were COVID-19 positive, 27 additional residents with fever, respiratory signs and symptoms or other signs and symptoms related to COVID-19, 14 additional staff with fever, respiratory signs and symptoms or other signs and symptoms related to COVID-19, 20 active and discharged /transferred residents were tested for COVID-19 and 14 staff were tested for COVID-19. Unit 600 housed four residents that were positive for COVID-19 and three residents with symptoms related to COVID-19. During interview on 4/8/20 at 8:15 AM during Entrance Conference, Clinical Vice President and Administrator stated that all COVID-19 positive residents were housed on Unit 600 which was on first floor and separate from other areas of the facility by an elevator/stairs. *Failed to wear goggles Record review of the facility's Line List for COVID-19 Outbreaks in Long Term Care Facilities, fax dates of 4/4/20, 4/7/20, showed R1 had COVID-19 symptoms on 4/1/20 with temperature of 101.1 degrees Fahrenheit. R2 had COVID-19 symptoms on 4/1/20 when he had a temperature of 99.1 degrees Fahrenheit and was positive for the coronavirus. R1 Review of R1's record showed the facility admitted the resident on 3/23/20 with [DIAGNOSES REDACTED]. *Medication Administration Record [REDACTED]. *Progress notes, dated 4/9/20, showed reason for stay was after care for fracture, pain management, elevated temperature yesterday evening, and exposure to COVID-19 patient. *Progress notes, dated 4/8/20, showed appointment for today rescheduled due to awaiting results of COVID-19 test. Will reschedule once results are obtained. *Progress notes for time period of 3/26/2020 08:40 to 4/9/2020 06:59 showed R1 resided in 602B with R2. No room change during this time period. *Progress notes, dated 4/8/20, documented by Licensed Nurse (LN) 1 showed dressing changed to RLE (right lower extremity) and R (right) upper thigh. No s/s (signs and symptoms) of infection at the site, skin graft healing well. T(emperature) today 100.8, reported to (name of ARNP), will monitor at this time. *Current physician orders [REDACTED]. R2 Review of R2's record showed the facility admitted the resident on 2/5/20 with [DIAGNOSES REDACTED]. *Progress notes, dated 4/9/20, showed reason for stay was exacerbation of respiratory condition, positive COVID-19, used four liters of oxygen continuously via nasal cannula, and walked to the bathroom with assistance. *Progress notes, dated 4/5/20, showed a change in condition with resident tested positive for COVID-19 on 4/3/20. *Care plan, initiation date of 4/6/20, showed Patient is positive for COVID-19 on 4/2/20 and at risk of respiratory complications and interventions included Droplet Precautions. During concurrent observation and interview on 4/8/20 at 9:20 AM showed Standard plus Droplet Precautions sign on room [ROOM NUMBER]. The sign showed wear a mask and gloves upon entering this room; and if necessary, eye protection. Wear gowns. R1 and R2's names were shown on 602 door. R1 was in the window bed and R2 was in the door bed. Licensed Nurse (LN) 1 was observed in 602 and stood within six feet of R1. R1 asked in a loud voice why his appointment scheduled for 10am today was cancelled and why he was not informed about it earlier. LN1 left room [ROOM NUMBER] and went to the nursing station to speak with Admissions staff. LN1 returned to room [ROOM NUMBER] and stood within six feet of R1 and stated that R1's coronavirus test results had not come back yet and therefore appointment will be rescheduled until test results are known. LN1 exited room and returned within a few minutes and again stood within 6 feet of R1 and handed R1 a piece of paper. During the above interactions with R1, LN1 wore a gown and face mask but did not wear goggles or face shield. During interview, LN1 stated that R1 was supposed to go to a skin graft appointment but it was cancelled as COVID-19 results were not back yet. LN1 stated that R1's roommate, R2, was COVID-19 positive. When asked if LN1 was supposed to be wearing goggles due to Droplet Precautions, LN1 stated that she should be wearing goggles but she forgot to wear it. LN1 immediately went to nursing station and later was observed wearing goggles. During a concurrent record review and interview on 4/8/20 at approximately 9:40 AM Infection Preventionist (IP) reviewed Standard plus Droplet Precautions sign on room [ROOM NUMBER] and stated that goggles should be worn as it was necessary. Observation on 4/8/20 at 12:30 PM showed LN1 standing within 6 feet of R1 in R1's room. LN1 exited room and went to the nursing station (about 50 feet away) and then immediately returned to R1's room. LN1 stayed in R1's room for several minutes and was observed standing within 6 feet of R1 and then exited the room. LN1 wore a gown and face mask while in R1's room but was not wearing goggles. During an interview on 4/8/20 at approximately 12:45, immediately after above observation, LN1 stated that she had completed R1's dressing/wound care and was going to see what else needed to be done. LN1 stated that she exited R1's room because she forgot A&D ointment for the wound care and got it from the medication cart near the nursing station. When asked if LN1 was supposed to be wearing goggles due to Droplet Precautions, LN1 stated that she wasn't wearing goggles during the dressing change because the goggles fall off during dressing change and motioned by bending her head towards her chest. LN1 stated that the Droplet Precautions sign for room [ROOM NUMBER] was for the</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.

