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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505387 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/05/2026 |
| NAME OF PROVIDER OR SUPPLIER Woodard Creek Health & Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 3333 Ensign Road Northeast Olympia, WA 98506 | |

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) |
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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure staff donned (putting on) appropriate PPE (Personal Protective Equipment) when entering enhanced barrier precaution (EBP) rooms, failed to sanitize equipment used in the EBP rooms, failed to have PPE readily accessible to rooms that required additional PPE to enter, and failed to promptly dispose of dirty linen and trash for 2 of 3 halls (Hall A and Hall B) observed. The facility also failed to implement a respiratory protection program (a key component of infection control interventions intended to mitigate the risk of spreading infection) when the facility failed to provide fit testing of N95 respirator masks, as part of their respiratory protection program, in a timely manner for 21 of 21 newly hired employees reviewed for infection prevention and control. This failure placed residents, staff, and visitors at risk for exposure to cross contamination and transmission of infectious diseases. Findings included. Review of the February 2022 guidance from the Washington State Department of Health (WA DOH), titled Respiratory Protection Program for Long-Term Care Facilities, showed the program should include a medical evaluation to determine whether it was safe for employees to use respirators, completion of respirator training before the first use of a respirator, and respirator fit testing initially and annually thereafter. Review of the July 2024 guidance from the WA DOH titled, Enhanced Barrier Precautions in Skilled Nursing Facilities, showed that the use of gowns and gloves were required for high contact resident activities, and facilities should dedicate equipment for the resident use or disinfect the equipment after use to reduce the spread of multi drug resistant organisms. Review of the facility policy titled, Respiratory Protection Program, dated July 2023 showed employees would be provided with a medical questionnaire prior to fit testing and fit testing would be conducted prior to the employee needing to use a respirator (N95), and employees would be trained in how to properly use the N95. On 02/05/2026 at 11:38am Staff E, Nursing Assistant (NA) was observed entering room [ROOM NUMBER], designated as a EBP room, noted with signage indicating staff were to clean their hands before entering and when leaving and to don gown and gloves for activities such as dressing, bathing, transferring, changing linens and providing hygiene and other activities such as tube or line maintenance or wound care. Staff E entered the room, donned gloves and assisted the resident into position to be transferred via a mechanical lift. Staff E exited the room and removed her gloves and carried them with them in the hall while locating another staff member to assist with the transfer. Staff E returned to room [ROOM NUMBER] disposed of the used gloves and donned new gloves. Observation of the Personal Protection Equipment (PPE) caddy on the door of room [ROOM NUMBER] did not have a supply of gowns or disinfectant wipes. On 02/05/2026 at 11:43am Staff D, Registered Nurse (RN), entered room [ROOM NUMBER] to assist staff E with the transfer of the resident. Staff D donned gloves upon entering. On 02/05/2026 at 11:47am Staff E exited the room with the mechanical lift and placed the lift in the hall. When asked if they wore a gown when transferring the resident in room [ROOM NUMBER] Staff E said they missed it and they had not wiped</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 |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: Facility ID: 505387 | If continuation sheet Page 1 of 2 |

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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>down the mechanical lift. On 02/05/2026 at 11:50am Staff D said she did not wear a gown as she normally didn't assist with transfers, but did usually wear the gown when doing wound care. Staff D said the supplies needed were usually stocked outside of the door. On 02/05/2026 at 11:54am the following observations were made:Room A17 bagged dirty linen in the doorway on the floor.Room A19 Bagged and unbagged dirty linen in the doorway on the floor.Room A 21 EBP room with no gowns available in the PPE caddy.Room A29 EBP room with no gowns available in the PPE caddy.On 02/05/2026 at 11:59am the following observations were made:Room B12 Quarantine Precaution with no gowns or masks available in the PPE caddy. Room B3 Quarantine Precautions with no gowns or masks available in the PPE caddy. On 02/05/2026 at 12:32pm Room A13 EBP room with no gowns available in the PPE caddy and a bag containing a soiled brief in the doorway. On 02/05/2026 at 12:41pm Staff D said that all staff were responsible for restocking PPE caddies, and she would not expect dirty bags of linen and trash to be left in the doorway; she had spoken to staff about that. On 02/05/2026 at 1:05pm Staff C, Infection Preventionist/Licensed Practical Nurse, said they would expect staff to don gown and gloves when transferring a resident on EBP and they would expect the PPE caddies to have all necessary PPE readily available. It was the responsibility of all staff to ensure they were restocked. Staff C said there had not been a process for fit testing staff in place, they were hoping to roll out a new process next week, there were staff currently in the building who had not been fit tested. On 02/05/2026 at 1:59pm Staff B, Director of Nursing/RN, said they expected staff to wear gowns and gloves when providing care for residents requiring EBP, expected PPE caddies to have supplies readily available, and would not expect dirty linen and trash to be left in the doorways. Regarding fit testing, Staff B said it was probably more than a year ago since she had been fit tested, currently there was no system in place to fit test staff, and newly hired staff had not been fit tested for an N95. When asked how they were ensuring residents were not exposed to staff potentially not wearing appropriately fitted N95, Staff B said the staff who were not fit tested were too numerous to reassign; they encouraged staff to wear the N95s provided and were hoping to roll out the fit testing program next week. On 02/05/2026 at 2:26 Staff F, NA, said they have been working at the facility for about a month and was not sure what fit testing was. When it was explained to them, they did not recall being fit tested for an N95, they said they would use whatever N95s were provided before entering a room that required an N95. On 02/05/2026 at 2:49pm Staff A, Administrator, said, they would expect staff to wear gowns and gloves when entering an EBP room to provide care, they would expect the PPE caddies to be stocked and would not expect trash and dirty linen to be left in the doorways of resident rooms. Staff A said they were unsure when staff stopped being fit tested for N95s, they believed it had been when the facility transitioned ownership in April of 2025. Staff A said the issue was recently brought up and they had a plan to begin fit testing staff but did not have a good plan in place to protect residents from staff who may not have been fit tested for an appropriate N95. Staff A said potentially none of the staff on the 90-day new hire list had been fit tested. On 02/05/2026 at 3:10pm review of the facility list for newly hired staff in the past 90 days showed 21 staff had been hired in the past 90 days. As of 02/06/2026 at 5:00pm the facility was unable to provide documentation that any of the newly hired staff had been fit tested for an N95. On 02/09/2026 at 1:01pm, LHJ (Local Health Jurisdiction) contact said they would expect the facility to have a Respiratory Protection Program in place.Reference WAC 388-97-1320 (1)(a)(2)(a)</p> | | |