STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER: Alderwood Park Health and Rehab of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE: 2726 Alderwood Avenue Bellingham, WA 98225	

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 - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 37035 Based on observation, interview, and record review, the facility failed to provide assistance with activities of daily living to include personal hygiene and bathing for 2 of 3 sampled dependent (Residents 1 and 3) residents reviewed for activities of daily living (ADL's). The facility's failure to provide the residents, who were dependent on staff for assistance with grooming and bathing placed residents at risk for embarrassment, poor hygiene, unmet care needs and a diminished quality of life. Findings included . Review of the facility's policy, Activities of Daily Living, revised 11/28/2021, showed assistance was provided to residents who need extensive or total assistance with maintenance of nutrition, grooming, oral hygiene, toileting, and other personal cares. Review of the facility's policy, Quality of Life, revised 10/15/2022, showed the facility provided the necessary service to maintain good grooming and personal hygiene for residents unable to carry out their activities of daily living. <RESIDENT 1> Resident 1 was a long-term resident of the facility with diagnoses to include cerebral palsy (a group of conditions that affect movement and posture), joint pain, and the need for assistance with personal care. Review of the Quarterly Minimum Data Set (MDS - an assessment tool) assessment, dated 04/21/2024, showed Resident 1 required substantial/maximal assist with personal hygiene and bathing. Review of the current care plan directed staff to assist Resident 1 with bathing. Resident 1's level of assistance with personal hygiene was not identified on the current care plan. Review of the May 2024 direct care staff documentation from 05/06/2024 through 05/22/2024, showed Resident 1 received a bath/shower on 05/11/2024 and a bed bath on 05/21/2024, two baths in 17 days. In a phone interview on 05/21/2024 at 3:45 PM, Collateral Contact (CC)1, Community Support Staff, stated the facility had not helped Resident 1 clean up after meals and Resident 1 would often times have crumbs covering their shirt when they visited. (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: 505092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER: Alderwood Park Health and Rehab of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE: 2726 Alderwood Avenue Bellingham, WA 98225	

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 - Few	In an observation and interview on 05/21/2024 at 4:04PM, Resident 1 was sitting in their electric wheelchair in the activity area. Resident 1 had remnants of food across the front of their shirt. Resident 1 stated the staff helped them clean up after meals sometimes and sometimes they did not help them clean up after meals. Resident 1 stated it bothered them to have stuff on their shirt. <RESIDENT 3> Resident 3 was a long-term resident of the facility with diagnoses to include stroke, paralysis to their left side, and major depressive disorder. Review of the Quarterly MDS assessment, dated 05/10/2024, showed Resident 3 required substantial/maximal assistance with personal hygiene and had refused a bath/shower during the assessment period. Review of the current care plan Resident 3 required extensive assistance of two staff with bathing/showering and to provide a sponge bath when a full bath or shower could not be tolerated, and Resident 3 required limited assistance of one staff with personal hygiene. In an observation and interview on 05/21/2024 at 2:30 PM, Resident 3 was lying in bed with an observed dried Cheerio shaped particle of food on their right clavicle (collarbone) along with food remnants on their mouth, chest and in their hair. Resident 3 stated they would like a shower two times a day but would settle for four a week. Resident 3's fingernails on their right hand had brown matter under their fourth and fifth digits. In an interview on 05/28/2024 at 1:59 PM, Resident 3 stated they had not had a shower recently and would like one. Review of the May 2024 direct care staff documentation from 05/06/2024 through 05/21/2024, showed Resident 3 received a bed bath on 05/15/2024. One bath was provided in the two weeks. In an interview on 05/28/2024 at 3:20 PM Staff A, Nursing Assistant Certified, stated if a resident refused a shower, a shower should be offered the next shift if the resident continued to refuse to be bathed, a bath should be offered the next day. Staff A stated the resident would have alert charting related to their refusal of bathing. In an interview on 05/28/2024 at 3:23 PM Staff B, Registered Nurse/Registered Care Manager, stated the residents were to be offered a bath on Monday or Wednesday. Staff B stated if the resident refused a bath the nurse was to offer the resident education on personal hygiene and document the provided education. This is a repeat citation from their survey conducted on 03/26/2024. Refer to WAC 388-97-1060(2)(a)(i)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER: Alderwood Park Health and Rehab of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE: 2726 Alderwood Avenue Bellingham, WA 98225	

