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 cont	tact 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)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some			

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

Facility ID: 505409

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	precautions (measures in health care designed minimize spread of infection where gloves are worn to avoid direct with resident's body fluids), in addition to notifying the physician a <resident 1=""></resident>			
	to include ulcerative colitis (a type of severe enough to interfere with nor assessment showed Resident 1 wa Review of the facility outbreak line showed after record review, Reside	cord showed they were admitted to the of inflammatory bowel disease) and de mal activities of daily living.) Review of as continent of bowel and bladder and list (a table that contains key information ent 1 had GI distress since admit on 11 /2024 with their symptoms resolved by	mentia (a loss of mental ability the 11/18/2024 comprehensive had moderate cognitive impairmen on about each case in an outbreak /09/2024, vomiting that started on	
	to be related to their chronic GI dist During an interview on 12/18/2024	at 12:30 PM, Staff C stated Resident 1 tress diagnosis. at 3:19 PM, Resident 1 stated they rec Resident 1 stated GI issues had been a	alled having more GI symptoms	
	<resident 2=""> Review of the resident's medical re to include malnutrition (a condition</resident>	cord showed they were admitted to the that results from nutrient deficiency or ensive assessment showed the reside	overconsumption) and depression	
	Review of the facility outbreak line	ng (ADL) and had moderate cognitive in list showed Resident 2 had nausea, vo d nausea last reported on 12/04/2024.	miting and diarrhea beginning on	
	During an interview on 12/18/2024	at 3:25 PM, Resident 2 stated they cou	uld not recall being sick last month	
	<resident 3=""></resident>			
	to include inflammatory bowel disea	cord showed they were admitted to the ase and malnutrition. Review of the 11, ras independent with ADLs and was co	/04/2024 comprehensive	
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility outbreak line I diarrhea on 11/26/2024. Resident 3 During an interview on 12/18/2024 were glad it was over. <resident 4=""> Review of the resident's medical re- malnutrition. Review of the 10/03/20 staff for ADLs and had severe cogn Review of the facility outbreak line I that lasted 24 hours. <resident 5=""> Review of the resident's medical re- malnutrition. Review of the 11/15/20 staff for ADLs and had moderate co Review of the facility outbreak line I symptoms resolved by 11/30/2024. <resident 6=""> Review of the resident's medical re- to include heart failure (a severe fai 11/14/2024 comprehensive assess was cognitively intact. Review of the facility outbreak line I diarrhea on 11/25/2024. Resident 6 collected on 11/25/2024 with a labo During an interview on 12/18/2024 when they realized there was a GL 12/06/2024 when they realized Res <resident 7=""> Review of the resident's medical re-</resident></resident></resident></resident>	ist showed Resident 3 had nausea and a received therapy services until 11/23/ at 3:30 PM, Resident 3 stated they we cord showed they were admitted to the 024 comprehensive assessment show itive impairment. list showed Resident 4 had nausea, vo cord showed they were admitted to the 024 comprehensive assessment show ognitive impairment. list showed Resident 5 had diarrhea th cord showed they were admitted to the litre of the heart to function properly) a ment showed the resident was extensi ist showed Resident 6 had nausea that a received therapy services until 11/25/ pratory result reported on 12/02/2024 th at 12:35 PM, Staff C, stated they did n illness outbreak in the facility. Staff C s sident 6's stool sample came back posi	d vomiting on 11/23/2024 and 2024. re sick about a week, and they e facility with diagnoses to include ed the resident was dependent on miting and diarrhea on 11/24/2024 e facility with diagnoses to include ed the resident was dependent on at began on 11/25/2024 with e facility on [DATE] with diagnoses and malnutrition. Review of the ve staff assistance for ADLs and to began on 11/23/2024 and 2024. A stool specimen was nat norovirus was detected. ot realize they should call the LHJ stated they notified the LHJ on tive for norovirus.

