STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505074	A. Building B. Wing	03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Manor Rehabilitation Ctr	1710 Plaza Way Walla Walla, WA 99362

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44922 Based on observation, interview, and record review, the facility failed to ensure residents who were dependent on assistance for activities of daily living (ADLs, basic self-care tasks you do every day) received adequate showers/baths/bed baths, grooming, and oral care for 3 of 4 residents (Residents 41, 71, and 178) reviewed for ADLs. This failure placed the residents at risk for unmet hygiene needs. Findings included . <Resident 41> Review of the resident's medical records showed they admitted to the facility on [DATE] with diagnoses to include a fracture of their right lower leg and right shoulder and diabetes (increased sugar in the blood). The 02/12/2025 comprehensive assessment showed Resident 41's cognition was moderately impaired and was dependent upon staff assistance for transfers and partial to moderate assistance from staff for bed mobility and personal hygiene. An observation and concurrent interview on 03/25/2025 at 2:09 PM, showed Resident 41 lying in bed, in a night gown and hair not combed. Resident 41 had a white hard shelled, clam shaped brace to their right shoulder and a walking boot on the floor at the end of their bed by the wall. Resident 41 stated they had only received one shower since their admission. Resident 41 stated they did not feel clean and they haven't asked me about a bath/shower, and I haven't demanded one. Resident 41 stated they were supposed to be receiving two showers a week and would be okay with a bed bath, but was lucky to get one, if any. Resident 41 stated during therapy they were told by the Occupational Therapist (OT, a health care professional who specializes in helping people with health issues that affect everyday activities) that they smelled like arm pits and it was embarrassing. Resident 41 stated the therapist removed their hard-shell brace and cleansed their shoulder and arm pit. Resident 41 stated it felt amazing. Review of Resident 41's shower documentation from 02/26/2025 through 03/26/2025 showed Resident 41 was to have received showers twice weekly on Sunday and Friday evenings per their preference. The shower schedule showed they had received two showers (03/07/2025 and 03/14/2025), one refusal (03/21/2025, with no supporting documentation in the progress notes), and the remaining documentation showed they had received a sponge bath or not applicable (N/A, did not apply to the resident). Other options to choose on the documentation showed a full-body bath which none of those had been given. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505074	A. Building B. Wing	03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Manor Rehabilitation Ctr	1710 Plaza Way Walla Walla, WA 99362

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 03/26/2025 at 4:22 PM, Staff H, OT, stated Resident 41 did not have any restrictions with the shoulder brace or the walking boot while taking showers. Staff H stated the shoulder brace was a hard plastic and did not have to be removed for showers. Staff H stated they did have Resident 41 in for therapy a few weeks ago and Resident 41 required cleaning under their right shoulder brace. Staff H stated they removed the brace and cleansed the right shoulder and arm pit. Staff H stated after the therapy session they informed nursing staff that Resident 41 could have their braces removed for showers and if they needed assistance, they could ask, and they would assist them. Staff H stated no nursing staff asked about the braces or asked for assistance with Resident 41's showers. Review of an OT note on 03/07/2025 showed Resident 41 complained of significant discomfort of itching and skin hygiene issues to their right shoulder. The note showed the OT cleansed Resident 41's right armpit and shoulder and Resident 41 stated they were much relieved. The note showed Resident 41 communicated to the OT they had not had a shower since admission so the OT informed staff they were allowed to shower the Resident and remove the brace. The note showed later that day Resident 41 received a shower. <Resident 71> Review of the resident's medical records showed they admitted on [DATE] with diagnoses of respiratory failure, pneumonia (a bacterial infection in the lungs), and malignant cancer (when some of the body's cells grow uncontrollably and spread to other parts of the body) of the liver and the right eye. The 03/15/2025 comprehensive assessment showed Resident 71's cognition was intact and required partial to moderate assistance from staff with showers/bathing and substantial to maximum assistance from staff with transfers. An observation on 03/25/2025 at 9:43 AM, showed Resident 71 was lying in bed, hair uncombed and resident was wearing a hospital gown. An observation and concurrent interview on 03/26/2025 at 9:23 AM, showed Resident 71 was lying in bed, hair uncombed, not dressed. Resident 71 stated they had one shower since admission and