

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50A260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Fircrest Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 15230-15th Northeast Seattle, WA 98155	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48298</p> <p>Based on interview and record review, the facility failed to inform the residents' representatives (RR) about the residents' positive Respiratory Syncytial Virus (RSV-a germ that could easily spread and cause lung infections) test and treatments for 2 of 3 residents (Resident 1 & 2), reviewed for change in condition. This failure placed the residents and/or their representatives at risk of not being provided adequate information to make informed decisions about their medical condition.</p> <p>Findings included .</p> <p>Review of the facility's undated policy titled, DSHS [Department of Social and Health Services]/DDA (Developmental Disabilities Administration) Policy 9.06 Health Services, Department of Health Surveillance and Reporting Guidelines for Disease Outbreaks ., showed that when the Primary Nurse is aware of any clients [residents] .with flu-like symptoms (or other contagious disease), the LN [licensed nurse] will report to the Resource Nurses or HCC [Health Care Coordinator] . The policy further stated that HCC or Resource Nurse will notify parents/guardians.</p> <p>RESIDENT 1</p> <p>Resident 1 admitted to the facility on [DATE] with diagnosis that included profound intellectual disability (a condition that involves significant limitation in intelligence, learning and everyday abilities necessary to live independently).</p> <p>Review of the nursing clinical notes dated 01/27/2025, showed Resident 1 had dry cough, wheezing, and mild runny nose and that their nasal swab (a test that checks for viruses and bacteria that could cause lung infections) test came back positive for RSV. Further review of the nursing clinical notes showed Resident 1 was given Guaifenesin (a cough medicine) and a dose of DuoNeb (a liquid medication used with a nebulizer [a device used to administer medication in the form of a mist inhaled into the lungs] to increase air flow to the lungs.</p> <p>In an interview on 02/11/2025 at 2:42 PM, Resident 1's Representative (RR1) stated that they were not informed about Resident 1's change in condition, their positive RSV test, and the treatment that was provided to Resident 1. RR1 stated, I did not get any email or call from them [facility] about [Resident 1]'s condition.</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
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NAME OF PROVIDER OR SUPPLIER Fircrest Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 15230-15th Northeast Seattle, WA 98155	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 02/11/2025 at 3:12 PM, Staff C, Registered Nurse (RN) 2/HCC, stated that they had informed RR1 regarding Resident 1's condition. When asked, Staff C was unable to provide documentation to show RR1 was notified about Resident 1's positive RSV test, their change in condition, and the treatments provided to the resident.</p> <p>RESIDENT 2</p> <p>Resident 2 admitted to the facility on [DATE] with diagnosis that included profound intellectual disability.</p> <p>Review of the nursing clinical notes dated 01/22/2025 showed Resident 2 had occasional dry cough, appeared tired, and was lethargic (having little energy). Further review of the nursing clinical notes showed Resident 2 had a nasal swab and the result came back positive for RSV.</p> <p>Further review of Resident 2's nursing clinical notes dated 01/26/2025 showed Resident 2 was given Guaifenesin that day.</p> <p>In an interview on 02/11/2025 at 3:29 PM, Resident 2's Representative (RR2) stated that they became aware of Resident 2's change in condition and their positive RSV test when they came to visit the facility on 01/27/2025. RR2 stated, I was not allowed to get into the building to visit [Resident 2]. I was not informed about [their] condition or [Resident 2]'s treatment prior to that.</p> <p>In an interview on 02/12/2025 at 9:51 AM, Staff C stated, I think I also notified the guardian of [Resident 2]. When asked, Staff C was not able to provide documentation to show notification was made to RR2 about Resident 2's positive RSV, their change in condition, and the treatment provided to the resident.</p> <p>In an interview on 02/12/2025 at 10:45 AM, Staff D, RN 3/Infection Control Nurse, stated that HCC or the primary nurse [RN 2] would be the one to inform the family and/or their representative for any change in condition and for a specific client [resident] who tested positive for RSV. In a follow-up interview at 12:33 PM, Staff D stated that they did not see any documentation or notification of representatives regarding the change in condition and treatments provided for Resident 1 and Resident 2.</p> <p>On 02/12/2025 at 1:01 PM, Staff B, RN 4 stated that no notifications were made to RR1 and RR2 and that they expected staff to have had notified them regarding positive RSV tests, changes in condition, and treatments provided for Resident 1 and Resident 2.</p> <p>Reference: (WAC) 388-97-0300(3)(a)</p> <p>.</p>		