STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505185	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olympic View Post Acute	1116 E Lauridsen Boulevard Port Angeles, WA 98362

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** .Based on observation and interview, the facility failed to ensure a resident's room was clean, free of potentially infectious bodily fluids, and free of a potential fire hazard for 1 of 3 residents (Resident 1) reviewed for a safe, sanitary, and homelike environment. This failure placed residents at risk for illness, fire and or burns, and a decreased quality of life. Findings included . Resident 1 admitted to the facility on [DATE]. The quarterly Minimum Data Set (MDS, an assessment tool), showed Resident 1 was moderately cognitively impaired.On 02/04/2026 at 2:55PM, Resident 1's room, 50 bed 2, was observed. The floor by the window was littered with debris, including ear cleaners, wrappers, and pill containers. The window seal, blinds, and along the edge of the floor trim had dark yellow brown substances. The sheet on the bed had food particles and stains of varying shapes and colors. A large disc heater was positioned on the dresser which was located below a large cork board. The heater was on and was producing a bright orange glow. The plug in was only halfway into the outlet. There were piles of clothes, bedding, and personal items all crowded around the heater.On 02/04/2025 at 11:03PM, Staff G, Maintenance Manager, observed the heater. Staff G said the fire marshal said the heaters were okay in facilities but needed at least 3 feet of clearance from any object. Staff G said there were too many items close to heater, including the corkboard, which would create a fire hazard. When asked how staff would know what the regulations were regarding space heaters in resident's rooms, he stated, They should just know.On 02/05/2026 at 11:45, Staff H, Housekeeping Manager, observed Resident 1's room. Staff H moved Resident 1's bed with their foot. Brownish yellow liquid could be seen oozing from under the bed frame legs. Staff H said the room was very dirty and that it was evident the room had not been deep cleaned for a long time. When asked how important cleaning rooms with potential pathogens (bacteria, virus, or microorganism) was, Staff H said it was very important to decrease the risk of spreading infection. On 02/23/2026 at 1:17PM, Staff A, Administrator, said they had determined Resident 1 would often refuse to have their room cleaned, but that staff should have reported the condition of the room and the refusals to management, especially when there was concern for infectious diseases. Staff A said the facility would no longer be allowing space heaters due to the risk of fires and burns. See F880, Infection ControlReference WAC 388-97-0880

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505185	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olympic View Post Acute	1116 E Lauridsen Boulevard Port Angeles, WA 98362

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 develop and implement a comprehensive Infection Prevention and Control Program (IPCP) based on facility specific and community-based risk assessment. The facility failed to timely prevent, identify, and respond when Resident 1 exhibited respiratory symptoms, which significantly contributed to the spread of illness as Residents 2, 3, 4, & 5 subsequently tested positive. This deficient practice placed residents at risk for illness and outbreak transmission.Findings included.Resident 1 admitted to the facility on [DATE]. The quarterly Minimum Data Set (MDS, an assessment tool), showed Resident 1 was moderately cognitively impaired.A nursing note, dated 02/01/2026 at 1:34 PM, documented Resident 1 was complaining of breathing discomfort and chest pain. Resident 1 was transported to the hospital and was returned to the facility on the same day with a diagnosis of Respiratory Syncytial Virus (RSV, a highly contagious virus, often causing severe lung issues and or worsening chronic conditions).On 02/05/2026 at 10:20 AM, CC1 (Collateral Contact 1), Emergency Medical Technician, said Resident 1 was picked up from the facility on 02/01/2026 around 2:00 PM in a very disheveled state. CC1 said Resident 1 had yellowish liquid that smelled like vomit all over their body, impeding the placement of heart monitoring equipment. CC1 said Resident 1's bed, floor, and the bedside wall were covered in dry yellow liquid. They said none of the staff, including nurses and aides, who were going in and out of the room, were wearing Protective Personal Equipment (PPE) or were utilizing any sort of precautions. CC1 said Resident 1 was returned to the facility about 4 hours later. CC1 said the room looked the same and they had to clean it with disinfecting wipes they found outside of the room. Resident 1's roommate was still in the shared room and there were no infection precautions in place.On 02/04/2026 at 1:30 PM, a Contact Precautions (key measures include hand hygiene, gloves and a gown) sign was observed on the door to room [ROOM NUMBER]. At 1:32 PM, Staff E, Registered Nurse (RN), was observed coming out of the room without gloves or a gown. Staff E went directly to their medication cart without performing hand hygiene. Staff F, Certified Nursing Assistant (CNA), also came out of the room without gloves or a gown and went directly across the hall to another room without performing hand hygiene.On 02/04/2026 at 1:35 PM, Staff E was asked why there was a Contact Precautions sign on the door to room [ROOM NUMBER]. They said they thought it was due to one of the residents having a foley catheter (a tube in the ureter to drain urine) in place. When asked if Contact Precautions should be in place for a resident that has a foley catheter, Staff E said they did not know. They said there were never the right signs on the doors, and they didn't know who to talk to. Staff E said they had been a nurse for a long time and knew that the facility did not have a good infection control program.On 02/04/2026 at 3:15PM, Staff B, Director of Nursing Services (DNS), said Resident 1 should have been placed on a combination of Droplet Precautions and Contact Precautions (key measures include wearing masks, gloves, gown, eye protection, frequent hand hygiene, isolation of the resident) when they returned from the hospital. They said the room should have been thoroughly cleaned and disinfected. Staff B said Staff C, RN, became the Infection Preventionist (IP) in December of 2025 when the last IP left. Staff B said they did not know where any of the IPCP information was.On 02/04/2026 at 3:37PM, Staff C, RN, said they had not been trained, nor did they have time to perform the duties of an IP. Staff A, Administrator, was not in the building the week of February 2, 2026, through February 6, 2026, and was unavailable for interview.On 02/11/2026 at 10:37PM, Staff D, Regional Nurse Consultant (RNC), said they would immediately go to the facility and begin the process of creating an IPCP which would include the RSV infection.On 02/12/2026 at 11:52PM, Staff D, RNC, reported four new cases of RSV, including Resident 3. At 6:16 PM, three more cases were (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505185	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olympic View Post Acute	1116 E Lauridsen Boulevard Port Angeles, WA 98362

