STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505329	A. Building B. Wing	02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buena Vista Healthcare	151 Buena Vista Drive Colville, WA 99114

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40297 Based on observation, interview, and record review, the facility failed to ensure the immediate environment of 5 of 6 sampled residents (Residents 18, 16, 24, 3, and 21) reviewed for environment, was free from visible clinical information prior to assessing if it violated the resident's privacy. Findings included . <Resident 16> An observation and interview in Resident 16's room on 02/11/2025 at 09:09 AM showed signage on the overhead light that read, 2 per FWW [a walker], Do not bend more than 90 degrees, and Please float right heel. Additionally observed was a laminated sign on the wall and under the overhead light for posterior hip precautions. Review of a 01/27/2025 admission assessment showed the staff assessed Resident 16's cognition was intact. Resident 16 had a roommate. When asked about knowledge of the signage with care directives, Resident 16 stated, I don't know what they are. I can't read them anyway. I don't know what they say. <Resident 24> An observation and interview in Resident 24's room on 02/11/2025 at 9:13 AM showed signage on the overhead light that read, 2 per [NAME] [a mechanical lift]. Progress notes review from 10/04/2024 to 02/14/2025 showed the staff assessed Resident 24 was, alert and oriented, able to make [their] needs known. Resident 24 had a roommate. <Resident 21> An observation and interview in Resident 21's room on 02/11/2025 at 9:42 AM showed signage on the overhead light that read, 1 per FWW bed [to] wc [wheelchair] and 1 per grab bar wc [to] toilet. A 12/20/2024 quarterly assessment showed the staff assessed Resident 21's cognition was intact. Resident 21 stated, I can't read it. Is it about me? Resident 21 had a roommate. <Resident 3> (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
	505329	A. Building B. Wing	02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buena Vista Healthcare	151 Buena Vista Drive Colville, WA 99114

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An observation and interview in Resident 3's room on 02/11/2025 at 9:20 AM showed signage on the overhead light that read, 1 or 2 person (Gait belt), L [left] extremely weak. Resident 3 stated, That was for the person who was here before. I didn't ask for it. Review of progress notes from 10/01/2024 to 02/14/2025 showed the staff assessed Resident 3 was alert and oriented and able to make needs known and sometimes minimally confused. Resident 3 had a roommate. <Resident 18> An observation and interview in Resident 18's room on 02/11/2025 at 9:52 AM showed signage on the overhead light that read, Supervision only (no fww, no w/c). Resident 18 stated, I don't know what the sign is for. Review of the medical record showed Resident 18's cognition was impaired and had a designated Power of Attorney. The above information was shared with Staff B, Director of Nursing, on 02/13/2025 at 8:49 AM. Staff B acknowledged the visibility of the clinical information on the overhead lighting was not limited to the staff, but visible to visitors, roommates, and outside vendors. Staff B stated that the use of the signage was, basically like a bedside care plan. Staff B was asked for documentation that showed the residents or their representatives were involved in opting for the signage, to include ascertaining whether they wished to have signage with clinical information posted in visible areas in their room and other alternatives discussed to ensure clinical information was kept private. No information was provided to show the residents or their representatives directed the use of the signage. No further information was provided. Reference WAC 388-97-0360, -0500(1).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505329	A. Building B. Wing	02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buena Vista Healthcare	151 Buena Vista Drive Colville, WA 99114

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 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged. 40297 Based on interview and record review, the facility failed to identify what information was conveyed to the hospital at the time of transfer for 2 of 2 sampled residents (Residents 16 and 24) reviewed for hospitalization s. This failure placed the residents at risk for a disruptive and ineffective transition from the facility to the hospital setting. Findings included . <Resident 16> Review of a 01/17/2025 progress note showed Resident 16 experienced a change in condition which required a transfer to the hospital. Review of the medical record showed no documentation the facility communicated to the hospital basic information of the resident's status necessary for a safe transition of care, such as contact information for their provider, family or representative, code status, advanced directives, plan of care and treatment, current medications and the reason for the hospital transfer, as required. <Resident 24> Review of a 6/10/2024 progress note showed Resident 24 experienced a change in condition which required a transfer to the hospital. Review of the medical record showed no documentation the facility communicated to the hospital adequate and required communication at the time of the resident's transfer. The above information was shared with Staff B, Director of Nursing, on 02/13/25 at 9:12 AM. Staff B acknowledged the medical record showed no documentation of what the staff communicated to the hospital at the time of the transfer. No further information was provided. Reference WAC 388-97-0120.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505329	A. Building B. Wing	02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buena Vista Healthcare	151 Buena Vista Drive Colville, WA 99114

