

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Good Samaritan Health Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  702 North 16th Avenue Yakima, WA 98902	

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 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 interview and record review, the facility failed 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) initial and annual fit testing for 4 of 5 staff (Staff D, E, F, and G) 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 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 of the facility policy titled, Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic, revised on 05/08/2023, showed staff entering a resident room who was suspected or confirmed positive for COVID 19 should use a National Institute for Occupational Safety and Health (NIOSH) approved N95 respirator, and respirators should be used within a RPP that included medical evaluations, fit testing, and training.</p> <p>Review of the undated facility document titled Outbreak Investigation Form, showed the current and active COVID-19 outbreak started on 05/28/2024 when a staff member tested positive, and as of 07/01/2024, a total of 17 residents and 21 staff members had been infected.</p> <p>Review of staff personnel records on 07/01/2024 showed the following:</p> <p>Staff D, Licensed Practical Nurse (LPN), was hired on 04/23/2024 and completed the medical evaluation and N95 fit testing on 07/01/2024 (68 days after hire and 34 days after outbreak began).</p> <p>Staff E, LPN, was hired on 05/30/2024 and completed the medical evaluation and N95 fit testing on 06/20/2024 (21 days after hire and 23 days after outbreak began).</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Good Samaritan Health Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  702 North 16th Avenue Yakima, WA 98902	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Staff F, Nursing Assistant (NA), was hired on 05/30/2024 and completed the medical evaluation and N95 fit testing on 06/26/2024 (27 days after hire and 29 days after outbreak began).</p> <p>Staff G, Restorative Aide, was hired on 11/29/2022 and there were no records of N95 fit testing completed in 2024.</p> <p>Review of the Nursing Department staffing schedule for June 2024, showed Staff D, E, F, and G worked in a capacity that required the use of an N95 respirator.</p> <p>During an interview, on 07/01/2024 at 12:50 PM, Staff C, Staff Development Director (SDD), stated they had been hired approximately three weeks prior, and was currently responsible for staff N95 fit testing. Staff C stated the facility's policy was to complete fit testing upon hire and annually, and they were aware the facility was behind on fit testing schedules.</p> <p>During an interview, on 07/01/2024 at 01:20 PM, Staff A, Administrator and Staff B, Director of Nursing stated the expectation was for staff to be fit tested for N95 respirators upon hire and annually. Staff A acknowledged staff fit testing had not been completed as expected.</p> <p>Reference: WAC 388-97-1320 (1)(a)(2)(a)</p>