

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 505518	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/26/2020
NAME OF PROVIDER OF SUPPLIER BRIARWOOD AT TIMBER RIDGE		STREET ADDRESS, CITY, STATE, ZIP 100 TIMBER RIDGE WAY NW ISSAQUAH, WA 98027	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, interviews, and record reviews, the facility failed to follow systems for preventing, identifying, and controlling infections and communicable diseases for residents and staff. Specifically, the facility failed to ensure staff was performing adequate hand hygiene; and failed to monitor residents and for communicable diseases, specifically COVID-19 symptoms. These failures have the potential for impacting all residents in the facility due to the nature and rapid spread of COVID-19. The findings include: 1. Hand Hygiene 3/26/2020 at 9:00 AM, Staff HK1 was observed cleaning the bathroom adjacent to the main dining room. Staff HK1 donned gloves to clean the toilet area. After cleaning the toilet, staff HK1 removed the gloves and donned new gloves without performing hand hygiene, and began to clean the hand rails adjacent to the same toilet she had been cleaning. 3/26/2020 at 9:05 AM, in an interview with Staff HK1, when asked why hand hygiene was not used between changing of gloves. The staff member replied, I did not touch the water (toilet water) but if they were wet (gloves), I would have done hand hygiene. 3/26/2020 at 2:20 PM, In an interview with the Director of Nursing (DON) and the Infection Preventionist Coordinator (IPC-RN), they were asked what are the expectations with changing of gloves. They reported if gloves are visibly soiled, employees are expected to wash their hands thoroughly. Otherwise the use of hand hygiene such as alcohol based hand rub is expected. When asked to see the surveillance for hand washing, the IPC-RN stated she does checks occasionally, has meetings monthly, and reports on the skills fair annually. The IPC-RN was asked if she has a system in place for monitoring handwashing? The IPC-RN replied No. Policy titled Handwashing - Hand Hygiene Revised 11. 2016 Subtitled Policy Interpretation and Implementation Number 7 reads in pertinent part Use and alcohol-based hand rub containing 62% alcohol; or alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: Section M. After removing gloves;. Subtitled under Procedure and Applying and Removing Gloves Number 1 reads, Perform hand hygiene before applying non-sterile gloves. 2. Monitoring for COVID 19 Policy entitled Surveillance for Infections Revised 11. 2016 The policy reads, The Infection Preventionist will conduct ongoing surveillance for Healthcare - Associated Infections (HAI's) and other epidemiologically significant infections that have substantial impact on potential resident outcome and that may require transmission - based precautions and other preventative interventions. Under subtitled Interpretation and implementation, number three reads, Infections that will be included in routine surveillance include those with: d. Pathogens associated with serious outbreaks . Number five reads, Nursing staff will monitor residents for signs and symptoms that may suggest infection, according to current criteria and definitions of infections, and will document and report suspected infections to the Charge Nurse as soon as possible. Review of screening form (100 Wing Roster) for residents on the 100 hall dated 3/19/20, 3/23/20, and 3/24/20. 100 Wing Roster had Temp, Cough, SOB (Shortness of Breath), and O2 Sat as the headings for columns listed horizontally, and resident names are listed vertically on the form. For the dates mentioned, only the temps were listed, no screening assessment for cough, SOB, or O2 Sats. 3/26/2020 at 2:30 PM, in a staff interview with the DON and the IPC-RN, they were asked what is the expectation for filling out the form. They reported nursing staff assess temperatures and O2 Saturations and record these on the form (Wing Roster), assess if cough or SOB is present for resident and record on the form. The IPC-RN further stated the nurses on the 100 wing are not good about recording like the nurses on the 200 wing.</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.