were told they would receive two showers a week. Resident 71 stated the staff had not offered them a shower. Review of Resident 71's shower documentation from 03/13/2025 to 03/26/2025 showed Resident 71 received showers on Tuesdays and Fridays in the mornings per their preference. The documentation showed Resident 71 received one shower (03/18/2025), one refusal (03/14/2025 with no supporting documentation in the progress notes), and the remaining documentation showed they received a sponge bath or N/A. <Resident 178> Review of the resident's medical records showed they admitted to the facility on [DATE] with diagnoses to include malignant cancer of the brain and aphasia (difficulty speaking or putting words together to form a sentence). The 03/21/2025 comprehensive assessment showed Resident 178's cognition was severely impaired and required substantial to maximum assistance from staff for bathing/showering and partial to moderate assistance from staff for dressing and personal hygiene. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505074	A. Building B. Wing	03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Manor Rehabilitation Ctr	1710 Plaza Way Walla Walla, WA 99362

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 03/24/2025 at 2:39 PM, Resident 178 was lying in bed, dressed, hair was uncombed, fingernails were long in length with brownish/black debris under the fingernails. During an observation on 03/26/2025 at 9:35 AM, Resident 178 was lying in bed, their hair appeared greasy and uncombed, had built up white film in between their teeth, their glasses were smudged with fingerprints, and their facial hair and moustache were long and had white food crumbs stuck in it. Resident 178 was wearing a blue t-shirt and gray sweatpants (which later was identified to be the same clothes worn for multiple days). During an observation on 03/27/2025 at 11:48 AM, Resident 178 was lying in bed with their hair, teeth, nails, and facial hair in the same manner as they had on 03/26/2025. Resident 178 was wearing the same blue t-shirt and had a body odor. On the same day at 2:40 PM, Resident 178 was asked if they had their clothes changed today and they stated, as a matter of fact, I can absolutely say no, they have not changed my clothes today. Resident 178's Representative was at the bedside visiting and confirmed Resident 178 was wearing the same clothes as the previous day (03/26/2025). Review of Resident 178's shower documentation from 03/14/2025 through 03/26/2025 showed Resident 178 was to receive showers/baths on Monday, Wednesdays, and Saturday mornings per their preference. The documentation showed Resident 178 received two showers (03/20/2025 and 03/22/2025), a refusal of a shower (03/15/2025 with no supporting documentation in the progress notes) and all others were sponge baths or N/A. During an interview on 03/27/2025 at 11:50 AM, Staff L, Nursing Assistant, stated if the NAs documented a sponge bath, that would consist of cleaning them under the arm pits and washing their face and hands. Staff L stated they cut resident nails if the resident requested that or if they observed them needing to be cut but did not have a specific schedule for that. Staff L stated they would trim a resident's beard or moustache if the resident requested it, but they had themselves personally never asked a resident that question. Staff L stated the resident's clothes should be changed every morning and have their hair combed, teeth brushed, and then again if needed through out the day. Staff L stated they did not know why Resident 178 was not receiving bed baths or showers routinely. Staff L stated if a resident refused a shower/bath they would notify the LN, and the LN would talk with the resident. During an interview on 03/27/2025 at 12:36 PM, Staff M, Registered Nurse, stated when a resident refused a shower the NAs were to notify the LNs and the LNs would approach and try to see why the resident refused or if they could encourage them to take their shower maybe at a different time. Staff M then stated they were to document in the progress notes if the resident continued to refuse. During an interview on 03/27/2025 at 5:13 PM, Staff B, Director of Nursing Services, stated upon admission the residents were asked what their preferences were for bathing/showering and what their normal schedule was. Staff B stated the NAs used a daily shower board that was updated and reviewed frequently to ensure every resident was on the shower schedule. Staff B stated if a resident refused a bath/shower, the NAs should have notified the LN, and the LN should have made attempts to see why they refused and then documented the refusal. Staff B stated residents should have received showers at the least twice weekly and sponge baths and bed baths should not have been substituted for a shower/bath unless that was the resident's preference. Reference: WAC 388-97-1060 (1)(2)(c)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505074	A. Building B. Wing	03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Manor Rehabilitation Ctr	1710 Plaza Way Walla Walla, WA 99362