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<p>F 0880</p> <p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>roommate, R2, who was COVID-19 positive and not for R1. During an interview on 4/8/20 at 1:30 PM IP stated that both R1 and R2 in room [ROOM NUMBER] were on Droplet Precautions and gloves, gown, mask, and goggles should be worn for any interactions with either resident. IP stated that R2 was COVID-19 positive and R1 was presumed COVID-19 positive until R1's coronavirus test results came back negative. During an interview on 4/9/20 at 10:30 AM IP stated that both Unit 600 and the entire facility was considered on COVID-19 quarantine but only Unit 600 had COVID-19 positive residents. Record review of nursing assignment sheet, dated 4/8/20, showed Unit 600 had two nurses and two certified nurse aides assigned. LN1 was assigned Rooms 600 to 611; which included residents who a) tested positive for the coronavirus (COVID-19 positive), b) coronavirus test results were pending but with symptoms of coronavirus, and c) residents who had not yet been tested for the coronavirus. During an interview on 4/8/20 at 3:47 PM IP stated that the Infection Prevention and Control Program Description outlines the role of IP is to initiate specific precautions to prevent transmission of infections and therefore a nurse is able to put someone of transmission based precautions (TBP) and a physician's orders [REDACTED]. During Exit Conference interview on 4/10/20 at 11:00 AM with Administrator, Clinical Vice President, and Director of Nursing immediate jeopardy for two observations of staff not wearing PPE goggles for COVID-19 presumed positive resident with potential to spread COVID-19 to negative COVID-19 residents was stated again, no further information was provided. During interview on 4/10/20 at 11:00 AM the Administrator was informed it was determined the immediacy was removed based on onsite verification that IJ removal plan was implemented. Record review of In-Service Sign-in sheet for Droplet Precautions for COVID-19, dated 4/8/20, showed use gown, mask, eye protection (goggles/face shield) when going into a COVID positive room even if roommate is negative, you need to gown and mask and eye protection. Treat roommate as positive COVID also. IJ removal plan included: *LN1 was terminated for not following policy and procedures of facility related to transmission of COVID-19 after training was received. *The facility investigated where LN1 traveled after the exposure and concluded that she remained in Unit 600 where she was working that day. Unit 600 is an area of the facility on the first floor, isolated from other parts of the facility. The facility took the following steps to further protect and monitor the residents of Unit 600: a) All residents are being monitored every shift for changes in condition including cough, shortness of breath and elevated temperature ongoing through the pandemic as mandated by the CDC, DOH and other regulatory agencies. b) The Primary Physician and Medical Director have been notified of incident. In addition, the facility is re-educating Licensed and Non-licensed staff. The re-education will be completed by the Infection Control Preventionist/designee and will be provided to staff working currently and prior to staff working their next scheduled shift. *Re-Education will include contact/droplet precautions and the use of PPE to include the use of goggles. No Employee will be allowed to work until they complete the re-education. *Infection Control Preventionist, Director of Nurses, Nursing Management and/or designee will complete rounds of all units to observe the proper use of PPE by staff. Rounds will occur on all 3 shifts at random times and days of the week. Adverse findings, if any, will be immediately corrected and re-education of staff will occur. Any non-compliance with procedures will result in disciplinary action. Findings will be reported to the Administrator, Director of Nursing and Infection Control Preventionist for additional follow up. *Results of the audits will be reviewed by the QAPI committee monthly. *Failed to clean/disinfect high-touch items and perform hand hygiene between glove changes Record review of Healthcare Services Group, facility