

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Summitview Rehab and Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3801 Summitview 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.			
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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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30528</b></p> <p>Based on interview and record review the facility failed to notify the local health jurisdiction (LHJ) and the State of a communicable disease outbreak within required time frames for 20 of 20 residents (1,2,3,4,5,6,7,8, 9,10,11,12,13,14,15,16,17,18,19, and 20) reviewed for symptoms of a highly contagious gastro-intestinal (GI) illness starting on 11/18/2024. Additionally, 19 staff reported symptoms with the last symptom onset on 12/09/2024. These failures placed residents at risk for a diminished quality of life, unmet care needs and placed residents at risk for the spread of infection.</p> <p>Findings included .</p> <p>Record review of the State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities, Rev 02/03/2023, F880, showed the definition of an infectious disease outbreak was the occurrence of more cases of disease than expected in a given area over a particular period of time.</p> <p>Record review of [NAME] Administrative Code 246-101-101 Notifiable Conditions, showed that health care facilities were required to report immediately to the LHJ of outbreaks and suspected outbreaks.</p> <p>Record review of Nursing Home Guidelines, AKA The Purple Book, dated October 2015, Appendix D, showed nursing homes were required to report communicable disease outbreaks to the State hotline, logged on State reporting log within 5 days and reported to the local health department.</p> <p>During an interview on 12/10/2024 at 10:50 AM, Staff C, Registered Nurse / Infection Preventionist (IP) stated the facility had a norovirus (an infection that can cause severe vomiting and diarrhea, starts suddenly and was highly contagious) outbreak that involved 20 residents and 19 staff beginning 11/18/2024. The IP stated they had been in communication with the LHJ but had not reported to the State because they were not aware that was required.</p> <p>Record review of the State reporting log on 12/10/2024 showed no entry that the norovirus outbreak was reported to the State as required.</p> <p>Review of a 12/06/2024 e-mail communication between the facility and the LHJ showed the first notification of the norovirus outbreak.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 505409
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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>During an interview on 12/18/2024 at 12:25 PM, Staff C stated they received a telephone call in the evening on 11/23/2024, from the facility charge nurse, who reported Resident 1, Resident 2 and Resident 3 on hall 5 had nausea, vomiting and diarrhea. Staff C stated they advised the residents be placed in contact precautions (measures in health care designed minimize spread of infection where gloves, gowns and masks are worn to avoid direct with resident's body fluids), in addition to notifying the physician and family.</p> <p>&lt;Resident 1&gt;</p> <p>Review of the resident's medical record showed they were admitted to the facility on [DATE] with diagnoses to include ulcerative colitis (a type of inflammatory bowel disease) and dementia (a loss of mental ability severe enough to interfere with normal activities of daily living.) Review of the 11/18/2024 comprehensive assessment showed Resident 1 was continent of bowel and bladder and had moderate cognitive impairment.</p> <p>Review of the facility outbreak line list (a table that contains key information about each case in an outbreak) showed after record review, Resident 1 had GI distress since admit on 11/09/2024, vomiting that started on 11/15/2024, and diarrhea on 11/21/2024 with their symptoms resolved by 11/30/2024. Resident 1 received therapy services until 11/22/2024.</p> <p>During an interview on 12/18/2024 at 12:30 PM, Staff C stated Resident 1's symptoms were initially thought to be related to their chronic GI distress diagnosis.</p> <p>During an interview on 12/18/2024 at 3:19 PM, Resident 1 stated they recalled having more GI symptoms last month than they usually had. Resident 1 stated GI issues had been an ongoing problem, and they feel much better now.</p> <p>&lt;Resident 2&gt;</p> <p>Review of the resident's medical record showed they were admitted to the facility on [DATE] with diagnoses to include malnutrition (a condition that results from nutrient deficiency or overconsumption) and depression. Review of the 11/22/2024 comprehensive assessment showed the resident required moderate staff assistance for activities of daily living (ADL) and had moderate cognitive impairment.</p> <p>Review of the facility outbreak line list showed Resident 2 had nausea, vomiting and diarrhea beginning on 11/23/2024 that lasted 24 hours and nausea last reported on 12/04/2024. Resident 2 received therapy services until 11/23/2024.</p> <p>During an interview on 12/18/2024 at 3:25 PM, Resident 2 stated they could not recall being sick last month.</p> <p>&lt;Resident 3&gt;</p> <p>Review of the resident's medical record showed they were admitted to the facility on [DATE] with diagnoses to include inflammatory bowel disease and malnutrition. Review of the 11/04/2024 comprehensive assessment showed the resident was independent with ADLs and was cognitively intact.</p> <p>(continued on next page)</p>		

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