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F 0880 Level of Harm - Minimal harm or	Review of the facility outbreak line list showed Resident 7 had nausea, vomiting and diarrhea on 11/25/2024 that lasted 72 hours.		
potential for actual harm	<resident 8=""></resident>		
Residents Affected - Some	Review of the resident's medical record showed they were admitted to the facility with diagnoses to include malnutrition. Review of the 11/19/2024 comprehensive assessment showed the resident was dependent on staff for ADLs and had moderate cognitive impairment.		
	Review of the facility outbreak line list showed Resident 8 had diarrhea on 11/26/2024 and had a stool sample collected, sent to the laboratory with negative norovirus result reported on 12/02/2024. Resident 8 received therapy services until 11/16/2024.		
	<resident 9=""></resident>		
	Review of the resident's medical record showed they were admitted to the facility with diagnoses to include cancer, dementia and malnutrition. Review of the 09/17/2024 comprehensive assessment showed the resident was cognitively intact and on hospice services.		
	Review of the facility outbreak line list showed Resident 9 had nausea on 11/28/2024 as their only symptom and probably not related to the outbreak.		
	<resident 10=""></resident>		
	Review of the resident's medical record showed they were admitted to the facility with diagnoses to include dementia and malnutrition. Review of the 11/01/2024 comprehensive assessment showed the resident was dependent on staff for ADLs and had severe cognitive impairment.		
	Review of the facility outbreak line list showed Resident 10 had nausea and vomiting on 11/30/2024 and diarrhea on 12/01/2024. The resident was symptom free after 48 hours.		
	<resident 11=""></resident>		
	Review of the resident's medical record showed they were admitted to the facility with diagnoses to include cancer, dementia and malnutrition. Review of the 11/06/2024 comprehensive assessment showed the resident had severe cognitive impairment and on end-of-life care.		
	Review of the facility outbreak line list showed Resident 11 had nausea and vomiting on 12/01/2024. Symptoms resolved after 48 hours.		
	<resident 12=""></resident>		
	Review of the resident's medical record showed they were admitted to the facility with diagnoses to include cancer and malnutrition. Review of the 10/28/2024 comprehensive assessment showed the resident was dependent on staff for ADLs and had moderate cognitive impairment.		
	Review of the facility outbreak line l that lasted 24 hours.	list showed Resident 12 had nausea a	nd diarrhea beginning 12/01/2024

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F 0880	<resident 13=""></resident>		
Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the resident's medical record showed they were admitted to the facility on [DATE] with diagnose to include septicemia (an infection that occurs when germs get into the bloodstream and spread) and malnutrition. Review of the 12/02/2024 comprehensive assessment showed the resident was dependent o staff for ADLs and had severe cognitive impairment.		
	Review of the facility outbreak line that lasted 24 hours.	list showed Resident 13 had vomiting a	and diarrhea beginning 12/01/2024
	<resident 14=""></resident>		
	Review of the resident's medical record showed they were admitted to the facility with diagnoses to include malnutrition. Review of the 10/02/2024 comprehensive assessment showed the resident had intact cognition.		
	Review of the facility outbreak line that lasted 24 hours.	list showed Resident 14 had nausea a	nd vomiting beginning 12/01/2024
	<resident 15=""></resident>		
	Review of the resident's medical record showed they were admitted to the facility with diagnoses to include dementia and malnutrition. Review of the 11/07/2024 comprehensive assessment showed the resident was dependent on staff for ADLs and had severe cognitive impairment.		
	Review of the facility outbreak line list showed Resident 15 had vomiting and diarrhea beginning with symptoms resolved by 12/02/2024.		
	<resident 16=""></resident>		
		cord showed they were admitted to the of the 12/02/2024 comprehensive ass ad severe cognitive impairment.	
	Review of the facility outbreak line list showed Resident 16 had nausea, vomiting and diarrhea beginning on 12/02/2024 that were resolved by 12/06/2024.		
	<resident 17=""></resident>		
	malnutrition and end stage renal di	cord showed they were admitted to the sease (ESRD, when kidneys permanent the blood). Review of the 09/13/2024 cc	ntly fail to filter dangerous levels of
	Review of the facility outbreak line lasted 24 hours.	list showed Resident 17 had nausea a	nd vomiting on 12/03/2024 that
	<resident 18=""></resident>		
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F 0880 Level of Harm - Minimal harm or potential for actual harm	Review of the resident's medical record showed they were admitted to the facility with diagnoses to include dementia and malnutrition. Review of the 12/05/2024 comprehensive assessment showed the resident was dependent on staff for ADLs and had severe cognitive impairment.		
Residents Affected - Some	Review of the facility outbreak line list showed Resident 18 had nausea and a fever on 12/05/2024 and admitted to the hospital with a diagnosis of urosepsis (a type of sepsis [a bacterial infection in the bloodstream or body tissues] that begins in the urinary tract).		
	<resident 19=""></resident>		
	 Review of the resident's medical record showed they were admitted to the facility with diagnoses to in dementia and ESRD. Review of the 10/10/2024 comprehensive assessment showed the resident was dependent on staff for ADLs and had severe cognitive impairment. Review of the facility outbreak line list showed Resident 19 had vomiting and diarrhea on 12/08/2024 lasted 24 hours. <resident 20=""></resident> Review of the resident's medical record showed they were admitted to the facility with diagnoses to in malnutrition and heart failure. Review of the 10/01/2024 comprehensive assessment showed the resident heres had intact cognition. Review of the facility outbreak line list showed Resident 20 had vomiting and diarrhea on 12/09/2024 lasted 24 hours. 		
	they were required to notify the Sta they would have known there was residents having symptoms. Lookir	at 3:38 PM, Staff B, Director of Nursing te of an infectious disease outbreak ar an outbreak since Resident 1 had ongo ng at the outbreak line list, they stated t were three residents with symptoms in	d stated they were not clear when bing GI issues prior to other hey probably should have notified
	Reference: WAC 388-97-1320(1)(a	ı); 1640(7)	
	This is a repeat citation from the St	atement of Deficiencies dated 06/12/20	024.