contractor for housekeeping services, document titled Coronavirus in Long-Term Care Facilities, undated, showed under Environmental Services and Laundry Employees, five step daily room cleaning procedure; proper way to sanitize patient rooms, etc., focusing on high-touch areas such as door knobs, light switches and hand rails, etc. Record review of Healthcare Services Group Handwashing Procedure, dated 10/25/16, showed employees must wash their hands immediately (or as soon as feasible) after they remove gloves. Observation on 4/8/20 at 9:20 AM to 10:00 AM showed Housekeeper (HSPK) 1 in room [ROOM NUMBER] wearing gown, gloves, mask and face shield sweeping the floor, HSKP1 then mopped floor, entered bathroom, gathered plastic bags filled with trash and exited room and walked down the hallway and placed plastic bags into a bin and wheeled bin down the hall. HSKP1 removed gloves and put on new gloves, without performing hand hygiene and entered room [ROOM NUMBER] and proceeded to complete the same tasks above. After exiting room [ROOM NUMBER], HSKP1 removed gloves and entered room [ROOM NUMBER]. HSKP1 donned gloves, but did not perform hand hygiene in between glove changes. Observed HSKP1 sweep and mop floor, bag and remove trash and clean bathroom. HSKP1 exited room [ROOM NUMBER] and removed gloves. No hand hygiene was performed. HSKP1 then entered room [ROOM NUMBER] after donning gloves. HSKP1 again removed trash, swept and mopped and entered bathroom. HSKP1 exited room [ROOM NUMBER] and removed gloves and walked to the exit door at the end of the hall and was entering code in wall mounted key pad to exit unit. During interview on 4/8/20 at approximately 10:00 AM HSKP1 stated that she worked in Laundry and does housekeeping on units a couple days a week. When asked to describe housekeeping tasks for daily room cleaning, for both isolation and non-isolation rooms, HSKP1 stated that daily room cleaning includes sweeping and mopping floors, emptying trash cans, and cleaning bathrooms. When asked about cleaning bedside table in the resident's room, HSKP1 stated that she doesn't touch the bedside table because resident's don't like their things touched and she cleans the bedside table when residents go to the hospital or at the end of their stay. When asked if HSKP1 cleaned the bedside table in any of the rooms she cleaned today including room [ROOM NUMBER], 606, 609 or 612, HSKP1 stated, no. When asked if HSKP1 offered to clean bedside table in these rooms, HSKP1 stated that she did not. When asked if HSKP1 cleaned other high-touch items in the rooms such as door knobs, light switches, tv remote control, side rails, or bed controls and don't involve touching resident's belongings, HSKP1 stated that she did not but should have as that is what she was taught to do. When asked if hand hygiene was performed between glove changes, HSKP1 stated that she did not use hand sanitizer between glove changes between resident rooms because it's hard to put on gloves after her hands are wet. During an interview on 4/9/20 at 11:29 AM with Healthcare Services Group district manager, (DM) facility contractor who provides housekeeping services, DM stated that daily room cleaning includes cleaning and disinfection of high-touch items such as door knobs, door handles, bedside table/desk, hand rails in bathroom, pull cords, toilet flusher, tv remote control, bed control and side rails. DM stated that the daily room cleaning was for all resident rooms; both isolation and non-isolation rooms. DM also stated that housekeeping staff are provided a four-hour in-service as new employees and sign off. DM stated that HSKP1 has worked for facility for the past 3-4 months but previous worked for another facility as a housekeeper. DM stated that the expectation is hand washing or use of hand sanitizer should be done between glove changes and between cleaning resident rooms. Email communications with Healthcare Services Group account manager, dated 4/9/20 at 12:53 PM showed high touch area sign off sheet had been in use since March 2020 and should be done by housekeepers. During an interview on 4/10/20 at 10:25 AM IP stated that hand hygiene audits were done via observation on a weekly basis and included housekeeping staff.</p>		