STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505255	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Othello Nursing & Rehab	495 North Thirteenth Street Othello, WA 99344

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. 38527 Based on interview and record review, the facility failed to ensure treatment of a viral illness was provided in accordance with professional standards of practice for 1 of 3 residents (Resident 2), reviewed for quality of care. This failure placed the residents at risk for negative health outcomes. Findings included . Per the Centers for Disease Control (CDC)'s Interim Clinical Considerations for COVID-19 Treatment in Outpatients, updated 01/17/2024, there is strong scientific evidence that antiviral treatment of persons with mild to moderate illness who are at risk for severe COVID-19 reduces their risk of hospitalization and death and clinicians should consider COVID-19 treatment within 5-7 days of symptom onset. Review of the Othello - COVID Timeline, initiated 03/01/2024, showed the facility had seven residents, including Resident 2, tested positive for COVID-19 between 03/01/2024 and 03/11/2024. Resident 2 was listed as having no symptoms. Review of the February and March 2024 nursing progress notes showed Resident 2 was alert and oriented to themself, worked with therapy with active effort/participation, fed themself, and woke readily from naps during the month of February. On 03/01/2024 the resident tested postive for COVID-19 and was more tired, hard to arouse, less interactive, and not eating or drinking. Additional notes after 03/01/2024 showed the resident continued to be lethargic, less responsive, and ate less. There were no notes showing the resident's medical provider and/or their representative were notified of the resident's decline, and no discussion of possible antiviral treatment related to their COVID-19 diagnosis. In an interview on 03/27/2024 at 2:48 PM a representative of the local public health authority stated they were notified of the facility's COVID-19 outbreak on 03/02/2024 and were concerned about the lack of antiviral treatment offered to multiple residents (five out of seven). Per the representative, the facility was notified of the county health care officer's recommendation to start antiviral treatment per the CDC guidelines, but the facility responded that the residents were not sick enough to receive treatment. The representative stated the facility response was not in line with the CDC guidance. (continued on next page)

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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 03/27/2024 at 1:18 PM Staff D, Registered Nurse (RN), stated Resident 2 was very ill upon admission to the facility but was slowly trending better prior to their COVID-19 diagnosis. Staff D stated they did not know who notified the provider of the resident's COVID-19 diagnosis and/or what the provider's criteria for starting a resident on antiviral treatment was. In an interview at 3:27 PM the same day, Staff E, RN, stated Resident 2 had increased lethargy and decreased eating after their COVID-19 diagnosis. At 3:35 PM the same day, Staff B, Medical Director, stated the facility had standing orders to help providers determine which antiviral treatment a resident might need, but had no guidance on if/when antiviral treatment should be started. Staff B stated they were not aware of which provider was notified of Resident 2's COVID-19 diagnosis or of their symptoms. Staff B stated they would consider the additional lethargy and decreased intake exhibited by the resident as symptomatic of COVID-19 and indicative of the need for antiviral treatment, which should have been discussed with the resident and/or their representative. In an interview on 03/27/2024 at 3:01 PM, Staff A, Administrator, stated Staff C, Registered Nurse, notified an unidentified on-call provider on 03/01/2024 of the COVID-19 outbreak and would have been responsible to ask them if they would like to order antiviral treatment for the affected residents. Staff A stated Resident 2 was asymptomatic and confirmed the resident did not receive antiviral treatment. Reference: (WAC) 388-97-1060 (1)