

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505246	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/10/2025
NAME OF PROVIDER OR SUPPLIER Pullman Care		STREET ADDRESS, CITY, STATE, ZIP CODE Northwest 1310 Deane Pullman, WA 99163	

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** 00242</p> <p>Based on interviews and record review, the facility failed to complete testing for COVID-19 (infectious disease by a new virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death) per federal guidelines for 8 of 10 staff (Staff A, B, C, D, F, G, I, J) during a COVID-19 outbreak. This failure increased the likelihood for delayed identification, diagnosis and treatment of COVID-19. In addition, the facility failed to implement their respiratory protection program in a timely manner for 4 of 10 staff (Staff A, B, D, H) every year within 12 months of the date of the last fit test. The respirator program consisted of fit testing procedures (a medical evaluation, fit testing and training on the use and wearing of a respiratory mask) of the N95 respirator mask (a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles) for staff. This failed practice potentially resulted in transmission of the COVID-19 virus.</p> <p>Findings included .</p> <p>A COVID-19 outbreak began in the facility on 12/10/2024 and ended on 01/06/2025. The outbreak involved 10 residents and five staff, who tested positive for COVID-19.</p> <p>Review of the 06/24/2024 Centers for Disease Control and Prevention (CDC's) Infection Control Guidance: SARS-CoV-2, showed asymptomatic residents and staff with close contact with someone with SARS-CoV-2 infection should have a series of three viral tests for SARS-CoV-2 infection. Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5. If testing identifies additional infections, testing should be repeated every 3-7 days until no new cases are identified for at least 14 days.</p> <p>Review of the Washington State Department of Health guidance titled, Respiratory Protection Program for Long-Term Care Facilities, showed the respiratory protection program is the facility's plan on how to provide respiratory protection for the staff. A respirator medical evaluation was required to determine whether it was safe for staff to use respirators. After staff received their written recommendation stating they could use a respirator, they must complete the facility's respirator training before their first use of the respirator. The training needed to be done every 12 months. Respirator fit testing was done initially (upon hire or transfer) and then every year, within 12 months of the date of the last fit test.</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
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of staff testing records for COVID-19 and work assignment records during the outbreak between 12/10/2024 to 01/06/2025 showed the following:</p> <p>Staff A, Nursing Assistant (NA) - tested on [DATE], 12/16/2024, 12/30/2024</p> <p>Work assignment records showed Staff A worked on 12/16/2024, 12/17/2024, 12/18/2024, 12/27/2024, 12/28/2024, 12/29/2024, 12/30/2024, 01/02/2025, 01/03/2025, and 01/06/2025.</p> <p>Staff B, NA - Work assignment records showed they worked on 12/11/2024 and 12/12/2024, however they were not tested until 12/13/2024.</p> <p>Staff C, NA - tested on [DATE], 12/16/2024, 12/24/2024, 12/31/2024</p> <p>Work assignment records showed Staff C worked on 12/12/2024, 12/16/2024, 12/17/2024, 12/18/2024, 12/23/2024, 12/24/2024, 12/25/2024, 12/26/2024, 12/30/2024, 12/31/2024, 01/01/2025, 01/02/2025, and 01/06/2025</p> <p>Staff D, Registered Nurse - tested on [DATE], 12/19/2024, 12/30/2024</p> <p>Work assignment records showed Staff D worked on 12/12/2024, 12/16/2024, 12/17/2024, 12/18/2024, 12/19/2024, 12/23/2024, 12/24/2024, 12/26/2024, 12/30/2024, 12/31/2024, 01/01/2025, 01/02/2025, 01/04/2025, and 01/06/2025</p> <p>Staff F, Licensed Practical Nurse - tested on [DATE], 12/18/2024</p> <p>Work assignment records showed Staff F worked on 12/11/2024, 12/12/2024, 12/16/2024, 12/17/2024, 12/18/2024, 12/19/2024, 12/23/2024, 12/24/2024, 12/25/2024, 12/26/2024, 12/30/2024, 12/31/2024, 01/01/2025, 01/02/2025, and 01/06/2025.</p> <p>Staff G, NA - tested on [DATE], 12/12/2024, 01/06/2025</p> <p>Work assignment sheets showed Staff G worked on 12/11/2024, 12/12/2024, 12/15/2024, 12/16/2024, 12/17/2024, 12/18/2024, 12/19/2024, 12/21/2024, 12/22/2024, 12/23/2024, 12/24/2024, 12/25/2024, 12/26/2024, 12/27/2024, 12/28/2024, 12/29/2024, 12/30/2024, 12/31/2024, 01/01/2025, 01/02/2025, 01/05/2025, and 01/06/2025</p> <p>Staff I, Dietary Aide - tested on [DATE], 01/01/2025</p> <p>Work assignment sheets showed Staff I worked on 12/11/2024, 12/12/2024, 12/13/2024, 12/17/2024, 12/18/2024, 12/19/2024, 12/21/2024, 12/25/2024, 12/26/2024, 12/27/2024, 12/28/2024, 12/31/2024, 01/01/2025, 01/02/2025, 01/03/2025, 01/04/2025, and 01/05/2025</p> <p>Staff J, [NAME] - tested on [DATE], 12/25/2024, 01/04/2025</p> <p>Work assignment sheets showed Staff J worked on 12/12/2024, 12/13/2024, 12/14/2024, 12/15/2024, 12/16/2024, 12/19/2024, 12/20/2024, 12/21/2024, 12/22/2024, 12/26/2024, 12/29/2024, 01/01/2025, 01/04/2025, 01/05/2025, and 01/06/2025</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of residents' records showed there were no documented COVID-19 testing results for 29 of 29 residents in the facility during the COVID-19 outbreak.</p> <p>Review of staff fit testing records showed the following:</p> <p>Staff A - no fit testing performed since 11/30/2023</p> <p>Staff B - no fit testing performed since 11/28/2023</p> <p>Staff D - no fit testing performed since 12/01/2023</p> <p>Staff H, Housekeeper - no fit testing performed since date of hire on 11/12/2024</p> <p>On 01/10/2025 at 11:00 AM, Staff K, Director of Nursing, stated COVID-19 testing for residents and staff was to have been done twice weekly during the outbreak.</p> <p>On 01/10/2025 at 1:45 PM, Staff L, Administrator stated they and Staff K tested positive for COVID-19 at the beginning of the outbreak so the leadership at the facility was inconsistent during that time. Staff L stated they were aware resident testing for COVID-19 was being performed by staff despite being unable to provide any documented testing. They stated they believed testing on residents was done on 12/10/2024, 12/15/2024, 12/20/2024, 12/26/2024, 01/01/2025, and 01/06/2025.</p> <p>Reference (WAC) 388-97-1320(1)(a)(2)(a)</p>		