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 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44922 Based on observation, interview, and record review, the facility failed to 1) assess for a change in condition related to increased shortness of breath and weakness for 1 of 3 residents (Resident 56), and 2) consistently follow physician orders to prevent constipation (unable to pass stool regularly, that eventually becomes hardened) for 1 of 3 residents (Resident 71) both reviewed for quality of care. Resident 56 experienced harm when their bowels became impacted (when you're unable to regularly pass stool or feces and it backs up inside your colon), pain, and required a hospital intervention for relief. This failure placed all residents at risk for delay of treatment, unmet care needs, and negative health outcomes. Findings included . Review of a policy titled, Best Practice in Change of Condition and Endorsement, dated 05/2016 showed when a change in condition was recognized for the ability to eat or drink, changes in weight/intake, or had a change in their medical condition they would be placed on a 24 hour report with no less than 3 days of documentation and an attempt to identify the cause of decline. The physician, resident, and resident responsible party would be notified, and the Director of Nursing Services (DNS) would review the changes for any needed follow-up. Review of the policy titled Bowel Protocol, dated 03/25/2025, showed when a resident did not have a BM in three days (nine shifts) the Licensed Nurse (LN) would implement the bowel protocol: Shift one, administer Milk of Magnesia (MOM, a brand of medication that stimulates the bowels), may administer two additional shifts if no results; If no results after the MOM, the next shift administer a Bisacodly suppository rectally (a brand of medication that stimulates the bowels); if no results in two to three hours; Administer a saline enema rectally (Fleets, a brand of medication that stimulates the bowels, if no results in two to three hours notify the provider for additional instructions. Review of a policy titled Bilevel positive airway pressure and Continuous positive airway pressure [Bipap/CPAP, machines that use pressure to push air into the lungs], dated 05/2007, showed when a resident admitted with a bipap machine there would be a physician's order, the machine settings were to be verified, and if any changes, notify the provider. The policy additionally showed the resident would be reassessed as needed for changes in their condition. <Resident 56> Review of the resident's medical record showed they admitted on [DATE] with diagnoses to include a stroke (when blood and oxygen to the arteries in the brain become blocked by a blood clot), diabetes (lack of sugar in the blood), and kidney disease. The comprehensive assessment dated [DATE] showed Resident 56 had moderately impaired cognition, required substantial to maximum assistance for toileting and transfers, and was continent of their bowels. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505074	A. Building B. Wing	03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Manor Rehabilitation Ctr	1710 Plaza Way Walla Walla, WA 99362

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 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	During an interview on 03/24/2025 at 12:00 PM, Resident 56 stated they had recently visited the hospital due to a bowel blockage [constipation]. Resident 56 stated their constipation caused them pain while trying to push out the hardened stool, so they needed to be sent to the hospital (03/14/2025) due to the pain. Review of Resident 56's Medication Administration Records (MAR) from January 2025 through March 2025 showed: Orders on 01/23/2025 for the bowel protocol, and Miralax (a brand of medication for constipation) daily as needed for constipation (as needed [PRN] Miralax had not been administered in January, February, or March 2025). Order on 03/12/2025 for Miralax daily for constipation and then changed on 03/14/2025 to three times daily for constipation. Review of Resident 56's bowel tasks (a record that showed how often the resident had a BM and what the size of the BM's were) showed: 01/23/2025 evening shift through 01/28/2025 day shift, five days and one shift with no BM (the PRN MOM and Miralax were not administered per orders). 01/30/2025 evening shift through 02/07/2025 evening shift, eight days and two shifts no BM (two shifts showed no documentation) (the PRN MOM, Bisacodyl, Enema, and Miralax were administered per orders). 02/10/2025 night shift through 02/17/2025 day shift, six days and two shifts no BM (the PRN MOM, Bisacodyl, Enema, and Miralax were not administered per orders). 02/27/2025 day shift through 03/03/2025, four days and one shift no BM (the PRN MOM and Miralax were not administered per orders). 