

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/26/2026
NAME OF PROVIDER OR SUPPLIER Life Care Center of Kennewick		STREET ADDRESS, CITY, STATE, ZIP CODE 1508 West Seventh Avenue Kennewick, WA 99336	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control measures intended to mitigate the transmission of Clostridioides difficile [(C. diff) a highly contagious bacteria that causes severe diarrhea and inflammation of the colon] were consistently implemented for contact precautions (infection control measures used to prevent the spread of germs that include wearing gloves and gowns when entering an isolation room, and performing meticulous hand hygiene with soap and water) for 1 of 2 staff (Staff D) reviewed for infection control. This failure placed the residents at risk for contraction of communicable diseases, illness, and death. Findings included. Review of a policy titled, Transmission-based Precautions [(TBP) additional precautions used with residents that are suspected or confirmed to have an infection] and Isolation Procedures, showed the facility would implement and utilize TBPs to mitigate the spread of infection. Contact precautions require the use of appropriate personal protective equipment (PPE), including a gown and gloves before or upon entering the resident room. Prior to leaving the room, hand hygiene is performed. During a concurrent observation and interview on 01/26/2026 at 9:14 AM, Staff D, Registered Nurse/Unit Care Coordinator, entered a resident room that had signage posted indicating the room was under contact precautions. The sign showed everyone must clean their hands with soap and water before entering/leaving the room, put on gloves and gown before room entry and discard before room exit. Staff D entered the resident room without washing their hands or putting on a gown and gloves. They spoke to the resident in the bed next to the window, who stated they were dizzy and had diarrhea. Staff D then spoke to the resident in the bed closest to the door. Staff D exited the resident room without performing hand washing with soap and water. They walked down the hall to the medication cart and obtained a straw from the top of the cart. Staff D re-entered the resident room, again without washing hands or putting on a gown and gloves and removed the paper from the straw for the resident in the bed closest to the door. Staff D picked up the resident's breakfast tray and exited the resident room with the tray. They walked down the hall to the back door of the kitchen and placed the tray on a tray cart located in the hall. They opened the door to the kitchen, closed the door, walked down the hall towards the employee lounge and stated they needed to wash their hands. Staff D opened the door to the employee lounge and entered the lounge. Staff D did not perform hand washing with soap and water during the observation. Staff D stated the precaution sign posted on the resident room applied to all staff for all residents in the resident room. They stated they did not touch the resident, just the meal tray. Staff D stated the resident was on contact precautions for an area of open skin. Staff D reviewed the sign posted on the resident door and stated the use of contact precautions applied to all staff and they should have followed the instructions on the sign. During an interview on 01/26/2026 at 9:24 AM, Staff E, Registered Nurse, stated the contact precaution signage was posted on Saturday, 01/24/2026 because the resident in the bed near the window had complaints of diarrhea and was suspect for C. diff. During an interview on 01/26/2026 at 9:45 AM, Staff C, Infection Preventionist, stated the use of</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 505080
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>contact precautions included putting on a gown and gloves before going into the room, and before exiting, the gown and gloves needed to be removed, and hands needed to be washed with soap and water. Staff C stated hand sanitizer was not effective against C. diff. They stated staff needed to follow contact precautions any time they entered the resident room, even if they were just answering the call light. During an interview on 01/26/2026 at 11:20 AM, Staff B, Interim Director of Nursing, stated when there was a precaution sign posted at the resident room, all staff needed to follow the instructions on the sign. They stated contact precautions included putting on a gown and gloves before entering the room, removing them before exiting the room, and for C. diff, washing their hands with soap and water before leaving the room. Staff B stated they expected all staff to follow the posted signs and to wash their hands with soap and water before leaving the resident room. During an interview on 01/26/2026 at 12:19 PM, Staff A, Administrator, stated all staff should be following the posted precaution signs before entering the resident room and washing their hands before exiting. Staff A stated staff were not following the process for infection control. Reference: WAC 388-97-1320(1)(c)(2)(a) This is a repeat deficiency from the Statement of Deficiencies dated 03/06/2025 and 04/02/2025.</p>		