STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505348	A. Building B. Wing	11/18/2025

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Good Samaritan Health Care Ctr	702 North 16th Avenue Yakima, WA 98902

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure infection control interventions intended to mitigate the risk for transmission of COVID-19 were consistently implemented in the areas of proper donning (putting on), use of, and doffing (taking off) personal protective equipment [(PPE) equipment worn to minimize exposure to hazards that can cause injuries], providing readily available PPE for 3 of 5 teams (Team 4, Team 2, and Team 1), and cross contamination during catheter care for 1 of 4 Residents (Resident 71) reviewed for infection control. These failures placed the residents at risk for transmission of communicable diseases, illness, and death. Findings included. Review of the Centers for Disease Control and Prevention (CDC) guidance titled, Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19, dated 06/03/2020, showed PPE must be donned correctly before entering the patient area and must remain in place and worn correctly for the duration for work in the potentially contaminated areas. PPE must be removed in a sequence that prevents self-contamination. PPE includes an N95 mask (a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles with edges that are designed to form a seal around the nose and mouth), face shield or goggles (eye protection), clean, non-sterile gloves, and a gown. Donning PPE includes performing hand hygiene, putting on an isolation gown, an N95 mask (ensuring the mask extends under the chin with both the mouth and nose protected), perform a seal check while wearing the N95 mask (a procedure performed each time a mask was put on to ensure the N95 mask is properly seated on the user's face, creating a tight seal against potential air leaks), eye protection, and gloves over the cuff of the gown. To doff PPE, remove the soiled gloves and gown, and dispose in a trash receptacle. Exit the resident room and perform hand hygiene. Remove the eye protection and remove and discard the N95 mask. Perform hand hygiene before donning a new face mask (a loose-fitting disposable mask that creates a barrier but does not offer filtration). Review of a policy titled Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, revised 05/08/2025, showed healthcare personnel that enter the room of a patient with suspected or confirmed SARS-CoV-2 (COVID-19) infection should wear an N95 mask, gown, gloves, and eye protection. Proper Use/Readily Available PPE Team 4 During an observation on 09/15/2025 at 12:19 PM, Staff F, Nursing Assistant (NA), donned a gown, eye protection, gloves, and an N95 mask placed over their face mask. Staff F obtained a meal tray and (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	entered a COVID-19 positive resident room. At 12:20 PM, Staff F exited the resident room carrying two plate covers. They were wearing the same gown, eye protection, and N95 mask over their face mask. Staff F removed their soiled gloves, performed hand hygiene, donned clean gloves, and entered a second COVID-19 positive resident room with a meal tray. Staff F exited the resident room at 12:24 PM, wearing the same face mask. Staff F placed the plate covers on the meal cart and performed hand hygiene. A second observation at 12:43 PM showed Staff F exiting a COVID-19 positive resident room with a soiled gown, eye protection, and N95 mask over their face mask. They walked down the hall, still wearing the soiled PPE and double mask, and donned clean gloves. They entered a COVID-19 positive resident room, still wearing the soiled PPE, and placed the resident's meal tray on the over the bed table. Staff F cut the residents' food on their plate, walked to the door, removed their gown, gloves, and N95 mask, and placed them into the trash inside the resident room. Still wearing their soiled face mask, Staff F obtained a disinfectant wipe from the PPE cart outside the resident's room, wiped their eye protection, and walked back into a second COVID-19 positive resident room to discard the disinfectant wipe. A concurrent observation and interview on 09/15/2025 at 12:43 PM, showed Staff H, Housekeeper, standing at their housekeeping cart outside of a COVID-19 positive resident room, wearing a gown, gloves, and N95 mask. Staff H stated they were going into the room to clean. Staff H stated they were not required to wear eye protection if there was none available on