03/03/2025 night shift through 03/11/2025 night shift, seven days and two shifts no BM (the PRN MOM, Bisacodyl, Enema, and Miralax were not administered per orders). During an interview on 03/27/2025 at 12:04 PM, Staff K, Registered Nurse, stated when a resident was having constipation issues, they would notify the doctor for further orders. Staff K stated there was a clinical alert (a warning that appeared in the Resident's Electronic Health Record [EHR] that alerted LNs there needed to be an intervention) in the resident's EHR that would automatically alert the LNs when a resident had not had a BM in three days, and at that time they would start the bowel protocol. During an interview on 03/27/2025 at 5:56 PM, Staff B, DNS, stated they expected LNs to discuss recurring constipation with residents. Staff B stated the residents should be asked what their normal patterns were, what they have used in the past that helped, and then discuss those findings with the provider for better bowel management. Staff B stated after three days without a BM the LNs should have implemented the facility bowel protocol and would follow each step each shift, not each day, when there were no results. Staff B stated they expected the LNs to start assessing bowel tones, abdomen distention, and pain after the nine shifts without a BM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505074	A. Building B. Wing	03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Manor Rehabilitation Ctr	1710 Plaza Way Walla Walla, WA 99362

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 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Review of Resident 56's clinical alerts from 01/23/2025 to 03/27/2025 showed there were 29 shift alerts that showed Resident 56 had not had a BM in three or more days. Review of nursing progress notes dated 03/14/2025 showed: 7:17 AM a PRN MOM was administered related to no BM in three days, 8:45 AM a PRN Bisacodyl was given due to difficulty having BM, 9:37 AM Resident 56 had been yelling out in discomfort because they were constipated. The note showed the Medical Director (MD) had been at the facility and gave orders to administer the Fleets enema and if no results administer a half a bottle of Magnesium Citrate (a brand of liquid medication that stimulates the bowels) and notify the provider if no results. 3:16 PM Resident 56 had a couple small hard BMs and reported pressure pain in their rectum. The Contracted Advanced Registered Nurse Practitioner (ARNP) assessed Resident 56 to be impacted. The ARNP ordered a second Fleets enema to be given, not to administer the Magnesium Citrate ordered earlier, and if no results, send to the hospital. 5:47 PM showed Resident 56 was sent to the hospital for evaluation due to their pain from trying to pass the hard stool. Review of the 01/23/2025 Care Plan (CP) showed Resident 56 experienced constipation related to decreased mobility. The CP showed no documented history, normal bowel patterns, or what the resident normally used to assist them with their constipation. Review of the 03/14/2025 hospital notes showed Resident 56 had a bowel impaction and required digital disimpaction (a medical procedure used to manually remove stool from the rectum, with a gloved finger, to break up and remove trapped stool. Typically performed when other methods of relieving constipation or fecal impaction have failed). Review of additional documentation provided by the facility, dated 12/12/2024 (prior to admission), showed Resident 56's Primary Care Provider documented the resident managed their constipation effectively by using dark chocolate (which was not documented or care planned). Review of the ARNP note dated 03/12/2025 (two days before being sent to the hospital), showed Resident 56 communicated they had chronic constipation and had several days without having a BM since being admitted to the facility. The ARNP gave new orders for Miralax to be given daily. Review of the ARNP note on 03/14/2025 (the day the resident was sent to the hospital), showed the LNs reported the resident experienced rectal pain and discomfort and Resident 56 had received PRN Bisacodyl and MOM that were ineffective. Per additional orders, the LN's administered the PRN Fleets enema and Resident 56 experienced pain and difficulty passing the stool, so the LN digitally removed some very hard stool. The note showed that later in the day Resident 56 yelled out for help and was having pain and was ordered to be sent to the hospital for evaluation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505074	A. Building B. Wing	03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Manor Rehabilitation Ctr	1710 Plaza Way Walla Walla, WA 99362