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 40297 Based on observation, interview and record review, the facility failed to develop the care plans for 2 of 12 sampled residents (Residents 16 and 24) whose care plans were reviewed. This failure placed the residents at risk for inadequate care and a diminished quality of life. Findings included . <Resident 16> Observations on 02/11/2025 at 8:55 AM, 02/12/2025 at 8:49 AM, 11:18 AM, and 2:47 PM, and 02/13/2025 at 8:32 AM, showed Resident 16 had an abductor wedge between their legs. An abductor wedge helped to stabilize the hip joint after hip surgery and reduced this risk of the hip joint dislocating. Review of Resident 16's care plan and February 2025 Treatment Administration Record showed no directions to the staff for the use of the abductor wedge. The above information was shared with Staff C, Minimum Data Set Coordinator/Registered Nurse (RN) on 02/13/2025 at 11:46 AM. Staff C acknowledged Resident 16's care plan did not include the direction to the staff to use the abductor wedge and stated, It should include the wedge cushion. Review of a provider note dated 02/11/2025 showed, Patient has a history of atrial fibrillation [a heart rhythm disorder] and CHF [congestive heart failure, a chronic condition where the heart muscle is weakened and cannot pump blood efficiently throughout the body leading to buildup of fluid or edema in the lungs, legs, and other organs]. The provider note showed the resident, is currently on Furosemide [a medication that increases urine output] and instructed the staff to monitor the resident's weights and adjust the Furosemide dose accordingly. The note also showed Resident 16 transferred from the facility to the hospital on 01/17/2025 and required treatment for the atrial fibrillation. Review of the care plan showed no documentation the staff acknowledged the active and treated diagnoses of atrial fibrillation or congestive heart failure and identified the resident's nursing needs related to the diagnoses or the interventions required to meet associated needs and goals. On 02/13/2025 at 11:51 AM, Staff C acknowledged the staff should have developed the care plan to show nursing management of active and currently treated disease process. Review of Resident 16's February 2025 Medication Administration Record showed the staff administered Trazodone (an antidepressant) daily at bedtime for depression since 01/15/2025. Review of the care plan showed no documentation how the depression manifested, the goals directly related to the currently treated depression, or how the staff helped the resident achieve the goals. In an interview on 02/13/2025 at 10:45 AM, Staff D, Social Services Director, acknowledged the care plan was not resident-centered. <Resident 24> (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505329	A. Building B. Wing	02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buena Vista Healthcare	151 Buena Vista Drive Colville, WA 99114

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a 02/05/2025 care plan showed, The resident has a mood problem r/t [related to] insomnia with a goal of, The resident will have improved sleep patterns through the review date. The care plan carried two interventions, Administer medications as ordered. Monitor/document for side effects and effectiveness and Monitors [sic] hours of sleep via sleep monitor per facility protocols. The care plan showed no documentation of what disturbed Resident 24's sleep or what non-pharmacological interventions improved sleep patterns. In an interview on 02/13/2025 at 10:34 AM, Staff D acknowledged the care plan showed no resident-centered interventions to help attain better sleep hygiene. Reference WAC 388-97-1020(1), (2)(a)(b).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505329	A. Building B. Wing	02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buena Vista Healthcare	151 Buena Vista Drive Colville, WA 99114

