

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2026
NAME OF PROVIDER OR SUPPLIER Bremerton Trails Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Clare Avenue Bremerton, WA 98310	
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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews, the facility staff failed to follow droplet precautions (infection control measures used to prevent the spread of pathogens transmitted through respiratory droplets) for residents with influenza for 3 of 3 staff (Staff A, B and C) reviewed for infection control practices. This failure placed residents and staff at risk of influenza. Findings included. Review of the Center for Disease Control's webpage, Infection Prevention and Control Strategies for Seasonal Influenza in Healthcare Settings, dated 04/28/2025, showed droplet precautions should be implemented for patients with suspected or confirmed influenza in healthcare settings. Review of the facility's droplet precaution sign, dated 08/10/2023, showed before entering a resident's room, staff should wash or gel hands, wear a mask and wear eye protection. The signage showed staff should remove the mask, eye protection and perform hand hygiene upon exiting the room. On 04/15/2026 at 12:17 PM, Staff A, Certified Nursing Assistant (CNA), performed hand hygiene and entered room [ROOM NUMBER] wearing a mask. A droplet precaution sign was posted next to the resident's doorway. Staff A exited the room, performed hand hygiene, did not remove their mask and continued down the hallway passing lunch trays to resident rooms wearing the same mask. On 04/15/2026 at 12:17 PM, Staff B, CNA, performed hand hygiene and entered room [ROOM NUMBER] wearing a mask. A droplet precaution sign was posted next to the resident's doorway. Staff B exited the room and performed hand hygiene, did not remove their mask and continued down the hallway passing lunch trays to resident rooms wearing the same mask. On 04/15/2026 at 12:24 PM, Staff A said when passing trays, they only needed to perform hand hygiene and wear a mask in rooms on droplet precautions. Staff A said they should have removed their masks after they exited the resident rooms that were on droplet precautions, but they forgot. On 04/15/2026 at 12:28 PM, Staff B, CNA, said the residents on droplet precautions in the facility had influenza and staff should wear a mask and face shield upon entering their rooms. Staff B said staff should remove the mask and face shield when they exited the room. Staff B said they were not aware and/or did not see that room [ROOM NUMBER] was on droplet precautions. On 04/15/2026 at 12:33 PM, Staff C, Registered Nurse (RN), was in room [ROOM NUMBER] wearing a mask. A droplet precaution sign was posted next to the resident's doorway. Staff C exited the room and performed hand hygiene. Staff C did not remove their mask and continued down the hallway administering medications to residents wearing the same mask. On 04/15/2026 at 12:37 PM, Staff C, RN, said the resident in room [ROOM NUMBER] was on droplet precautions due to influenza. Staff C said they did not think they needed to remove and/or change the mask upon exiting the room. On 04/15/2026 at 1:31 PM, Staff D, Infection Preventionist, said residents with influenza are placed on droplet precautions. Staff D said residents in room [ROOM NUMBER] and 59 were positive for influenza and placed on droplet precautions. Staff D said staff were expected to wear a mask and eye protection and use hand hygiene prior to entering the room. Staff D said upon exiting the room staff were expected to remove the eye protection, mask and perform hand hygiene. Staff D said the staff did not follow the facility's infection control policies when caring for the residents on droplet precautions. Reference WAC 388-97-1320(2)(b), 1640(7)</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
---	-------	-----------