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 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	During an interview on 03/28/2025 at 2:44 PM, the MD stated they were notified of Resident 56's constipation issues in passing (while they were in the facility to see another resident) on 03/14/2025 and ordered a second Fleets enema to be given. The MD stated they had not been notified of Resident 56's constipation issues prior to 03/14/2025. <Resident 71> Review of the resident's medical records showed they admitted to the facility on [DATE] with diagnoses of respiratory failure with hypoxia (when you don't have enough oxygen in your blood from a lung or heart disease), pneumonia (a bacterial infection in the lungs), malignant cancer (when some of the body's cells grow uncontrollably and spread to other parts of the body) of the liver, right eye, and their bile duct, and sleep apnea (a condition that makes you stop breathing while you're sleeping). The 03/15/2025 comprehensive assessment showed Resident 56's cognition was intact and required substantial to maximum assistance with bed mobility and transfers. During a concurrent observation and interview on 03/24/2025 at 2:26 PM, Resident 71 was lying in bed., While the resident was speaking, they appeared short of breath, taking deep breaths in and out, while blowing out of their mouth in between words. Resident 71 stated they were tired and weak and had been on chemotherapy (a medicated treatment for cancer [a disease in which cells grow uncontrollably and spread to other parts of the body]). Resident 71 stated they had not felt tired and weak before but that had resolved with the pneumonia. Resident 71 stated the LN had been in to check their oxygen levels and they were okay. Additionally, there was a blue square medical equipment bag sitting on the nightstand to the right side of the resident (later referenced as a bipap machine). During an observation and concurrent interview on 03/25/2025 at 9:47 AM, showed Resident 71 lying in bed and continued to present with shortness of breath when talking, experienced nausea (a feeling of sickness in the stomach that could lead to vomiting) and had no appetite. Observed on the nightstand beside the bed was the blue medical equipment bag seen on 03/24/2025. Resident 71 stated the bag contained their bipap machine, but they were not using it because they were having issues. Resident 71 stated they had problems with the mask leaking so they were given a new mask and then the resident stated they did not have the energy to apply the mask at night themselves and did not receive offers to assist them with it so had the staff pack the machine back up. During an observation and concurrent interview on 03/26/2025 at 9:23 AM, Resident 71 was sitting upright in bed and stated they did not have therapy the day before because they were too weak and tired. Resident 71 also stated they had nausea, and did not eat breakfast because they felt sick. Resident 71 stated they did not have pain in their mouth but that it was really dry and were observed to be short of breath and mouth breathing in between words. The bipap machine was observed unpacked from the blue bag and the mask straps were hanging up on a hook on the wall. Resident 71 stated they did not use the mask because the straps needed to be washed and were not dried. Resident 71 stated they had a very dry mouth and would require a drink of water every fifteen to twenty minutes and was asking the staff to constantly come in to replace the mask and this made them feel bad, so stopped asking for assistance or using the machine. Staff K entered the room and stated Resident 71's pneumonia had resolved, but they were recently being treated for thrush (a yeast infection that can grow in your mouth, throat and other parts of your body). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505074	A. Building B. Wing	03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Manor Rehabilitation Ctr	1710 Plaza Way Walla Walla, WA 99362

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 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	During an interview on 03/27/2025 at 12:11 PM, Staff K stated the LNs received orders from the hospital for equipment residents would bring from home. Staff K stated the bipap machine had a preset setting and they would ask the resident or family who their sleep specialist was if they had issues. Staff K stated Resident 71 did not normally complain of being tired and weak and had not been told they were, nor was the resident normally short of breath. Staff K stated they knew the resident had experienced nausea and recently had their nausea medication increased but did not know why the resident had nausea. Staff K stated they had not tried to contact Resident 71's Oncologist (a cancer specialist) to inform them of the resident's shortness of breath, loss of appetite, nausea, or weight loss, nor were they able to verbalize what chemo medication they received or what those side effects to monitor were. Staff K stated they were not aware Resident 71 was not using their bipap machine. During an interview on 03/27/2025 at 2:30 PM, Resident 71stated they did not use the bipap machine the night before (03/26/2025) because they (staff) did not come in and put it on me. The resident stated they used their bipap machine since 2017 and always used it until now. Resident 71 stated they received chemotherapy (a type of cancer treatment that used medications to kill cancer cells) treatment every three weeks for their cancer and the last treatment was on 03/05/2025 and the next treatment was scheduled for 03/31/2025. Resident 71 stated they were not sure if they would follow through with the next treatment because the last one had made them so sick. Review of the March 2025 MAR showed an order on 03/13/2025 for an anti-nausea medication that was