

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER Soundview Rehabilitation and Health Care Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1105 27th Street Anacortes, WA 98221	

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 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>43954</p> <p>Based on interviews and record review, the facility failed to designate one individual as the Infection Preventionist (IP) who worked at least part-time at the facility. This failure placed the residents at risk for unmet infection control issues and lack of oversight of the facility staff's infection control practices.</p> <p>Findings included .</p> <p>Review of the facility provided policy titled, 'Infection Preventionist', undated, showed the IP was to be employed on-site and at least part-time.</p> <p>In an interview on 02/07/2025 at 10:35 AM, Staff A, Administrator, stated they had not had an IP on-site for over 2 months and no individual had been designated as the on-site facility IP at the time of the recent Influenza outbreak.</p> <p>In an interview on 02/07/2025 at 1:35 PM, Staff B, Registered Nurse, stated they believed Staff C was the IP of the facility but was unsure.</p> <p>In an interview on 02/07/2025 at 3:00 PM, Staff C, Director of Nursing, stated they had an IP certificate but had not worked as the IP in the facility at any time and no staff had been working on-site as the IP in the facility for months.</p> <p>No associated WAC</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
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