STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385144	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clatsop Care Center	646 16th Street Astoria, OR 97103

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 43691 Based on observation and interview it was determined the facility failed to maintain a homelike environment with window cleanliness for 1 of 1 facility reviewed for a homelike environment. This placed residents at risk for an unclean homelike environment. Findings include: On 9/9/24 at 3:38 PM Resident 22 stated her/his windows were all very dirty and she/he would like them cleaned. Observation of Resident 22's windows and windows throughout the facility determined the majority of windows were dirty and unhomelike. On 9/13/24 at 9:06 AM Staff 8 (Maintenance Director) stated the outside windows in the facility had been cleaned only twice in the last eight years. Staff 8 confirmed the outside windows needed to be cleaned.

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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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18073 Based on interview and record review it was determined the facility failed to comprehensively assess 3 of 7 sampled residents (#s 8, 25 and 83) reviewed for medications, behavior and mood. This placed residents at risk for inaccurate or incomplete assessments and unmet care needs. Findings include: 1. Resident 83 was admitted to the facility in 8/2024 with diagnoses including recent stroke and delirium. Resident 83's physician orders included the use of scheduled and PRN antipsychotic medication. The 8/29/24 psychotropic CAA did not include a description of the specific behavior necessitating the use of the antipsychotic; causes and contributing factors; or risk factors related to the care area such as increased drowsiness, lethargy or increased risk for falls. On 9/13/24 at approximately 9:50 AM Staff 2 (DNS) confirmed the CAAs lacked an analysis of findings. 36494 2. Resident 8 was admitted to the facility on ,d+[DATE] with diagnoses including dementia and depression. A review of the 2/12/24 Cognitive Loss/Dementia CAA revealed Resident 8 had dementia. The family was aware and content with care and the plan moving forward. Communicate with Resident 8 and her/his family regarding capabilities and needs. The CAA failed to indicate specifically how dementia was a problem for the resident, how the resident's dementia manifested, the impact on the resident, or a rational for the care planning decision. A review of the 2/15/24 Psychotropic Drug Use CAA revealed Resident 8 was on venlafaxine (an antidepressant) for major depressive disorder, which was effective with no adverse effects noted. The CAA failed to indicate specifically how depression was a problem for the resident, how the resident's depression impacted Resident 8, or a rationale for the care planning decision. On 9/12/24 at 1:26 PM PM Staff 1 (Administrator) stated Staff 4 (LPN) completed the MDS and CAAs for the facility. On 9/12/24 at 4:19 PM Staff 3 (Social Service Director) stated she completed the Cognitive Loss/Dementia CAA for Resident 8. Staff 3 stated she was learning how to better complete the CAAs and acknowledged there was not sufficient information in the CAA section. On 9/12/24 at 6:41 PM Staff 4 (LPN) stated she was training staff to complete the MDS and triggered CAAs. Staff 4 stated she did not complete Resident 8's CAA but confirmed there was not enough meat and potatoes in Resident 8's Cognitive Loss/Dementia and Psychotropic CAA. Staff 4 stated The CAAs were important because they helped drive the care plan for each resident. (continued on next page)