administered three times, once on 03/23/2025, and twice on 03/24/2025. Then on 03/24/2025, was an order to increase the anti-nausea medication. Review of the 03/13/2025 through 03/25/2025 Treatment Administration Records showed an order on 03/13/2025 to assist Resident 71 with applying the bipap machine at bedtime and as needed. The order showed the bipap had been applied nightly except for missing documentation for three of the 13 nights reviewed. Review of Resident 71's 03/13/2025 discharge hospital records showed the resident received a chemotherapy treatment on 03/05/2025 with a medication called Opdivo (a brand of cancer medication). Further review of the medication showed some of the medication's side effects consisted of shortness of breath, nausea and vomiting, weight loss, and skin rashes. Review of Resident 71's 03/13/2025 baseline CP showed no resident specific information for their cancer or their cancer treatment. The CP showed no information on the chemotherapy they received, the side effects, who their Oncologist was, or what to monitor. Additionally, the CP showed no resident specific information for use of the bipap machine, what the settings were, or if issues were to arise, who to contact. Review of Resident 71's progress notes showed on 03/19/2025 the Speech Therapist (ST, a specialist who diagnoses and treats communication and swallowing problems) communicated to the LN staff that Resident 71 had a thrush like rash on their tongue and the back of their throat. The note showed the the nurse assessed and asked the MD (provider) to assess as well. Review of nursing progress notes showed: on 03/20/2025 showed Staff K documented they did not clean the bipap mask because did not use. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505074	A. Building B. Wing	03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Manor Rehabilitation Ctr	1710 Plaza Way Walla Walla, WA 99362

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 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	on 03/23/2025 showed the Resident received a new order for an antifungal medication for treatment of Resident 71's thrush (four days after the LN documented they assessed and notified the provider). on 03/25/2025 showed that the [Resident 71] not feeling well so refused their medications. review of the notes showed no assessment of the resident's difficulty breathing (other than clear lung sounds) when talking, increased tiredness and weakness, or why the resident had been experiencing nausea. The records further showed no notification had been made to the Oncologist and Sleep Specialists. During an interview on 03/28/2025 at 2:44 PM, the MD stated the facility or MD had received information on Resident 71's chemotherapy medication or what to monitor after receiving that medication. The MD stated they had seen the resident on 03/13/2025 and again on 03/17/2025 and were aware of the nausea, weakness, and tiredness but it was just a wait and see if it improved. The MD had not been notified Resident 71 was not using their bipap machine. Reference: WAC 388-97-1060 (1)(3)(vi)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505074	A. Building B. Wing	03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Manor Rehabilitation Ctr	1710 Plaza Way Walla Walla, WA 99362

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44922 Based on observation, interview, and record review, the facility failed to consistently monitor weights or implement interventions for 1 of 3 residents (Resident 71) reviewed for nutrition. This failure placed the resident at risk for continued significant weight loss and the loss of nutritional satisfaction. Findings included . Review of a policy titled Nutritional Status Policy/Procedure, dated 03/2016, showed the facility would obtain weights weekly for four weeks for new admissions and residents with weight changes would be reviewed weekly at the nutrition meeting. <Resident 71> Review of the resident's medical records showed the resident admitted to the facility on [DATE] with diagnoses to include malignant cancer (when some of the body's cells grow uncontrollably and spread to other parts of the body) of the brain and the right eye and protein calorie malnutrition (inadequate intake of food). The 03/15/2025 comprehensive assessment showed Resident 71's cognition was intact and required setup/clean-up assistance from staff for eating. The assessment showed Resident 71 had malnutrition. During an interview on 03/25/2025 at 9:43 AM, Resident 71 stated they were unable to eat, had nausea, and did not have an appetite. During an interview and concurrent observation on 03/26/2025 at 9:09 AM, Staff L, Nursing Assistant, stated for residents who required daily weights they were obtained first thing in the morning and for all other residents they would try to obtain their weights once a week on their shower day. Staff L stated the NAs were given a weight list (a list of residents who required a weight to be obtained) of weights that had not been obtained, and they would get them immediately that day. Staff L provided the weight list document. Review of the weight