

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 505151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER CASHMERE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 817 PIONEER AVENUE CASHMERE, WA 98815	
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 ensure eye shield personal protective equipment (PPE) was utilized by one of nine staff (Staff C) observed providing direct resident care to residents in quarantine (specialized droplet/contact precautions). This failure put the staff at risk of infection by not being fully protected per Centers for Disease Control and Prevention (CDC) guidance, and placing all other residents at risk should the staff member become infected. Findings included . Review of facility policy titled, COVID-19 update, July 10, 2020 showed all staff were required to wear N95 masks and goggles or face shields at all times as part of their PPE. On 07/15/2020 at 10:30 AM, Staff B, Director of Nurses, stated the facility had 15 residents test positive for Coronavirus disease (COVID-19) in the past two weeks. The residents were isolated in specialized droplet/contact precautions on the East and West wings. The East wing was the designated COVID-19 unit and the West wing had additional residents who tested positive for COVID-19 since the COVID unit was full. Staff B stated that staff were to wear their masks and eye protection on all units and wore disposable isolation gowns in the rooms on precautions. At 11:00 AM, the West wing was observed to have six resident's rooms identified as isolation rooms with doors shut, PPE cabinets with supplies next to the doors and signs indicating the rooms were specialized droplet/contact precautions. The signs indicated the PPE required prior to entering were gown, gloves, mask and eye protection. At 11:10 AM, on the West wing, Staff C, Nursing Assistant (NA), and Staff D, Licensed Practical Nurse (LPN), were observed donning PPE prior to entering room [ROOM NUMBER] (one of the specialized isolation rooms). The LPN wore gown, gloves, mask and eye shield and the NA was wearing a gown, gloves, mask, but no eye protection. They stated they were obtaining a urine sample from Resident #18. When they finished and exited the room, Staff C was asked about wearing eye protection, s/he stated I forgot them at home and could not find any at work. Resident #18. Medical record review showed the resident was admitted to the facility 02/28/2019 with [DIAGNOSES REDACTED]. Review of the facility map provided by Staff A, Administrator, on 07/15/2020 showed room [ROOM NUMBER] was identified as a room under quarantine (resident was COVID-19 negative and potentially exposed by former roommate). During a phone interview on 07/16/2020 at 9:45 AM, Staff B stated that she also saw Staff C did not have an eye shield after the surveyor's observation. The DNS stated she showed Staff C where an ample supply of eye protection was kept on the West wing. Reference: WAC 388-97-1320(2)(b)</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.