

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/04/2024
NAME OF PROVIDER OR SUPPLIER Mountain View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 E Mountain View Ellensburg, WA 98926	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>45939</p> <p>Based on interview and record review, the facility failed to timely complete, thoroughly investigate, and provide prompt resolutions for grievances filed for 5 of 9 residents (Resident 1, 2, 3, 4, and 5) reviewed for grievances. This deficient practice placed residents at risk for unmet care needs and the potential for unidentified abuse and/or neglect.</p> <p>Findings included .</p> <p>Review of the undated facility policy, titled Grievances/Complaints, Filing, showed the facility was to complete an investigation for any expressed concerns (verbally, in writing, or anonymously) within five working days of receipt, and the Grievance Office or Administrator would provide verbally (in writing upon request) the determined resolution to the resident and/or their representative.</p> <p>Review of the facility's documented grievances for August 2024, September 2024, and October 2024 showed 17 grievances were filed regarding 10 different residents.</p> <p><Resident 1></p> <p>Review of the medical record showed Resident 1 admitted to the facility, on 11/14/2023, with diagnoses of heart disease, lower back inflammation and depression (a common mental health condition that involves a persistent low mood or loss of interest in activities). Review of the comprehensive assessment, dated 08/26/2024, showed Resident 1 had intact cognition and required the assistance of one person for Activities of Daily Living (ADLs).</p> <p>Review of the grievance form, dated 09/10/2024, showed a RR for Resident 1 expressed concerns regarding bathing frequency, the use of Resident 1's personal hygiene items during bathing, and access to care during mealtimes. The investigation steps, Administrator review, and follow-up sections of the grievance form were blank and unaddressed.</p> <p>Review of the grievance form, dated 10/03/2024, showed Resident 1 reported missing items from their room: six cans of Dr. Pepper (soft drink) and two bottles of Gatorade (electrolyte drink), and requested the facility replace them. The remaining sections of the grievance form were blank and unaddressed.</p> <p><Resident 2></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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the medical record showed Resident 2 admitted to the facility, on 10/05/2024, with diagnoses of pneumonia (a lung infection that causes the air sacs in the lungs to fill with fluid or pus, making it difficult to breathe), high blood pressure, and impaired kidney function (body's ability to filter toxins from the blood). Review of the comprehensive assessment, dated 10/12/2024, showed Resident 2 had moderately impaired cognition and required the assistance of one person for ADLs.</p> <p>Review of the grievance form, dated 10/10/2024, showed a Resident Representative (RR) for Resident 2 expressed concern regarding increased swelling in Resident 2's legs and the bed sore (they) got in the hospital. The remaining sections were blank and unaddressed.</p> <p>Review of a second grievance form, dated 10/10/2024, showed a RR for Resident 2 expressed concern regarding the failure to deliver meals to Resident 2 unless RR was present and requested them. The investigation steps showed the Dietary Manager was notified of the concern. The remaining sections were blank and unaddressed.</p> <p>Review of the medical record showed Resident 2 discharged from the facility on 10/16/2024, and no resolution to their grievances were made.</p> <p><Resident 3></p> <p>Review of the medical record showed Resident 3 admitted to the facility, on 10/11/2024, with diagnoses of acute kidney failure and heart disease. Review of the comprehensive assessment, dated 10/17/2024, showed Resident 3 had moderate cognitive impairment and required the assistance of one person for ADLs.</p> <p>Review of the grievance form, dated 10/14/2024, showed a RR for Resident 3 expressed concerns regarding the quality of the food and the cleanliness of Resident 3's room. Investigation steps showed the concerns were forwarded to the respectable departments. The remaining sections of the grievance form were blank and unaddressed</p> <p><Resident 4></p> <p>Review of the medical record showed Resident 4 admitted to the facility, on 09/30/2024, with diagnoses of atrial fibrillation (a type of irregular heartbeat that occurs when the upper chambers of the heart, called the atria, beat rapidly and out of sync), heart disease, and diabetes [a condition that happens when the body can't use glucose (a type of sugar) normally], and was at the facility to received skilled therapy and rehabilitation services. Review of the comprehensive assessment, dated 10/07/2024, showed Resident 4 was cognitively intact and required the assistance of two people for ADLs.</p> <p>Review of the grievance form, dated 10/15/2024, showed a RR for Resident 2 expressed concerns regarding skilled therapy frequency (Resident 2 had no therapy for previous five days), blood thinning medication, and the quality of the food. The remaining sections of the grievance form were blank and unaddressed.</p> <p><Resident 5></p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the medical record showed Resident 5 was admitted to the facility, on 10/19/2024, with diagnoses of diabetes, chronic pain, and depression. Review of the comprehensive assessment, dated 10/25/2024, showed Resident 5 was cognitively intact and required the standby assistance of one person for ADLs.</p> <p>Review of the grievance form, dated 10/21/2024, showed Resident 5 requested a different room because roommate is telling (them) to leave and (they) are tired of (their) s*** The remaining sections of the grievance form were blank and unaddressed.