list document dated 03/2025 provided by Staff L on 03/26/2025 at 9:22 AM, showed Resident 71's weight had not been obtained. The list showed two other weights of other residents had been documented but no documented date of when that weight was obtained. During an interview on 03/26/2025 at 9:28 AM, Resident 71 stated they did not eat breakfast that morning because they felt sick and had a feeling of nausea. Resident 71 stated I feel like I have lost weight and would try to drink their protein shakes (a supplement that helps with decreased intake), but they had a difficult time getting them down. During an interview on 03/28/2025 at 10:49 AM, Resident 71 stated they used to have an appetite but since becoming sick with pneumonia (a bacterial infection in the lungs that had resolved on discharge from the hospital) my appetite has gotten worse. Resident 71 stated they did not feel like they lost their appetite with the chemotherapy (a medicated treatment to treat cancer) treatment, at least not with the other treatments. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505074	A. Building B. Wing	03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Manor Rehabilitation Ctr	1710 Plaza Way Walla Walla, WA 99362

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident 71's weights showed on 03/13/2025 (day of admission) the Resident's weight was 172.8 pounds (lb) and on 03/14/2025 the weight was 173.5 lb. There were no other weights obtained or documented after 03/14/2025. Review of Resident 71's 03/19/2025 Nutrition at Risk Review note showed Staff G, Registered Dietician (RD, a health professional who specialized in nutrition and develops eating plans to meet health needs), assessed Resident 71's average nutritional intake at mealtimes was zero to 25 percent of the meals eaten, they had chewing and swallowing difficulties, they currently received chemotherapy treatment, and their calorie/protein needs were not met. The note showed the RD recommended Resident 71 continue Glucerna (a brand of protein supplement) daily, to provide a diet of choice/preferences of food, and monitor intake and weight. The RD showed the weights they reviewed for this assessment were the two documented weights on 03/13/2025 and 03/14/2025. The RD showed they would follow up in one week (03/26/2025). Review of the RD's nutrition follow-up progress note dated 03/27/2025, showed the RD reviewed the same weights they reviewed on 03/19/2025 (eight days prior), Resident 71 still had a nutritional intake of zero to 25 percent of meals eaten and averaged drinking 40 percent of their Glucerna. The progress note showed Resident 71's appetite was still poor, and the Resident's Representative was present and tried to encourage the resident to eat more. The RD's plan was to update the meal preferences, continue with the Glucerna, monitor intake and weight (which were both recommendations on 03/19/2025), and encourage intake. The RD also documented they would follow-up in one month. Additional review of the 03/25/2025 weight list on 03/28/2025 at 11:02 AM, showed Resident 71's weight had been documented, undated, and the weight was 158.6 lb (which was a loss of 14.9 lbs in two weeks (an -8. 59 percent weight loss which, per standards of practice a -5.0 percent weight loss over a 30-day period was considered significant weight loss). An interview and concurrent observation on 03/28/2025 at 9:04 AM, Staff B, Director of Nursing Services, stated they had reviewed Resident 71's weight on 03/27/2025 of 158.6 lb and asked for a re-weigh because the weight loss was so significant but was not sure why that had not been done or documented. The Resident's reweigh at 11:02 AM, showed Resident 71's weight at 162.4 lb (an 11.1 lb loss and an overall -6. 40 percent weight loss, still a significant weight loss). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505074	A. Building B. Wing	03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Manor Rehabilitation Ctr	1710 Plaza Way Walla Walla, WA 99362

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 03/28/2025 at 10:26 AM, Staff G stated when they reviewed residents with weight loss, they reviewed their weights and intake and depending on those factors would determine how often they reviewed the resident. Staff G stated on their follow-ups they would review the weights in the resident's Electronic Health Record (EHR) and if there was not a current weight in the EHR they would ask the NAs to obtain one for them right then and there [at the time requested]. Staff G also stated there was a weight list they could review that was kept in a book at the Nurse's station. Staff G stated during their assessment of Resident 71 on 03/27/2025 they did not ask the NAs to obtain an updated weight, nor did they check the weight list to see if one had already been obtained. Staff G stated they did not obtain a current weight because I knew that [Resident 71] did not have good intake [nutritional] and should have asked for a weight to be obtained but the staff were really busy. Staff G stated if they would have known Resident 71 had lost that much weight, they would have