the PPE cart (located outside the resident room). Observation of the PPE cart showed there was no eye protection on the cart. An observation on 09/16/2025 at 8:29 AM, showed Staff I, Licensed Practical Nurse (LPN), preparing medications at their cart outside of a COVID-19 positive resident room. Staff I donned a gown, eye protection, clean gloves, and placed an N95 mask over their face mask. Staff I entered the COVID-19 positive resident room, handed the medication cup containing pills to the resident, placed a cup of water on the bedside table, then picked up the cup of water and handed it to the resident. Staff I took the medication cup and empty water cup from the resident and placed them in the trash. They removed their soiled gown, gloves, and N95 mask in the resident room, and exited wearing their soiled face mask and eye protection. Staff I performed hand hygiene, removed their soiled eye protection and placed it on top of a box of gloves that was sitting on the PPE cart outside of the COVID-19 positive resident room. Staff I donned a glove on their right hand, obtained a disinfectant wipe from the drawer of the cart with the gloved hand, and picked up the soiled eye protection with their bare left hand. They used the gloved hand to clean the eye protection then threw away the glove and disinfectant wipe in the medication cart trash. During a concurrent observation and interview on 09/16/2025 at 8:57 AM, Staff I pointed to a printed sign posted at the Team 4 nurses' station and stated they followed the CDC guidelines for proper use of PPE in a COVID-19 positive resident room. Staff I stated wearing an N95 mask over their face mask was not the process for proper PPE use. They stated they did not want to wear the soiled N95 mask in the hallway and there were no face masks on the PPE carts located outside of the COVID-19 positive rooms. Staff I stated the face masks were located at Team 4 nurse's station. A concurrent observation and interview on 09/16/2025 at 9:01 AM, showed Staff J, NA, exit a COVID-19 positive resident room with a meal tray. Staff J was wearing a soiled gown, gloves, eye protection, and N95 mask over their face mask. Staff J stated one of the nurses told them they could go from one COVID-19 positive resident room to another COVID-19 positive resident room wearing the same soiled PPE. During a combined interview on 09/16/2025 at 10:53 AM with Staff B, Director of Nursing Services (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(DNS)/Infection Preventionist (IP), and Staff C, Assistant DNS/IP, Staff B stated the proper PPE required when entering a COVID-19 positive resident room included donning an N95 mask, gown, gloves, and eye protection. Staff C stated it was not the process to wear an N95 mask over a face mask. During an interview on 09/16/2025 at 4:25 PM, Staff A, Administrator, stated all staff had recently received education on the proper use of PPE in COVID-19 resident rooms. Staff A stated the staff did not follow the process for PPE use. Team 2 During an observation and concurrent interview on 09/16/2025 at 8:31 AM, showed Staff F, NA, prepared to enter a COVID-19 positive resident room. Staff F was wearing a face mask and an N95 mask over the top of the face mask. Staff F were donning a second N95 mask over the top of the two masks. Staff F stated they did not realize they already had an N95 mask on and removed one of them. Staff F stated they were not trained to wear a face mask with an N95 mask; however, they preferred to wear both at the same time. During an observation and concurrent interview on 09/16/2025 at 8:35 AM, Staff M, Laundry Aide, stated they were entering a COVID-19 positive resident room to deliver some clean linens. Staff M was wearing a face mask and donned a gown, without securing the gown ties behind their neck or back, donned gloves and entered the room. Staff M handed the resident the clean linen and adjusted the residents' heater. As Staff M leaned over to adjust the heater, the gown fell completely forward away from their body. Staff M proceeded to the residents sink and placed the used linen on top of the resident's toiletry bin, removed their gown and gloves, washed their hands for five seconds and gathered the used linen, exited the room, and proceeded down the hall. Staff M stated they were required to wear a gown, gloves and a mask when they entered a COVID-19 positive resident room and did not know which mask they needed to wear or if they needed eye protection. Staff M asked Staff F, NA, which masks they were required to wear for a COVID-19 positive room and were told they were to wear an N95 mask. Staff M stated they did not wear an N95 as there were none available in the PPE bin. Staff M further stated they did not know how to secure or remove linen from a COVID-19 resident room.