

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 10/28/2024
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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47047</p> <p>Based on observation, interview, and record review, the facility failed to provide the assistance with activities of daily living (ADL's) for 1 of 5 sampled residents (Residents 1) reviewed for activities of daily living. The facility failed to provide residents, who were dependent on staff for assistance with hygiene including oral care, meal assistance, and consistent monitoring for incontinence placed residents at risk for diminished quality of life.</p> <p>Findings included .</p> <p>Resident 1 admitted to the facility on [DATE] with diagnoses that included paranoid schizophrenia, urine retention, and overactive bladder and muscle weakness.</p> <p>Review of Resident 1's Quarterly Minimum Data Set (MDS-An Assessment Tool) dated 07/24/2024 showed a Brief Interview for Mental Status (BIMS-an assessment used to monitor cognition) was not able to be conducted as they were rarely/never understood.</p> <p>In an interview on 10/25/2024 at 9: 15 AM, Resident 1 was not able to engage in meaningful conversation about their care needs. Resident 1 started to call out and their verbalizations nonsensical. No information was gathered from Resident 1.</p> <p>Review of Resident 1's current care plan on 10/25/2024, showed a focus area of ADL self-care performance deficit. Interventions showed Resident 1 required extensive to substantial assistance with their meals, bed mobility, transfers, toileting w/ toileting hygiene, dressing and undressing; Licensed nurse to brush their teeth each shift.</p> <p>Review of Resident 1's current care plan on 10/25/2024, showed a focus area of incontinent of urine. Interventions showed the resident had odorous urine related to end of life, muscle wasting, dehydration and recurrent refusals of medications, fluids and food, staff to ensure the resident was cleaned routinely on rounds, utilized incontinent products (briefs), check and change the resident when they were soiled and provide peri care (cleaning genital and anal area) with barrier cream after each incontinent episode.</p> <p>(continued on next page)</p>		

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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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 10/25/2024 at 9:15 AM, Collateral Contact 1 (CC1-Caregiver Agency Staff) stated they work for an agency and were hired by Resident 1's guardian to provide support to them during mealtimes at the facility. CC1 stated Resident 1 does not like the food at the facility and they have been hired to feed the resident. CC1 stated they arrived at 8:30 AM and stay until after lunch and another staff comes in at 5pm daily.</p> <p>In a continuous observation on 10/25/2024 from 9:10 AM through 11:02 AM Staff B, Registered Nurse (RN) was observed to enter Resident 1's room. At 10:03 AM, Staff B was heard from Resident 1's room ask them if they were alright and if they needed anything. Resident 1 was heard to state they did not. Staff B left Resident 1's room at 10:04 AM. At 10:58 AM, observed Staff C, Nursing Assistant Certified (NAC) enter Resident 1's room with Staff D (NAC). Both Staff C and Staff D left Resident 1's room at 11:00 AM and were at the nurse's station. In an interview with Staff C and Staff D at 11:00 AM stated they were assisting Resident 1 with their radio.</p> <p>In an interview on 10/25/2024 at 10:15 AM Staff C, NAC, stated they know how to care for a resident by reviewing their care plan. Staff C stated Resident 1 required assistance with meals and the caregiver agency staff assisted Resident 1 with their meals. Staff C stated they assisted Resident 1 with their breakfast at times because the caregiver agency staff had not arrived at the facility until 8:30 AM. Staff C stated Resident 1 was very particular about their care and would often refuse cares and tell caregivers to get out. Staff C stated Resident 1 was incontinent of bowel and bladder and the facility staff check on Resident 1 every two hours. Staff C stated they were able to complete incontinent care for Resident 1 by themselves. Staff C stated Resident 1 did not urinate very often due to their poor fluid intake and at times urinated excessively. Staff C stated they had come onto their shift at 6:30 AM and found Resident 1 soaked in urine on 10/6/2024 or 10/07/2024 to which they reported to the nurse. When asked Staff C if they had provided any care to Resident 1 today, 10/25/2024, they stated they applied chapstick to their lips.</p> <p>In interview on 10/25/2024 at 9:15 AM, Staff E, NAC provided an explanation of what check and change entailed. Staff E stated a resident who is unable express their need for care is checked for incontinence and their brief changed, or toileting offered. Staff E stated check and change of a resident was typically once every two hours. Staff E stated breakfast was served around 7:30 AM. When asked about Resident 1's breakfast, Staff E stated a caregiver from an agency comes into the facility to assist them with their eating. Staff E stated when the agency staff came into the facility, they would get the meal from the kitchen, or they would bring in food from a restaurant. Staff E stated the agency caregiver arrived and would be assisting Resident 1 with their meal.</p> <p>In an interview on 10/25/2024 at 9:15 AM Staff F, NAC, stated Resident 1 was checked and changed every two hours and was usually changed 2-3 times per shift. Staff F stated they had just started their shift at 9:00 AM and had just received report from Staff E. Staff F stated the agency staff come into the facility to sit with Resident 1, assisted with their meals and provided support by putting the call light on for resident if they should need something.</p> <p>On 10/28/2024 at 8:39 AM, observed a female enter Resident 1's room with a large paper cup with a lid and a well-known brand name on it.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview and observation on 10/28/2024 at 9:30 AM, CC2 (Caregiver Agency Staff) was in Resident 1's room, CC 2 stated they had not fed the resident yet as they had just woken up. A meal tray was observed on top of a bedside table located at the entrance of Resident 1's door. The tray contained covered glass of milk, covered glass of juice, and oatmeal with water condensation visible from under the lid. The covered plate contained scrambled eggs, sausage, and pancakes. The meal and drinks were uneaten and untouched. CC2 stated the meal tray had been there since they arrived, they had not offered Resident 1 any food since they were asleep.</p> <p>In an interview on 10/28/2024 at 11:21 AM, Staff C stated breakfast meal trays were delivered around 7:45 AM this morning. Staff D stated they only provided Resident 1 with a bed bath that morning.</p> <p>In an interview on 10/28/2024 at 11:13 AM, Staff B, Licensed Practical Nurse (LPN), stated they had not brushed any residents' teeth that day. Staff B stated they would brush a resident's teeth if they needed it.</p> <p>In an interview on 10/28/2024 at 1:10 PM, Staff A, Director of Nursing Services, stated Resident 1's care plan had not been updated to reflect the caregiving agency's role as they had not looked at their care plan until recently. Staff A stated Resident 1's care plan would be updated. Staff A stated Resident 1 was a check and change which included checking for incontinence/toileting needs and changing, if necessary, every two hours.</p> <p>Refer to WAC 388-97-1060(2)(c)(3)(h)(j)(vii)</p>		