</p> <p>During an interview, on 11/04/2024 at 3:45 PM. Staff D, Social Services Director, stated their normal practice was to attempt to resolve grievances within five days, and forms with unaddressed sections were grievances that had not been completed. Staff D stated they brought grievance concerns to the daily meetings and the department managers were responsible for identifying concerns to be investigated. Staff D stated they tried to follow up with department managers on the status of the investigations and resolutions but had not been successful lately. Staff D stated the overall grievance process was their responsibility, and they had not made them a priority lately.</p> <p>During an interview, on 11/04/2024 at 4:30 PM, Staff A, Operations Manager, stated the expectation was for grievances to be forwarded to the appropriate departments for investigation, and then the department manager would meet with Staff A to discuss the resolution. Staff A stated Social Services staff would follow-up with the resident or their RR, and then the completed grievance form would be reviewed and signed by Staff A. Staff A stated it was the responsibility of Staff D, or their designee, to facilitate the grievance process and track the status. Staff A stated they were unaware of the grievances filed regarding Resident 1, 2, 3, 4, and 5, and the grievance process was not being followed.</p> <p>Reference: WAC 388-97-0460 (2)</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>Provide and implement an infection prevention and control program.</p> <p>45939</p> <p>Based on observation, interview, and record review, the facility to maintain their Respiratory Protection Program (RPP) for N95 respirator masks (a respiratory protective device designed to filtrate airborne particles by achieving a very close facial fit) related to fit testing for 2 of 4 staff (Staff F and G) and appropriate wear for 3 of 6 staff (Staff E, H, and I) reviewed for infection control practices during a COVID-19 (an infectious disease-causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases, difficulty breathing, that could result in severe impairment or death) outbreak. This deficient practice placed residents and staff at continued risk of exposure and spread of COVID-19 during an active outbreak.</p> <p>Findings included .</p> <p>Review of guidance from the Washington State Department of Health website (with no date to reference), titled Respiratory Protection Program for Long-term Care Facilities, showed the N95 respirator protected the user when the seal around the person's nose and mouth was tight enough to prevent the respiratory hazards from leaking into their breathing space. The N95 respirator would need to be tested before using and annually after that.</p> <p>Review the Washington State Department of Health document DOH 420-371, titled A clean shave can save, dated February 2024, showed facial hair interfered with the seal of respirators, increasing the risk of exposure and contamination.</p> <p>Review of the facility's COVID-19 outbreak line listing (form of record keeping during outbreaks that shows names, dates, symptoms, testing, interventions, and resolutions for each individual involved) and investigation showed the current outbreak began on 09/14/2024 (51 days prior) affecting 31 residents and 12 staff members. The facility implemented source control interventions that included all staff and visitors to wear N95 respirator masks while in the facility.</p> <p><Fit Testing></p> <p>Review of Respirator Fit Testing and Training for sampled staff showed:</p> <p>Staff F, Nursing Assistant (NA), was hired on 09/24/2024 and had no documented N95 respirator fit testing in their employee personnel file.</p> <p>Staff G, NA, was hired on 09/17/2024 and had no documented N95 respirator fit testing in their employee personnel file.</p> <p>During an interview, on 11/04/2024 at 10:45 AM, Staff C, Assisted Director of Nursing (ADON), stated the facility's process was to fit test all new staff upon hire and then annually. Staff C stated Staff F and Staff G had not been fit tested for N95 respirators yet because of miscommunication between hiring managers and nursing managers. Staff C confirmed both Staff F and Staff G had worked with residents during the current COVID-19 outbreak without being fit tested .</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><Respirator Wear></p> <p>During a concurrent observation and interview, on 11/01/2024 at 2:05 PM, Staff E, NA was observed with a full facial beard (facial hair around mouth, on chin, cheeks, and neck) with facial hairs 1/2 to one inch [in (unit of measure)] long. Staff E stated they were aware facial hair was not recommended when wearing an N95 respirator because the mask might not fit closely to the face. Staff E stated none of the Licensed Nurses (LNs) or nurse managers had asked them to shave their facial hair.</p> <p>During a concurrent observation an interview, on 11/04/2024 at 2:07 PM, Staff H, NA, was observed with a full facial beard with facial hairs 1/2 in long. Staff H stated they were aware facial hair interfered with the close fit of an N95 respirator mask to the face. Staff H stated they did not have the money to get their face shaved at the moment, and none of LNs or nurse managers talked to them about shaving their facial hair.</p> <p>During a concurrent observation and interview, on 11/04/2024 at 2:12 PM, Staff I, Agency Registered Nurse (RN), was observed with a full facial beard with facial hairs 1/2 in long. Staff I stated they had been fit tested and provided education regarding the appropriate wear of N95 respirators at their previous location of work, and they were aware facial hair affected the seal of the N95.</p> <p>During an interview, on 11/04/2024 at 4:05 PM, Staff C stated education regarding facial hair expectations when wearing an N95 respirator was provided to staff during fit testing, and staff was expected to maintain facial hair appropriate for N95 respirator use. Staff C confirmed the facial hair on Staff E, Staff H, and Staff I was not appropriate N95 use.</p> <p>During an interview, on 11/04/2024 at 4:30 PM, Staff B, Director of Nursing (DON), stated they were aware the facility's infection control program was not correctly implemented, and they were continuing to address issues as they arose.</p> <p>This is a repeat deficiency. Refer to the Statement of Deficiencies dated 05/17/2024.</p> <p>Reference: WAC 388-97-1320 (1)(a)</p>		