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 - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 37035 Based on interview, and record review, the facility failed to ensure the facility identified and provided the needed care and services for 1 of 3 sampled residents (Resident 2) reviewed for the medication management of constipation. This failed practice placed residents at risk for bowel constipation, fecal impactions, and a decreased quality of life. Findings included . Resident 2 was a long-term resident with diagnoses to include constipation, muscle weakness, and pain. Review of Resident 2's physician orders showed the following bowel medications for constipation. Polyethylene Glycol (MiraLAX) one time a day routinely, Milk of Magnesia (MOM) as needed for constipation if no bowel movement (BM) for three days and Bisacodyl suppository as needed for constipation if the MOM had no results. Review of Resident 2's Documentation Survey Report v2 (direct care givers documentation), dated 04/15/2024 through 04/30/2024, showed Resident 2 had no BM from 04/15/2024 through 04/19/2024 (five days), and from 04/27/2024 through 04/30/2024 (four days). Review of Resident 2's April 2024, Medication Administration Record (MAR) from 04/15/2024 through 04/20/202, showed Resident 2 refused routine Polyethylene Glycol (medication for constipation) on 04/16/2024 and the medication was held on 04/19/2024. There was no indication of why the medication was held on 04/19/2024 or if the provider was notified. MOM was refused on 04/19/2024 with no indication the provider was notified Bisacodyl Suppository was not administered until 04/20/2024 at 10:27 PM, on the fifth day Resident 2 was without a BM. Review of Resident 2's April 2024 MAR from 04/27/2024 through 04/30/2024 showed Resident 2 refused the Polyethylene Glycol daily with no documentation the provider was notified, and no MOM or Bisacodyl Suppository was administered. Review Resident 2's May 2024 Documentation Survey Report v2 from 05/01/2024 through 05/28/2024, showed Resident 2 did not have a BM for six days, from 05/01/2023 through 05/06/2024. Review of Resident 2's MAR, dated 05/01/2024 to 05/28/2024, showed Resident 2 refused the polyethylene glycol, no MOM was administered, and no Bisacodyl Suppository was administered, from 05/01/2024 through 05/06/2024. Review of the nursing progress note, dated 05/03/2024, showed the nurse notified the hospice nurse of Resident 2's bowel medication refusals and Resident 2 was noted to not have had a BM for eight days. Resident 2 was noted to have refused their bowel medication. No indication the provider was notified of Resident 2's medication refusals or that they had not had a BM for eight days. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER: Alderwood Park Health and Rehab of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE: 2726 Alderwood Avenue Bellingham, WA 98225	

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 - Minimal harm or potential for actual harm Residents Affected - Few	Review of the hospice visit summary note dated 05/03/2024, showed Resident 2 had gone eight days with no BM and had declined the polyethylene Glycol and suppository. In an interview on 05/21/2023 at 3:11 PM, Staff B, Registered Nurse (RN)/ Resident Care Manager, stated the nurses managed the residents' BM's and should follow the residents' bowel regiment. In an interview on 05/28/2024 at 3:07 PM, Staff C, RN, stated the Nursing Assistant Certified (NAC) staff were supposed to chart when a resident had a BM and the NAC reported to the nurse verbally as well. Staff C stated that there were some residents who did not have a BM for 48 to 72 hours. Staff C stated if the resident had no BM, they had bowel protocol orders and if one medication did not work there would be another medication to administer and finally if the prior medications did not work the final one would be an enema and if that did not work, they would notify the resident's provider. In an interview on 05/28/2024 at 3:23 PM, Staff B stated if a resident had not had a BM they would initially start with encouraging fluids and MOM should be administered on third day. Staff B stated if the fluids and MOM did not work a suppository would be administered or an abdominal assessment to see if the resident had discomfort or pain then an enema would be administered and if not, the enema did work then the provider would be notified. This is a repeat citation from surveys 03/26/2024 and 04/23/2023. Refer to WAC 388-97-1060 (1)