^ During an observation and concurrent interview on 09/17/2025 at 12:00 PM, Staff L, LPN, wore a face mask (not the required N95 mask) and a disposable face shield with a foam headband. Staff L donned a gown and gloves and entered a COVID-19 positive resident room. Upon Staff L's exit from the room, they doffed the gown, face mask and removed the disposable face shield and wiped the face shield with a disinfectant wipe. Staff L showed the face shield read single use, and proceeded to use a disinfectant wipe and placed it back on. Staff L stated their process was to clean and reuse the face shield and were unsure if it was the correct process.^ During an observation and concurrent interview on 09/19/2025 at 11:46 AM, showed a bin at Team 1,2 and 3 nurses' station with a bin that contained three different types of eye protection goggles. Staff B stated they had instructed the staff to clean the eye protection goggles with a disinfectant wipe prior to placing them into the bin. Staff B stated that was the process they followed and was unsure if that was the correct instructions for each type of eye protection goggles in the bin. Staff N, Inservice Director LPN, stated the face shields with a foam headband were for single use and then disposed of. Team 1 (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation and interview on 09/15/2025 at 9:20 AM, Staff Q, NA, entered an identified COVID-19 positive room. Staff Q donned PPE including a gown, googles, gloves and placed an N95 mask over their face mask. At 9:40 AM Staff Q exited the COVID-19 identified room after removing their PPE in the room including their N95 mask however they did not change or discard the face mask. Staff Q continued to wear the contaminated face mask going in and out of non-COVID-19 rooms. Staff Q stated their process was to cover the face mask with the N95 mask to save time and resources, further explaining that was what the nurses had told them to do. During an observation on 09/16/2025 at 8:41 AM, Staff O, LPN, entered a COVID-19 positive room wearing a gown, goggles, gloves and an N95 mask over their face mask. At 8:50 AM, Staff O exited the room after discarding their PPE however continued to wear their face mask. Staff O stated their process was to not remove their face mask after exiting a COVID-19 positive room I feel like I am better protected, and I do not want to be exposed if I take off my face mask. Additionally, Staff O stated there was no room in the PPE carts located outside of COVID-19 positive rooms to store extra face masks for staff to change into after exiting COVID-19 positive rooms. Resident 71 Review of the resident's medical record showed the resident was admitted with diagnoses including, history of a stroke (blood supply is cut-off from a part of the brain), urinary retention (inability to completely empty the bladder can be the result of a stroke) and history of prostrate cancer. Review of the comprehensive assessment dated [DATE] showed Resident 71 had moderately impaired cognition, required substantial assistance for personal hygiene and had a retention catheter [a soft flexible tube inserted into the bladder through the urethra (tip of the penis) that stays in place to allow continuous drainage of urine into a collection bag]. Record review of Resident 71's Treatment Administration Record dated September 2025, showed the resident had a treatment for an antibiotic cream to be placed around the tip of their urethra related to a rash. During an observation on 09/17/2025 at 9:44 AM, Staff O, LPN, entered the room with two small plastic cups containing ointments. Staff O applied ointment from one of the cups to the resident's bottom including the rectal area and around their testicles. Staff O then obtained the other cup of ointment and stated it was an antibiotic treatment for Resident 71's urethra rash. Staff O did not perform hand hygiene or change their contaminated gloves prior to applying the antibiotic ointment to the tip of the resident's urethral opening. During an interview on 09/19/2025 at 8:35 AM, Staff B, DNS, stated it was not the facility's practice to use contaminated gloves when applying ointment to the urethra area and the nurse should have changed their gloves prior to completing the treatment.