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 40845 Based on observation, interview, and record review, the facility failed to provide grooming for 1 of 3 sampled residents (Resident 35), reviewed for activities of daily living (ADLs). This failure placed the resident at risk for poor personal hygiene and a diminished quality of life. Findings included . According to the 01/23/2025 Baseline care plan, Resident 35 required assistance from staff to complete ADLs such as personal hygiene, dressing, and grooming. Observations of Resident 35 were made while they were sitting in their wheelchair in their room and during group activities with the same clothes on, long facial hair and long jagged fingernails, were made on 02/11/2025 at 09:32 AM, 02/12/2025 at 09:51 AM, and 02/13/2025 at 08:56 AM and again at 02/13/2025 at 01:24 PM In an interview on 02/12/2025 at 09:51 AM, Resident 35 stated they had been in the same clothes for three or four days, since their shower on 02/09/2025. They further stated that the clothes belonged to the facility because their clothes were being laundered at the time of their shower. Resident 35 said their daughter had brought in clean clothes on 02/11/2025, but no one had offered to change her into them. When asked if they changed into night clothes, Resident 35 stated no. When asked if they had been asked to have their fingernails trimmed or their facial hair shaved, Resident 35 stated no. In an interview on 02/13/2025 at 01:15 PM, Staff O, Nursing Assistant, Bath aide, stated the residents were shaved and their nails were trimmed at least weekly during their bath. They further stated that those tasks were a scheduled task for the Nursing Assistants to document. When asked about Resident 35, Staff O stated they were unfamiliar with that resident because they preferred female caregivers and further stated that Occupational Therapy (OT) had given them their shower that week. In an interview on 02/13/25 at 01:24 PM, Staff M, Nursing Assistant, stated Resident 35 frequently refused baths and ADL cares and it should be documented on their task screen. During this same conversation, Staff N, Nursing Assistant, stated Resident 35 refused to change into different clothes that morning. In review of Resident 35 ADL documentation, no documentation related to nail care or shaving was found. Additionally, one refusal to change clothes had been documented by Staff N on 02/13/2025 at 1:59 PM, after having the above conversation, no other refusals were documented. In an interview on 02/13/2024 at 2:32 PM, Staff B, Director of Nursing, stated it was their expectation that residents were offered to change into their night clothes. Staff B further stated the OT staff should shave and trim nails if they provided the shower. Reference: (WAC) 388-97-1060 (2)(c)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505329	A. Building B. Wing	02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buena Vista Healthcare	151 Buena Vista Drive Colville, WA 99114

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40297 Based on observation, interview, and record review, the facility failed to coordinate hearing services for 1 of 1 sampled resident (Resident 24) reviewed for communication. This failure placed the resident at risk for unmet needs and a diminished quality of life. Findings included . Review of a nursing admission evaluation showed Resident 24 admitted to the facility on [DATE]. The evaluation showed the staff assessed Resident 24 was hard of hearing in both ears. An observation on 02/10/2025 at 3:06 PM showed Resident 24 in bed. Resident 24 had difficulty hearing and answered written questions. A Caption Telephone (CapTel) was on the bedside table to the resident's right side. The CapTel transcribed what the caller said into written words. Captions can be read if the resident cannot hear what the caller was saying over the telephone. An observation on 02/11/2025 at 11:15 AM showed Staff E, Licensed Practical Nurse (LPN), preparing medications to administer to Resident 24. Staff E stated that they when they had difficulty communicating with Resident 24, they would, write stuff down on a pad. Works well. In an interview on 02/10/2025 at 5:34 PM, a Resident Representative (RR) stated that Resident 24, has a set up on his telephone. It types things. The RR stated that the facility tried a hearing aid and Resident 24 also asked the RR to buy them a hearing aid, in the past. The RR stated that they were unsure how the staff communicated with Resident 24. On 02/12/2025 at 3:43 PM, Staff F, LPN, stated Resident 24 was hard of hearing. Staff F stated that they communicated with the resident by, we just speak loud and clear and make eye contact, and at other times use hand gestures. Staff F stated that the facility offered the resident a hearing aid, but the resident refused it, like within the last month. Staff F stated that they would report changes in communication to the Social Services Director (SSD). On 02/12/2025 at 3:53 PM, Staff G, Nursing Assistant, stated Resident 24 was, definitely hard of hearing. Staff G described the facility provided like the brand-new hearing aids to the resident that enabled them to hear, but the resident didn't like them. Staff G described how the staff had to get close to and make good eye contact to communicate with the resident as the resident was, usually really good at reading lips. Staff G stated that when changes in communication were identified, they would immediately go to the nurse and from there tell the higher-ups. Review of progress notes from 10/04/2024 to 02/13/2025 showed no documentation of the hearing aid the facility provided to Resident 24, as mentioned by Staff F and G in the 02/12/2025 interviews. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505329	A. Building B. Wing	02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buena Vista Healthcare	151 Buena Vista Drive Colville, WA 99114

