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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 505475 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/18/2020 |
| NAME OF PROVIDER OF SUPPLIER WESLEY HOMES HEALTH CENTER | | STREET ADDRESS, CITY, STATE, ZIP 1122 SOUTH 216TH STREET DES MOINES, WA 98198 | |
| 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 | Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure a communicable disease/outbreak was reported to the State Survey Agency (SSA) within the required timeframe. Failure to complete required reporting of five COVID-19 (Coronavirus - a contagious disease) positive cases did not ensure interventions were in place to protect the residents and/or prevent the spread of COVID-19. Findings included . REPORTING AN OUTBREAK Review of the October 2015 Nursing Home Guidelines - The Purple Book showed the facility must report any Communicable Disease/Outbreak to DSHS (Department of Social and Human Services) . Log Within 5 days, and also call the, DSHS Hotline [PHONE NUMBER]. According to the facility's Novel [MEDICAL CONDITION] Prevention and Response policy dated 5/29/20, the facility will respond promptly and implement emergency and/or outbreak procedures including but not limited to immediate reporting of any positive test results for residents and staff to: The Department of Social and Health services (24/7 Hotline: [PHONE NUMBER] or Online reporting . or Email . Review of facility Covid-19 tracking documents showed the following staff/residents were identified as COVID-19 positive on the listed dates: Staff C, Certified Nursing Assistant, tested positive 07/10/2020, Staff D tested positive on 07/18/2020, Staff E tested positive on 07/24/2020, Staff F tested positive on 08/07/2020. Resident #1 was identified as COVID-19 positive on 07/30/2020. Review of Department of Social and Health Services Complaint Resolution Unit (CRU) documents showed facility staff reported positive COVID results for only Staff C. According to a statement from Staff B, Director of Nursing Services, on 08/18/2020 at 11:43 AM, I am sorry for not reporting to CRU. I really thought reporting to PHKC (Public Health King County) and NHSN (sic -National Healthcare Safety Network) would be enough. REFERENCE: WAC 388-97-1320 (1)(a)(c) . | | |
| F 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | Based on interview and record review, the facility failed to provide notification of new COVID-19 cases and weekly updates of COVID-19 status. This failure deprived the resident, their representatives or families from having the opportunity to choose whether they wanted to move forward with the COVID-19 management plan being proposed by the facility. Findings included . Review of facility Covid-19 tracking documents showed the following staff were identified as COVID-19 positive on the listed dates: Staff C, Certified Nursing Assistant, tested positive 07/10/2020, Staff D tested positive on 07/18/2020, Staff E tested positive on 07/24/2020, Staff F tested positive on 08/07/2020. Resident #1 was identified as COVID-19 positive on 07/30/2020. An email to Staff A, Administrator, and Staff B, Director of Nursing, dated 08/11/2020 at 12:56 PM queried Who makes the notification to resident and families of positive cases, and how is this documented (i.e. in prog(ress) notes, via website, email, recorded voice message?). Is the proper notification taking place by 5 PM the next calendar day following the occurrence of a single confirmed COVID infection or of three or more residents or staff with new onset of respiratory symptoms? A second email to Staff A and B, dated 08/13/2020 at 2:54 PM showed, Also, the policies indicate family and residents will be notified of positive cases, where can I find that documentation? I see in the progress notes that (Resident #1's) family was notified of the positive COVID, but the sample of other resident's show no notification in the prog notes. A third email to Staff A and B, dated 08/14/2020 at 11:57 AM requested clarification on the resident/family notification system documenting, I have a template of the communication letters for families and residents, but I don't see any documentation to support the notifications (of positive COVID-19) were made. In reviewing resident prog notes, that some residents have notification prog notes but others do not. In an interview on 08/18/2020 at 12:02 PM, Staff A, Administrator, was asked to provide documentation/evidence to support families and residents were notified of positive (Staff/Resident) COVID cases. Staff A indicated that he sent out email notification to some of the residents' responsible parties who had emails listed on their facesheets stating, I sent out information to one third of the residents by email. The Assistant Director of Nursing called the rest. When asked if notification was made for each of the five staff/residents identified with positive COVID, Staff A identified that Staff C was positive on 07/10/2020 and, we sent one (COVID notification) out that weekend. When asked about notification for Staff E's 07/24/2020 positive result, Staff A stated, I didn't find out until Monday morning (07/27/2020). In an interview on 08/18/2020 at 12:02 PM, Staff A, was asked to provide documentation/evidence to support families and residents were notified of positive cases (staff/resident) in the facility. Staff A was unable to provide sufficient documentation to support that residents and family were notified timely when confirmed infection of COVID-19 were identified. Staff A stated he understood that family and residents were to be notified, 24 hours after we find out (about COVID positive results). When asked if the facility provided the required notification of residents, their representatives, and families following the subsequent occurrence of COVID-19 cases, Staff A replied, Evidently not. No Associated WAC. . | | |

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.