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on interview and record review, the facility failed to provide a Skilled Nursing Facility (SNF) Advance Beneficiary Notice [(ABN) a notification that provides an estimated cost of continued services which may no longer be covered by Medicare; beneficiaries may choose to continue services but may be financially liable] as required for 1 of 3 residents (Resident 32) reviewed for beneficiary notification. This failure placed the resident at risk for their inability to make informed financial and care decisions related to their continued stay.Findings included . Resident 32 Review of the medical record showed Resident 32 was admitted to the facility with diagnoses including anxiety disorders, arthritis, and heart failure. The 09/10/2025 comprehensive assessment showed Resident 32 required supervision/moderate assistance of one staff member for activities of daily living. The assessment also showed Resident 32 had a moderately impaired cognition. Review of the medical record showed Resident 32 was covered by Medicare Part A (insurance that covers skilled nursing care after a qualifying hospital stay) until 06/01/2025, with their first non-covered day as 06/02/2025. Review of an ABN dated 06/02/2025, showed an incomplete form that had no selections marked for the cares they had received and would no longer receive under Medicare Part A, and an estimated cost of $729.89 per day/item or service. The ABN showed Resident 32 signed the form on 06/06/2025. During an interview on 09/18/2025 at 10:13 AM, Staff D, Business Office Manager, stated the form should indicate which services would be continued and should have been provided to Resident 32 when they received their notice of non-coverage on 05/27/2025. Staff D stated they completed audits on the ABN forms to ensure they were accurate and provided on time. Staff D stated they should have pulled Resident 32's ABN during the audits. During an interview on 09/18/2025 at 10:34 AM, Staff E, Social Services Director, stated the ABNs were issued to residents the same day as the notice of non-coverage. They stated the ABN provided to Resident 32 was not complete. They stated the process for presenting a completed ABN to Resident 32 was not followed. During an interview on 09/18/2025 at 10:43 AM, Staff B, Director of Nursing Services, stated the ABN should have been completed, with no blank areas, and Resident 32 should have been notified of the change in coverage on the same day the change occurred. Reference: WAC 388-97-0300(1)(e)(5)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a Pre-admission Screening and Resident Review (PASARR) [an assessment used to identify people referred to nursing facilities with mental illness, intellectual disabilities, or related conditions] Level II assessment [a more in-depth screening, to identify whether nursing home services were needed and if specialized mental health services were required] was completed for 1 of 5 sampled residents (Resident 58), reviewed for PASARR services. This failure placed the resident at risk for inappropriate placement, and/or not receiving timely and necessary services to meet mental health care needs. Findings included . Review of a policy titled, Pre-admission Screening and Resident Review WA (PASARR), revised 06/2024, showed individuals identified with a positive screen, require a PASARR Level II referral for evaluation and determination prior to admission to the facility.ˆ Resident 58 Review of the medical record showed Resident 58 was admitted to the facility on [DATE] with diagnoses including heart failure, anxiety, and depression. The 09/06/2025 comprehensive assessment showed Resident 58 required assistance of one to two staff members for activities of daily living. Resident 58 had an intact cognition. Record review of Resident 58's Level I PASARR dated 07/29/2025 showed a Level II evaluation was required. During an interview on 09/18/2025 at 10:19 AM, Staff E, Social Services Director, stated the process for completing the PASARR review included auditing the Level I's for accuracy. They stated they sent for a Level II if indicated. Staff E stated they had sent for Resident 58's Level II evaluation on 07/30/2025. They stated they had not received a Level II evaluation for Resident 58 and had recently completed an audit on all outstanding Level II referrals. Staff E stated after the audit, they followed up with an email to the reviewer to see where the Level II evaluations were. Staff E stated they did not make a notation of follow-up in Resident 58's medical record and did not have a follow-up email for Resident 58. During an interview on 09/18/2025 at 10:40 AM, Staff B, Director of Nursing Services, stated Staff E had training on the process for completing PASARR Level I and II referrals. They stated Staff E should have sent Resident 58's PASARR Level I for a Level II evaluation and followed up on it. Staff B stated the process was not followed for completing PASARR