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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>505263 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY COMPLETED<br><br>03/18/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Mountain View Post Acute |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1050 E Mountain View<br>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.

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| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45642</b></p> <p>Based on observation, interview, and record review, the facility failed to provide the necessary care and services to ensure residents dependent on staff received consistent showers for 3 of 9 residents (Residents 1, 3, and 4) reviewed for activities of daily living (ADL) care provided for dependent residents. The failure to receive adequate showering and grooming care according to the residents' care plan placed the residents at risk for unmet care needs, impaired skin integrity, and embarrassment.</p> <p>Findings included .</p> <p>&lt;Resident 1&gt;</p> <p>Review of the resident's medical records showed they were admitted to the facility on [DATE] with diagnoses including heart failure, weakness, altered mental status, and unsteadiness on their feet.</p> <p>Review of Resident 1's most recent comprehensive assessment dated [DATE], showed the resident had moderate cognitive impairment, and had an ADL self-care performance deficit and required substantial/maximal assistance with showering, upper/lower body dressing, and moderate assist with shower transfers.</p> <p>Review of Resident 1's task sheets showed the resident preferred to have showers on Mondays and Wednesdays. The task sheet for February 2025 showed the resident had eight opportunities for a shower, the resident missed six of those opportunities for a shower. Further review of the March 2025 task sheets showed the resident had eight opportunities for a shower, the resident missed four opportunities for a shower.</p> <p>During an observation and concurrent interview on 03/17/2025 at 2:03 PM, showed Resident 1, lying on his bed. Resident 1 was wearing a blue shirt and jeans with gray socks. I don't remember the last shower; the resident's nails had dark matter underneath them and their hair oily and uncombed.</p> <p>During an interview on 03/18/2025 at 2:35 PM, Staff M, Nursing Assistant (NA), stated they were responsible for 10 to 12 residents in a shift and assisted with the two person lift transfers on the hall. Staff M stated they were responsible for showers of the residents scheduled on their shift. Staff M stated, they have been working on the floor for two weeks and had not given a shower to a resident.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>&lt;Resident 3&gt;</p> <p>Review of the resident's medical records showed they were admitted to the facility on [DATE] with diagnoses including heart failure, anxiety, depression and the need for assistance with personal care.</p> <p>Review of Resident 3's most recent comprehensive assessment dated [DATE], showed the resident cognition was intact, and had an ADL self-care performance deficit and dependent with showering, upper/lower body dressing, and with shower transfers.</p> <p>Review of Resident 3's task sheets showed the resident preferred to have showers on Wednesdays and Saturdays. The task sheet for January 2025 showed the resident had eight opportunities for a shower, the resident missed seven opportunities for a shower. Further review of the February 2025 task sheets showed the resident had eight opportunities for a shower, the resident missed seven opportunities for a shower. The task sheet for March 2025 showed the resident had eight opportunities for a shower, the resident missed four opportunities for a shower.</p> <p>During an observation and concurrent interview on 03/18/2025 at 11:32 AM, Resident 3 was lying in bed, their hair and clothing disheveled and a faint body odor was present. The resident stated that they receive a shower once every three weeks and is usually a bed bath. Resident 3 stated they do not refuse and would like more showers, but the facility was always short staff.</p> <p>During an interview on 03/18/2025 at 4:15 PM, Staff L, Nursing Assistant (NA), stated they really do try to get the resident showers during their shift. Staff L stated that they had not given any showers for their shift.</p> <p>&lt;Resident 4&gt;</p> <p>Review of the resident's medical records showed they were admitted to the facility on [DATE] with diagnoses including kidney disease, anxiety, weakness and the need for assistance with personal care.</p> <p>Review of Resident 4's most recent comprehensive assessment dated [DATE], showed the resident cognition was intact, and had an ADL self-care performance deficit and dependent with showering, upper/lower body dressing, and with shower transfers.</p> <p>Review of Resident 4's task sheets showed the resident preferred to have showers on Wednesdays and Saturdays. The task sheet for January 2025 showed the resident had eight opportunities for a shower, the resident missed seven opportunities for a shower. The task sheet for March 2025 showed the resident had eight opportunities for a shower, the resident missed six opportunities for a shower.</p> <p>During an observation and concurrent interview on 03/18/2025 at 11:10 AM, Resident 4 lying in bed, wearing a tank top, brief and small sheet across their lap. The resident stated, they had not received a shower for weeks. Resident 4 stated I enjoy taking my showers, not being able to take a shower makes me feel uncomfortable and unimportant.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>During an interview on 03/18/2025 at 12:33 PM, Staff C, Assistant Director of Nursing (ADON), stated that showers were documented now electronically. Staff C verified Resident 4 documentation did not reflect them receiving regular showers. Staff C acknowledged a break down in their resident showering process.</p> <p>Reference: WAC 388-97-1060 (2)(c)</p> |   |  |