

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 02/28/2025
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47047</p> <p>Based on interview and record review, the facility failed to ensure resident choices/preferences regarding their bathing schedule were honored for 4 of 6 sampled residents (Residents 31, 50, 69, and 276) and failed to honor Resident 7's preference to lay down after a meal. The facility's failure to accommodate resident choices/preferences related to bathing and daily schedules placed residents at risk for feelings of un-cleanliness, powerlessness, diminished self-worth, and a decreased quality of life.</p> <p>Findings included .</p> <p><DAILY SCHEDULE></p> <p><RESIDENT 7></p> <p>Resident 7 admitted to the facility on [DATE] with diagnoses that included heart failure, diabetes mellitus type two (chronic condition in which the body does not use insulin properly or does not produce enough insulin to regulate blood sugar levels) and history of stroke.</p> <p>Review of Resident 7's Brief Interview for Mental Status (BIMS- a screening tool for assess cognition) dated 01/25/2025 showed they scored 2/15 indicating severe cognitive impairment.</p> <p>In an observation on 02/26/2025 at 8:28 AM Staff M, Nursing Assistant Certified (NAC) visited with Resident 7, who was in their room, sitting in their wheelchair. After speaking with Resident 7, Staff M told Staff N, NAC, that Resident 7 requested to lay down in their bed.</p> <p>In a continuous observation from 02/26/2025 at 8:28 AM until 9:25 AM Resident 7 was in their room, sitting in their wheelchair. At 9:19 AM Staff N went to speak with Resident 7 and was asked by the nurse to help in another resident's room and left Resident 7 in their room. At 9:25 AM Staff M entered Resident 7's room to assist them in laying down in their bed, almost an hour after they had requested assistance.</p> <p>In an interview on 02/26/2025 at 9:31 AM Staff V, Registered Nurse (RN), stated Resident 7 was up around 7 am for breakfast that morning.</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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 02/27/2025 at 9:40 AM Staff K, NAC stated Resident 7's routine consisted of getting up for breakfast and afterward they either attended an activity or laid back down in bed. Staff K stated Resident 7 required the assistance of two staff and a mechanical lift to be transferred into and out of bed.</p> <p>50725</p> <p><BATHING PREFERENCES></p> <p><RESIDENT 50></p> <p>Resident 50 admitted to the facility on [DATE] with diagnoses to include stage 4 pressure ulcer (deep crater-like wound with significant tissue loss), urinary tract infection (UTI-bacterial infection that affects any part of the urinary tract, including the kidneys, ureters, bladder and urethra) and morbidly obese. According to the Admission Minimum Date Set (MDS - an assessment tool) assessment, dated 12/03/2024, the resident was cognitively intact.</p> <p>In an interview on 02/23/2025 at 10:34 AM, Resident 50 stated that they were receiving bed bathes once a week and they were supposed to have it twice a week but that never happens.</p> <p>In an interview on 02/26/2025 at 8:28 AM, Resident 50 stated that a staff member informed them that due to their wound and having a wound VAC (vacuum-assisted closure - a medical device that uses negative pressure to promote wound healing), they cannot have showers and receives bed bath instead. Resident stated that they prefer showers.</p> <p>Review of Resident 50's physician orders on 02/26/2025 showed there were no orders that showers were contraindicated for the resident.</p> <p>Review of Resident 50's care plan print date 02/23/2025 showed a Focus area: Residents' Readiness for Enhanced Health Management. Goal: Residents' preference will be honored. Intervention: Resident prefers showers two times per week in the morning .</p> <p>In an interview on 02/26/2025 at 1:50 PM, Staff W, RN stated they were not sure why Resident 50 was receiving bed bathes instead of showers.</p> <p>In an interview on 02/26/2025 at 2:03 PM, Staff X, NAC, stated that the reason why Resident 50 was getting bed baths and not showers was because of their wound VAC.</p> <p>In an interview on 02/27/2025 at 10:46 AM, Staff L, Licensed Practical Nurse (LPN)/Resident Care Manager (RCM) stated that they receive resident preferences on admission and sometimes the resident will change their minds on their preferences after. Regarding Resident 50, Staff L did not think the shower was contraindicated for them due to the wound VAC and what they stated, was that the resident preferred bed baths rather than showers. Staff L was unaware that the resident's care plan showed they preferred showers, and the resident had verbalized that they preferred showers over bed baths. Staff L stated they would follow up with the resident.