decided to review the resident again in two weeks rather than a month and stated I wouldn't have seen [Resident 71] sooner because I felt like I wasn't getting anywhere with the encouragement that was being given. Staff G stated they knew about the resident's chemotherapy treatment but did not factor in how the chemotherapy medication could potentially result in Resident 71's nausea, decreased appetite, or their weight loss. During an interview on 03/28/2025 at 12:07 PM, Staff B stated their Assistant Director of Nurses (ADON) was responsible for reviewing the weights daily and if they were missed, they would put out the weight list daily for the NAs to obtain the weights. The NAs would not put the date they obtained the weights because the ADON would review the weights, document them on the same day, and put a new weight list out daily. Staff B stated the ADON had been gone on vacation, so Staff B had put the weight list out and had not documented or reviewed it daily, nor did they put a new one out daily. Staff B stated they would have expected the RD to assess the resident thoroughly and ensure they obtained an up-to-date weight for their assessment. Reference: WAC 388-97-1060 (3)(h)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505074	A. Building B. Wing	03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Manor Rehabilitation Ctr	1710 Plaza Way Walla Walla, WA 99362

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39652 Based on interview and record review, the facility failed to ensure an effective or coordinated process for communication between the facility and the offsite dialysis center to ensure continuity of care and monitoring the resident ' s status for 1 of 1 resident (Resident 11), reviewed for dialysis services. This failure placed residents receiving dialysis at risk for complications and unmet care needs. Findings included . <Resident 11> Review of the resident's medical record showed they were admitted with diagnoses including. end stage renal disease (the kidneys no longer function efficiently) with dialysis, congestive heart failure (chronic condition in which the heart does not pump blood as well as it should) and anemia (a condition when there is not enough red blood cells to carry oxygen to the body). Review of the comprehensive assessment dated [DATE] showed the resident was cognitively intact and required substantial assistance for activities of daily living (basic tasks necessary for self-care). Review of the March 2025 physician orders showed Resident 11 received dialysis from an offsite dialysis center three times weekly on Tuesday, Thursday and Saturday. Review of the resident's care plan dated 02/11/2025 showed an expectation that the resident was to have their vital signs (VS) checked before and after dialysis treatments. Additionally, facility staff were directed to send a dialysis communication form with the resident each time they went to the offsite center. The form consisted of pre/post dialysis VS, weights, and any other pertinent information about the resident health status. In the event the form was not completed when the resident returned to the facility, staff were expected to call the offsite dialysis center to retrieve the necessary information of the resident ' s health status. Review of Resident 11's Dialysis Communication Book from 02/02/2025 to 03/25/2025 showed eight of the 22 forms were not completed. Review of the progress notes dated 02/02/2025 to 03/25/2025 showed no documentation that facility staff had contacted the offsite dialysis center to obtain the missing information. During an interview on 03/26/2025 at 11:07 AM, Staff R, Charge Nurse, stated that the Dialysis Communication Book was sent with the residents who received dialysis at an offsite center. Staff R stated if the form was incomplete upon return from dialysis the nurses call the center, obtain the missing information and write a progress note. Staff R stated they did not normally assess Resident 11's VS when they returned from the dialysis center. During an interview on 03/26/2025 at 2:31 PM, Staff S, Nursing Assistant (NA), and Staff T, NA, stated when Resident 11 returned from dialysis they got them their meal but had not been informed to take Resident 11's VS therefore, they were not completed upon their return to the facility from dialysis. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505074	A. Building B. Wing	03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Manor Rehabilitation Ctr	1710 Plaza Way Walla Walla, WA 99362

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 03/26/2025 at 3:09 PM, Staff B, Director of Nursing Services, stated the expectation for communication with the offsite dialysis center was to send the Dialysis Communication Book with the resident. If the communication forms were incomplete, then the nurses were expected to call over there ask for the information and write a progress note in the residents chart. Staff B stated the orders post dialysis were not set up to take Resident 11's VS when they returned to the facility after receiving dialysis treatments. Reference WAC 388-97-1900 (1), (6) (a-c)