Level II's. Reference: WAC 388-97-1915(2)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation and interview, the facility failed to ensure medications and vaccines were properly stored for 1 of 3 medication rooms (Team 4 medication room) and medications were properly labeled for 2 of 5 medication carts (Team 1 and Team 4 medication carts) reviewed for medication storage. This failure placed the residents at risk of receiving expired medications, experiencing compromised or ineffective medications and vaccines and negative health outcomes. Review of the policy titled, Storage of Medications, dated 01/01/2020, showed medications and biologicals were stored safely and properly, and expired medications were removed from supply and destroyed by the facility. The facility should maintain and monitor the refrigerator that stores vaccines at least twice daily per Centers for Disease Control (CDC). Additionally, when a medication vial was initially opened, the nurse would place a sticker on the medication and enter the open date and the new date of expiration per the manufacturer's guidance. Review of the U.S. Food and Drug Administration's (USFDA) Information Regarding Insulin Storage, dated 09/19/2017, showed insulin contained in vials supplied by manufacturers may be used up to 28 days once opened. Review of the CDC guidance titled, Vaccine Storage and Handling, dated 04/03/2024, showed to ensure safety of vaccines, the refrigerator must have a reliable temperature monitoring device with the recommended use of a recording device called a digital date logger (DDL-a device that records temperatures at least every 30 minutes). The guidance further showed when a DDL was not used, the facility should monitor and record the vaccine refrigerator temperature at a minimum of twice daily. Team 4 Medication Room During an observation on 09/18/2025 at 9:20 AM, showed the medication refrigerator contained 2 vials of Apisol (solution used for tuberculosis sensitivity test) and Pneumococcal vaccines. The medication refrigerator temperature log showed the temperature for the refrigerator was to be checked and documented twice daily. Review of the temperature logs showed: February 2025; 21 missed temperature documentation,March 2025; 25 missed temperature documentation,April 2025; 26 missed temperature documentation,May 2025; 20 missed temperature documentation,June 2025; 19 missed temperature documentation,July 2025; 25 missed temperature documentation,August 2025; 26 missed temperature documentation,September 2025;14 missed temperature documentation. A continued observation of the medication refrigerator showed a collection of water on top of a locked medication container in the refrigerator on the top shelf. Underneath the locked medication container was a white towel that was soaked in water with a reddish/brown tint. The freezer in the top section of the medication refrigerator showed a buildup of ice and a 3-inch by 2-inch area of reddish/brown on the base of the freezer. The refrigerator showed three medication boxes were wet and expired. During a concurrent interview on 09/18/2025 at 9:40 AM, Staff B, Director of Nursing Services, stated the medication refrigerator should be checked each shift, medications should be removed when expired and they were unaware of the water in the refrigerator. Medication Carts During an observation and concurrent interview on 09/18/2025 at 9:44 AM, the Team 4 medication cart showed a vial of insulin that was dated 8/19. Staff I, Licensed Practical Nurse (LPN), stated the vial of insulin was good for 30 days once the vial was opened. During an observation and concurrent interview on 09/18/2025 at 9:51 AM, with Staff L, LPN, showed the Team 3 medication cart containing the following medications; One vial of insulin with no open date, and a handwritten expiration date of 10/13;One vial of insulin with no open date, and a handwritten expiration date of 09/02.One vial of insulin with an open date of 09/08 and a handwritten expiration date of 10/27;One insulin pen with an open date of 9/14/25 and no expiration date; One insulin pen with no open date and an expiration date of 9/30. Staff L stated there were discrepancies on what staff were to label when the vials and pens were opened. Staff L stated pharmacy had provided stickers to use that had open date, expiration date and initials of who opened the medication, and they were inconsistently used. During a concurrent interview on 09/18/2025 at (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	10:13 AM, Staff C, Assistant Director of Nursing Services/Infection Preventionist, stated insulin was good for 28 days once it was opened. Staff B stated the staff should be putting the open date and their initials on the stickers provided for the medications. Staff B stated the medication refrigerator should be monitored and temperature recorded twice daily as there were vaccines stored in the refrigerator and the process was not followed. Reference WAC: 388-97-1300(2)