</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 02/27/2025 at 2:15 PM, Staff B, Director of Nursing Services (DNS) stated that even if a resident has a wound VAC the staff can provide a shower for the resident. If a resident refuses a shower, then they offer a bed bath. Discussed with Staff B that Resident 50 preferences showed they preferred showers over bed bathes and that the resident was told that due to their wound VAC they would get bed baths instead. Staff B stated they would look into that information.</p> <p>36787</p> <p><RESIDENT 69></p> <p>Resident 69 admitted to the facility on [DATE] with diagnoses to include cancer, spondylosis (spine condition causing pain), anxiety and weakness.</p> <p>Review of the baseline care plan dated 01/09/2025 showed the resident required extensive assistance of two staff to transfer into bed. The baseline care plan did not include Resident 69's bathing preference.</p> <p>A review of the admission MDS assessment dated [DATE] showed the resident was cognitively intact and choices related to choosing their type of bathing and bedtime were very important.</p> <p>In an interview on 02/26/2025 at 11:57 AM, Resident 69 was in bed and stated they wanted to go to bed last night at 6:30 (PM) and the staff made them wait until 9:00 PM to go to bed and the resident stated I couldn't believe it. Resident 69 stated at first, the nurse told them they had just had their pills, and they might vomit, so it was safer to stay up a bit to let their stomach settle. The resident stated they understood that but questioned why the wait was that many hours.</p> <p>In an interview on 02/28/2025 at 8:14 AM, Resident 69 stated they would like two showers a week but had only had two showers and one bed bath since they admitted on [DATE].</p> <p>Review of Resident 69's bathing documentation since admission confirmed they had three bathing tasks documented:</p> <ul style="list-style-type: none"> -01/16/2025 Bed Bath documented at 3:20 PM -01/23/2025 Shower documented at 10:26 AM -01/26/2025 Shower documented at 5:41 PM <p><RESIDENT 276></p> <p>Resident 276 admitted on [DATE] with diagnoses to include an intestinal obstruction, inguinal hernia (tissue protrudes through groin muscle) and gait and mobility abnormalities.</p> <p>Review of the admission MDS dated [DATE] showed the resident had mild cognitive impairment and was totally dependent on staff for activities of daily living such as bathing. The MDS also showed the resident was able to be interviewed regarding choices and had stated choices related to bathing were very important.</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 276's care plan dated 01/15/2025 showed the resident preferred showers twice a week in either the morning or evening.</p> <p>In an interview on 02/25/2025 at 1:02 PM, Resident 276 was sitting up in bed and stated they would like two showers a week, but they get one shower then the next one was a bed bath. Resident 276 stated when they first admitted , they went several weeks without a shower or bath.</p> <p>Review of Resident 276's January bathing records showed the resident received:</p> <ul style="list-style-type: none"> - 01/15/2025 Bed bath documented at 8:59 PM, - 01/22/2025 Bed Bath documented at 9:59 PM, - 01/26/2025 Shower documented at 9:32 AM, <p>In a joint interview on 02/28/2025 at 9:21 AM, with Staff A, Administrator and Staff B, the lack of honoring residents desire to get out of bed for Resident 9 and 31 and into bed for Resident 69, as well as bathing choices for Resident's 50, 69, 276 were discussed. Staff B stated resident's should be asked their preferences and this should be documented on the care plan.</p> <p>37890</p> <p><RESIDENT 31></p> <p>Resident 31 was a long-term care resident of the facility with diagnoses which included paraplegia and required total assistance with a mechanical lift for transfers out of bed or to the shower.</p> <p>Review of Resident 31's care plan showed the resident's shower preferences on their care plan had not been updated since 2022 which showed they preferred two showers per week in the evenings. The care plan stated Resident 31 preferred to wake up at 7:00 am and stated when serving Resident 31 breakfast to ask what time they would like to get up into their chair today.</p> <p>Review of the resident's shower documentation for the prior month showed:</p> <ul style="list-style-type: none"> - 01/30/2025 Bed bath documented at 11:54 AM, - 02/01/2025 Shower documented at 12:51 PM, - 02/04/2025 Shower documented at 1:56 PM, - 02/18/2025 Shower documented at 11:27 AM, - 02/22/2025 Shower documented at 1:59 PM. <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 02/24/2025 at 08:26 AM, Resident 31 stated they preferred getting up out of bed and having shower in the early morning because they liked to be active and attend activities and outings. Resident 31 stated they often had to stay in bed or wait to have their shower until 11:00AM or later because of the aids being busy with breakfast. If it was their shower day, they often had to wait until the afternoon because the aids on the floor are the ones who have to do the showers, and they don't have time until after breakfast or sometimes not until after lunch.