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Resident 25 was admitted to the facility on ,d+[DATE] with diagnoses including schizophrenia and cancer of the lung. A review of the 7/2/24 Psychotropic Drug Use CAA revealed the resident received aripiprazole (an antipsychotic) for her/his schizophrenia which had been effective with no adverse effects noted. Medicate the resident per physician order and assess effectiveness of the medication for adverse effects. The CAA failed to include information regarding Resident 25's potential problems, manifested behaviors, precipitating factors, alleviating factors or non-pharmacological interventions. On 9/12/24 at 1:26 PM PM Staff 1 (Administrator) stated Staff 4 (LPN) completed the MDS and CAAs for the facility. On 9/12/24 at 6:41 PM Staff 4 stated she was training staff to complete the MDS and triggered CAAs. Staff 4 stated she did not complete Resident 25's CAA but confirmed there was not enough meat and potatoes in Resident 25's Psychotropic CAA. Staff 4 stated the CAAs were important because they helped drive the care plan for each resident.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 43691 Based on interview and record review it was determined the facility failed to follow physician orders for medication administration and implement bowel care timely for (1 of 5) sampled residents (# 17) reviewed for medications. This placed residents at risk for adverse side effects and constipation. Findings include: Resident 17 was admitted to the facility in 10/2020 with diagnoses including hypothyroidism (deficiency of hormones used to regulate heart rate, body temperature and digestion) and constipation. a. A physician order from 12/5/23 stated levothyroxine 50 mg was to be given once a day at 8:00 AM to Resident 17 for hypothyroidism. On 9/6/24 the orders for levothyroxine were modified for the medication to be given at 5:00 AM. Review of the 9/2023 MAR revealed Resident 17 did not receive levothyroxine from 9/6/24 through 9/11/24. On 9/12/24 at 1:29 PM Staff 2 (DNS) confirmed Resident 17 did not receive levothyroxine on the dates listed and did not provide any additional information as to why the medication was not administered. b. A physician order from 4/15/23 stated bisocodyl was to be administered as needed for constipation to Resident 17 on the fourth day of no bowel movement A physician order from 4/15/23 stated fleet enema was to be administered as needed for constipation to Resident 17 on the fourth day of no bowel movement. A physician order from 4/28/23 stated milk of magnesia was to be administered as needed for constipation to Resident 17 on the third day of no bowel movement. Review of 8/2024 and 9/2024 bowel care records revealed the following: - Resident 17 had no bowel movements from 8/29/24 through 9/1/24, a total of four days. Review of medication administration records revealed none of the medications listed above were attempted to be administered on day three or day four. - Resident 17 had no bowel movements from 9/3/24 through 9/6/24, a total of four days. Review of medication administration records revealed none of the medications listed above were administered on day three or day four. - Resident 17 had no bowel movements from 9/9/24 through 9/11/24, a total of three days. Review of medication administration records revealed milk of magnesia was not administered on day three. On 9/12/24 at 1:29 PM Staff 2 (DNS) confirmed that based on the 8/2024 and 9/2024 bowel care records, medications used for constipation were not administered as ordered to Resident 17.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 18073 Based on observation and interview it was determined the facility failed to ensure medications were labeled with administration instructions for 1 of 5 residents (#11) for whom medication administration was observed. This placed residents at risk for decreased medication efficacy. Findings include: On 9/11/24 at 8:43 AM Staff 6 (CMA) was observed to crush the medication pantoprazole 40 mg DR (delayed release) prior to administration to Resident 11. According to the manufacturer's instruction, this medication is enteric coated to pass through the stomach and should not be crushed. The medication was labled as pantoprazole 40 mg without the DR. There were no instructions on the MAR or the medication bubble pack from the pharmacy to indicate the medication should not be crushed prior to administration. On 9/12/24 at 10:48 AM Staff 7 (Consultant Pharmacist) confirmed pantoprazole 40 mg should not be crushed and was not labeled with instructions not to crush.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 36494 Based on interview and record review it was determined the facility failed to ensure records were complete and accurate for 1 of 5 residents (#8) reviewed for medications. This placed residents at risk for inaccurate medical records. Findings include: Resident 8 was admitted to the facility in 2/2024 with diagnoses including dementia and depression. A review of Resident 8's Physician Orders dated 8/2024, revealed an order dated 8/15/24, discontinued on 8/16/24, for mirtazapine (an appetite stimulant) 7.5 mg, one tablet for appetite stimulation for three days. The medication was administered on 8/15/24. A review of Resident 8's Physician Orders dated 8/2024, revealed an order dated 8/16/24, for mirtazapine 7. 5 mg, one tablet for appetite stimulation for 30 days. A review of Resident 8's clinical record revealed no evidence the resident received her/his mirtazapine from 8/16/24 through 8/25/24. In an interview on 9/12/24 at 1:42 PM, Staff 1 (Administrator) and Staff 5 (RNCM) stated both physician orders for the mirtazapine were incorrectly transcribed. Staff 1 stated facility staff clarified the mirtazapine order with the physician, and the physician clarified the mirtazapine with a new start date of 8/26/24. Staff 1 acknowledged the 8/2024 MARs were incorrectly transcribed.