

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 505204	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2020
NAME OF PROVIDER OF SUPPLIER QUEEN ANNE HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 2717 DEXTER AVENUE NORTH SEATTLE, WA 98109	
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	<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 and other communicable diseases and infections. 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. Facility staff failed to perform hand hygiene between multiple glove changes during dressing change for 1 of 1 resident (R) (R2) wound care observation. This failure increased the risk for the spread of infections. Findings include: Record review of the facility's policy titled, Handwashing/Hand Hygiene, revised April 2012, showed employees must wash their hands after removing gloves and in most situations, the preferred method of hand hygiene is with an alcohol-based hand rub. Use an alcohol-based hand rub before moving from a contaminated body site to a clean body site during resident care, after handling used dressings, contaminated equipment, after contact with objects (e.g., medical equipment) in the immediate vicinity of the resident; and after removing gloves. The use of gloves does not replace handwashing/hand hygiene. Review of R2's record showed the facility admitted the resident on 3/3/20 with [DIAGNOSES REDACTED]. Current physician orders [REDACTED]. skin care: Apply Zinc based barrier cream with care and as needed, house supply skin repair cream to all regional skin. cover with foam dressing. Apply Nickle thick layer of santyl (ointment used to heal wounds) to wound bed, cover with foam dressing. one time a day every other day for wound care Monitor for s/sx (signs or symptoms) of infection or worsening till healed with order date of 4/3/20. Observation on 4/14/20 at 9:45 AM showed Licensed Nurse (LN) 1 gathering wound care supplies and entering R2's room to do dressing change of left lateral ankle wound. R2 was lying in bed. LN1 washed hands at hand sink in room and donned gloves. LN1 removed R2's left sock and removed gloves. Left ankle wound was about 2 cm x 3.5 cm without any drainage, odor, or redness. LN1 donned gloves and removed dressing. LN1 did not perform hand hygiene after removing gloves and putting on new gloves. After removing dressing, LN1 removed gloves. Again, no hand hygiene was performed after removing gloves after touching dirty dressing. LN1 donned new gloves and filled pink wash basin with soap and water and placed on bed. LN1 removed gloves and donned new gloves. No hand hygiene was performed between glove changes. With gloves, LN1 picked up gauze and wiped wound bed and surrounding wound area. LN1 removed gloves and donned new gloves. No hand hygiene was performed between glove changes. LN1 emptied liquids in wash basin and washed hands in room hand sink. The wash basin was not cleaned. LN1 donned gloves and picked up gauze and patted wound. LN1 removed gloves and donned new gloves. No hand hygiene was performed between glove changes. LN1 applied zinc ointment around the wound base. LN1 removed gloves and donned new gloves. No hand hygiene was performed between glove changes. LN1 applied santyl on Q-tip and placed santyl on wound. LN1 removed gloves. LN1 donned gloves and placed [MEDICATION NAME] to cover wound. No hand hygiene was performed between glove changes. LN1 removed gloves and washed hands. During interview on 4/14/20 at approximately 10:00 AM LN1 stated that she did not perform hand hygiene between glove changes but should have. During interview on 4/14/20 at approximately 11:00 AM Director of Nursing (DON) stated that hand hygiene should be done between clean and dirty tasks, after touching dirty dressing. Hand washing is preferred. During interview on 4/15/20 at 11:00 AM during Exit Conference DON was informed that hand hygiene was not performed during several glove changes during dressing changes and after touching dirty dressing and before touching clean items in the resident's care environment. No further information was provided.</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.