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a 04/08/2024 Communication care plan showed no acknowledgment of Resident 24's specific difficulty hearing. The care plan showed a goal of, The resident will be able to make basic needs known through the review date, and instructed the staff to, Refer [the resident] to Audiology for hearing consult as ordered, Refer to speech therapy for evaluation and treatment as ordered, and, Report to Nurse changes in: Ability to communicate, Possible factors which cause/make worse/make better any communication problems. All the interventions in the Communication care plan were dated 04/08/2024 and showed no indication the staff re-assessed their effectiveness and revised them; to include the presence of a CapTel and the role it served in aiding Resident 24 hear better, or staff use of hand gestures or written communication to compensate for the resident's hearing deficits. Review of Quarterly Social Services progress notes dated 06/25/2024, 09/25/2024 and 12/25/2024 showed the staff identified, Sensory Concerns of Hearing. On 02/13/2025 at 10:49 AM, Staff D (SSD) stated Resident 24, is just hard of hearing. It's definitely progressed in the last few months I think. Staff D stated Resident 24 had, some hearing troubles when [they] first came in but worsened now. Staff D stated when they communicated with the resident, Sometimes I have to repeat myself. I think it's also the tone of voice, too, the frequency. I just get closer to [their] ear so [they] can hear me better. Staff D was asked about the CapTel device in Resident 24's room and stated the Resident, had a friend in New Jersey who ordered it. Staff D stated the CapTel phone had been in use since 08/30/2024 but, have not seen [the resident] use it. Staff D stated the use of the CapTel, is probably something that could be added to the care plan. Staff D stated they did not know of the hearing aid trial the RR and staff mentioned in the interviews. Staff D reviewed Resident 24's medical record and stated, I do not see anything about this hearing aid trial, to include why the hearing aids failed or were refused by the resident, or what other alternatives were explored to facilitate the resident's hearing ability. When asked if the facility coordinated an audiology referral as instructed by the care plan, Staff D stated, Not yet. On 02/13/2025 at 1:35 PM, Staff H, Speech Therapist, stated, About 5 years I've been working in this building, and I've actually never worked with [the resident]. Staff H stated that they did not recall a referral being sent to them to evaluate Resident 24's communication deficits. Staff H stated that for hearing concerns, the resident, would be sent out to the audiologist for recommendations. No further information was provided by the facility to show it assisted Resent 24 or their representative in locating and utilizing available resources to facilitate and address Resident 24's hearing needs. Reference WAC 388-97- 1060(3)(a).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505329	A. Building B. Wing	02/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buena Vista Healthcare	151 Buena Vista Drive Colville, WA 99114

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40845 Based on observation, interview and record review, the facility failed to serve food in accordance with professional standards for food service safety when staff were observed serving food without using appropriate hand hygiene for 1 of 3 dining observations. Staff were also observed carrying cups with bare hands touching the rims of drinking surfaces. This failure increased the resident's risk for food borne illness. Findings included . Review of the facility's policy titled, Handwashing/Hand Hygiene, dated May 2015, showed use of an alcohol-based hand rub before and after direct contact with residents, before and after handling food and before and after assisting a resident with meals. During the lunch time dining observation on 02/10/2025 at 11:18 AM, staff J, Nursing Assistant, was observed bringing residents into the dining room, moving in and out of the kitchen without performing hand hygiene. Staff J was also observed serving beverages with bare hand contact touching the rim of the cups without performing hand hygiene. At 12:20 PM, Staff J was observed touching dirty dishes, toughing their face and clothing, then touching residents, tables, and wheelchairs while continuing to serve their lunch meal, no hand hygiene observed. This staff member was also observed removing oxygen tubing from around a resident's wheelchair, then resumed serving drinks without performing hand hygiene. At 11:37 AM, Staff L, Nursing Assistant, was observed serving cocoa and coffee to residents having bare hand contact with the rim of the cups. During this lunch meal observation, multiple observations were made of Staff L touching their face, facial hair, and clothing, going in and out of the kitchen, adjusting resident glasses, oxygen tubing and wheelchairs without performing hand hygiene. At 12:11 PM, Staff I, Nursing Assistant, brought a resident into the dining room in a wheelchair and served them cocoa touching the rim of the cup with bare hands, no hand hygiene was observed. This staff member then began picking up dirty dishes, then without performing hand hygiene, began assisted with serving lunch. During this observation they were touching utinsels, cups, and the computer tablet which was under her arm, then washed a residents face without performing hand hygiene. At 12:23 PM, Staff A, Administrator, was observed going in and out of the dining room without performing hand hygiene. This staff member was also observed serving residents their lunch meal without performing hand hygiene. In an interview on 02/14/2025 at 12:13 PM, Staff J, NAC, when asked about hand hygiene, stated you should wash your hands any time you touch something, when you put on or take off gloves, when you take out the trash, and between trays when serving meals. Staff J further stated they were very nervous on the first day of survey during lunch and probably didn't wash their hands enough. WAC 388-97-2980 & [PHONE NUMBER]0