

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505081	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2026
NAME OF PROVIDER OR SUPPLIER Pacific Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3035 Cherry Street Hoquiam, WA 98550	
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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure physician and/or treatment orders were updated and/or complete for 1 of 1 sampled resident (Resident 6) reviewed for pressure ulcer/injury (an area of damaged skin and soft tissue due to prolonged pressure, usually over a bony prominence). This failure placed residents at risk of unmet care needs, an inaccurate physician treatment plan, and a diminished quality of life. Findings included. Resident 6 was admitted to the facility on [DATE]. The Admission/Medicare - 5 day Minimum Data Set, an assessment tool, documented Resident 6 was moderately cognitively impaired and had a pressure ulcer. In an interview on 07/06/2026 at 2:10 PM, Resident 6 said staff did wound care and changed the patch to her pressure area daily. Record review of Resident 6's physician orders, dated 06/02/2026, showed an order for Santyl Ointment (a prescription medication that removes dead tissue from skin ulcers), apply to per additional directions topically every day for wound care. The order did not specify where to apply the Santyl Ointment. Record review of Resident 6's July 2026 Electronic Medication Administration Record (EMAR) showed Resident 6 had Santyl Ointment applied topically to the groin (body area where the lower part of the abdomen meets the upper thighs) on 07/01/2026, 07/02/2026, and 07/03/2026, and topically to the coccyx (tailbone area) on 07/04/2026, 07/05/2026, 07/06/2026, 07/07/2026, 07/08/2026, and 07/09/2026. Record review of Resident 6's physician orders, dated 06/30/2026, documented, TREATMENT COCCYX: Cleanse area with NSS [normal saline solution], apply skin prep to peri wound, apply Santyl. day shift every Tue [Tuesday], Thu [Thursday], Sat [Saturday] for pressure injury. In an interview on 07/09/2026 at 10:10 AM, Staff C, Resident Care Manager/Licensed Practical Nurse (LPN), said Resident 6's wound care with Santyl Ointment was not done daily. Staff C said Resident 6's wound care was done on Tuesday, Thursday, and Saturday. When asked Staff C about the order for Santyl Ointment daily, dated 06/02/2026, Staff C said this order was for the pharmacy. Staff C said they had to have a separate order for the pharmacy, or the pharmacy would not send the medication. When asked about the documentation in the July 2026 EMAR for Santyl applied daily to the groin and/or the coccyx, Staff C said they should not be putting Santyl on Resident 6 daily. Staff C said there was no skin issues on Resident 6's groin. Staff C said Resident 6's daily Santyl order was not updated to match the treatment order, dated 06/30/2026, for three days per week and it should have been. In an interview on 07/09/2026 at 11:13 AM, Staff D, LPN, said Resident 6's wound care was supposed to be done daily with normal saline, Santyl, and a foam dressing. In an interview on 07/09/2026 at 11:19 AM with Staff B, Director of Nursing/Registered Nurse (RN), and Staff E, Clinical Resource Nurse/RN, Staff B said the pharmacy wanted a separate order for Santyl Ointment. Staff B said Santyl Ointment should not have been applied daily to Resident 6. Staff B said when the treatment order for Resident 6 changed on 06/30/2026 to Tuesday, Thursday, and Saturday, the Santyl order should have been updated from daily to match the treatment (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 505081	Facility ID: 505081 If continuation sheet Page 1 of 2

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	order and it was not. Staff B said Resident 6 did not have any skin issues on her groin area. Staff B stated, It is not clear, the order needs to be clarified. The site should be clear in the order for Santyl of where it goes to. Reference WAC 388-97-1060 (1)(3)(b)(k)		