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	reported, including Resident 2, Resident 4, and Resident 5.Resident 2 admitted to the facility on [DATE]. The annual MDS, dated [DATE], documented Resident 2 was severely cognitively impaired.A nursing note on 02/08/2026 at 8:50PM documented Resident 1 had a low heart rate and was having difficulty breathing. The next morning on 02/09/2026 at 6:28 AM, the same nurse documented Resident 1 had passed away. At 10:02 AM, positive RSV lab results were received and documented. Resident 3 admitted to the facility on [DATE]. The annual MDS, dated [DATE], documented Resident 3 was severely cognitively impaired. A Health Status note, dated 02/09/2026 at 10:00 AM, documented a positive RSV lab had been received. On 02/11/2026 at 7:26 PM, Resident 3 was sent to the hospital for increased temperature and decreased oxygen saturation. Resident 4 was admitted to the facility on [DATE]. The quarterly MDS, dated [DATE] documented Resident 4 was severely cognitively impaired. A nurse's note, dated 02/13/2026 at 3:37 AM, documented Resident 4 was sent to the hospital for respiratory distress and increased temperature. Resident 5 was admitted to the facility on [DATE]. The annual MDS, dated [DATE], documented Resident 5 was severely cognitively impaired. A nurse's note, dated 02/13/2026 at 3:39 AM, documented Resident 5 was sent to the hospital for labored breathing and gurgling chest sounds. On 02/18/2026 at 10:09 AM, Staff D, RNC, said the lack of a comprehensive IPCP, the lack of a credentialed and trained IP, and the lack of infection control training and education for staff all contributed to the outbreak and severity of the RSV infection.Reference WAC 388-97-1320(1)(a)(2)(a)(2)(b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505185	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olympic View Post Acute	1116 E Lauridsen Boulevard Port Angeles, WA 98362

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Implement a program that monitors antibiotic use. .Based on interview and record review, the facility failed to establish an Infection and Control Program (IPCP) that included: developing an antibiotic stewardship program, to promote appropriate use of antibiotics and reduce the risk of unnecessary antibiotic use, including the development of antibiotic resistance. This failure placed residents at risk for potential adverse outcomes associated with the inappropriate/unnecessary use of antibiotics.Findings included. On 02/04/2026 at 3:15PM, Staff B, Director of Nursing Services, was asked for the facility's IPCP which would include an antibiotic stewardship portion. Staff B said they did not know where any of the information for the facility's IPCP was. Staff B said they were unaware of any system being used to track antibiotic usage in the facility. Reference WAC 388-97-1620(2)(b)(i)(ii)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505185	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olympic View Post Acute	1116 E Lauridsen Boulevard Port Angeles, WA 98362

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 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. .Based on interview and record review, the facility failed to ensure there was a designated and qualified Infection Preventionist (IP) responsible for the facility's Infection Control Program. This failure placed residents at risk for unmet infection control issues or care needs.Finings included .On 02/04/2026 at 3:15PM, Staff B, Director of Nursing Services, DNS, said Staff C, Registered Nurse (RN), had been assigned the role of IP since December of 2025. Staff B was unable to provide any information on the facility's Infection Prevention and Control Program. On 02/04/2026 at 3:37PM, Staff C, RN, said they were assigned two roles, Wound Care Nurse and IP. Staff C said they had graduated from nursing school just a few months prior and did not have any infection control experience other than nursing school. Staff C said they were working over 40 hours a week performing wound care and were unable to dedicate the requisite 20 hours per week for the IP role. Staff C said they had not begun the IP certification program. Refer to F880, Infection ControlWAC reference 388-97-1620(2)(b)(i)(ii)