

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 505351	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2020
NAME OF PROVIDER OF SUPPLIER ARLINGTON HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 620 SOUTH HAZEL STREET ARLINGTON, WA 98223	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review, the facility staff failed to follow the infection control process the facility implemented in response to COVID-19 (an infectious disease caused by a new virus causing respiratory illness with symptoms of a cough, fever, and in severe cases difficulty breathing) when staff were observed not wearing masks appropriately. The facility census was 48 residents. Findings include: The facility's COVID - 19 FAQ 4/5/20 revealed the following: Universal Masking 1. Q. What does universal masking mean? A. Universal masking is when all employees in the facility wear a mask at all times. 2. Q. Is universal masking mandatory? A. Yes, universal masking is mandatory. 3. Why are we implementing universal masking now? A. The safety of our residents and staff continues to be our top priority. We follow the recommendations of top clinical experts at the CDC (Centers for Disease Control and Prevention), Washington State DOH (Department of Health) and Providence. The DOH recently recommended universal masking for caregivers in clinical facilities most affected by COVID-19. 5. Q. Who will receive a mask? A. All caregivers who work in a clinical setting or who handle food or medical supplies, or caregivers in non-clinical settings working within 6 feet of one another. According to the CDC, cloth face masks should fit snugly but comfortably against the side of the face and be secured with ties or ear loops (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html). During the entrance conference on 4/15/2020 at approximately 8:50 AM, the interim Director of Nursing (DON) and the Assistant DON explained the facility's response to COVID-19 virus. It was explained that the facility did not have any positive or presumptive positive residents at this time so staff were utilizing cloth masks. However, surgical and N95 masks were available if needed. 1. On 4/15/2020 at approximately 10:35 AM, a staff member from the therapy department was working with a resident. The resident was ambulating with the use of a walker while the staff member guided the resident and pulled a wheelchair behind the resident. The staff member had on a gown, mask, and face shield. The staff member's mask was resting below her nose as she assisted the resident. As this surveyor continued to observe the staff and resident interaction, the staff member pulled the mask up over her nose. A few minutes later the staff member was observed walking down the hallway towards the resident who was now seated in the wheelchair. Again, the staff member's mask was below her nose. At 1:05 PM on 4/15/2020, the Therapy Director (TD) was asked about infection control measure being implemented in the gym. TD stated that only one resident was allowed in the gym at a time. TD also stated that staff working with residents were required to have on a gown, mask, and face shield. 2. On 4/15/2020 at 10:45 AM, a Licensed Nurse (LN) was walking in the hallway near resident rooms, the LN's mask was not pulled up over his face (mouth and nose) but was resting below his mouth with the top of the mask resting against his chin. 3. On 4/15/2020 at 10:55 AM, a Certified Nursing Assistant (CNA) was seen standing in the hallway near resident rooms charting at an electronic monitor. The CNA's mask was resting below her nose. 4. An interview was conducted with the Dietary Manager (DM) on 4/15/2020 at approximately 12:35 PM. The DM was asked about the mask requirement for dietary workers. The DM stated that the dietary staff did not need to wear a mask in the kitchen but when they left the kitchen, they were required to wear a mask. On 4/14/2020 at 1:40 PM, a dietary staff person was observed going down the hallway away from the kitchen without a mask on. The dietary staff person then came back down the hallway (towards the kitchen) pushing a small cart still without a mask on. 5. On 4/15/2020 at approximately 1:55 PM, a CNA was seen standing in the hallway near resident rooms charting at an electronic monitor. As the CNA charted, she was approached by another staff member. The two staff members spoke for a few minutes and then the CNA went back to charting. During this interaction, the CNA's mask was below her nose and mouth. At approximately 2:10 PM, a CNA was asked about wearing of Personal Protection Equipment (PPE). The CNA explained that when entering a resident room staff needed to wear a gown, a mask, and a face shield. The CNA further stated that in the hallway staff were only required to wear a mask. 6. At approximately 1:50 PM on 4/15/2020, a CNA was observed walking in the hallway near resident rooms without her mask being pulled up over both her mouth and nose. 7. At approximately 2:05 PM on 4/15/2020, multiple staff were observed coming to the units to relieve the current staff members (shift change). These staff members did not have masks on as they walked from the front entrance to the nursing stations. The staff put their bags and other belongings away before donning their masks. 8. On 4/15/2020 at approximately 2:50 PM, a CNA was observed near the nurses' station taking resident's vital signs. The CNA's mask was not covering his mouth or nose but resting on his chin area. During the exit conference on 4/15/2020 at approximately 3:10 PM, the Administrator stated that the facility had implemented universal masking procedures. The Administrator further stated that they had not gotten really strict about the wearing of masks because the facility did not have a resident with a positive COVID-19 test but that the staff should do better.</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.