</p> <p>In an interview on 02/27/2025 at 1:51 PM, Staff B stated resident preferences were identified when residents admitted to the facility and should be updated on the care plans as they change. Staff B stated staff should be coordinating together to ensure resident preferences for schedules were met. Staff B stated they should be helping; managers should be helping, and staff should be communicating when help was needed.</p> <p>Reference: WAC 388-97-0090(1) (2)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37890</p> <p>Based on observation, interview, and record review, the facility failed to maintain a safe, clean, comfortable and homelike environment. The facility failed to ensure resident transfer equipment was available and in good condition, call lights were functional and in reach (Residents 20 and 34), and provide consistent housekeeping and maintenance for resident rooms and facility flooring, these failures placed residents at risk for injury, unmet care needs and a diminished quality of life.</p> <p>Findings included .</p> <p><TRANSFER SLINGS></p> <p>In an interview on 02/24/2025 at 8:26 AM, Resident 9 stated they believed the facility had a shortage of transfer slings, specifically, the shower slings, and stated they believed it was because staff would use them as regular slings to get residents out of bed.</p> <p>In an interview on 02/26/2025 at 10:09 AM, Staff AA, Nurse's Aide Certified (NAC) stated the shower slings were the mesh ones, some were sized Small, Medium, Large, Extra Large, and some are full body size of the beds, we just grab them out of the laundry. Staff AA stated they thought the slings got hoarded in some of the closets, so sometimes it might seem like there are not enough. Staff AA stated if we are out of the regular slings, then yes, I would use a shower sling rather than tell a resident they can't get up. I do think we need more of the horseshoe style slings. There are some residents who are tiny and if I put them in a full body sling, they are not sitting up right. I just guess roughly what size they need.</p> <p>In an observation and interview on 02/26/2025 at 10:16 AM, Staff U, Laundry Aid, stated they laundered and hung-up slings to dry. Slings were observed hanging on hooks in the laundry room. There were six blue mesh shower slings observed hanging on the wall hooks with a size chart visible on some of the slings showing XL up to 500lbs, and some slings the labels were observed too faded to read. In an observation on the opposite side of the room there were fabric transfer slings. One gray sling which was the horseshoe style that was noted to have split seams and frayed edges where the stitching was. A second larger blue fabric sling was also hanging with similarly frayed seams and stitching. Staff U stated all the slings hanging were ready for staff to use. Staff U clarified that the two slings with frayed edges were ready for the staff to use, stating the staff come in and grab the slings they need. Staff U stated they did not feel there was a shortage of slings. Staff U was asked about sizing of slings and assisted to look for the sling size labels on the two regular slings and was observed to pause and run their hands over the areas with the fraying on the edges, then stated I should probably remove these. Staff U stated they were responsible to look over the slings during the laundering process and would notify Staff H to come look at any if they had concerns and stated, I will have (Staff H) look at these.</p> <p>In an observation on 02/26/2025 at 10:47 AM, there were two styles of Hoyer lift transfer machines in the facility, with different configurations of the attachments for the slings.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 02/27/2025 at 10:43 AM, Staff F, Infection Preventionist, stated the slings in the facility were universal and fit both types of Hoyer (transfer) lifts. Staff H, NAC, Staffing Coordinator, stated the sizes were on the slings, for example the extra-large slings were blue. Staff H stated the facility needed more of the cross slings, but stated if the staff don't know they can just use a full body sling. Staff H stated laundry checks slings and would ask them to look at them, but if there are any rips or tears, they would have to go.</p> <p>In an interview on 02/27/2025 at 1:53 PM, Staff B, Director of Nursing Services (DNS) stated the transfer slings were determined by the resident's weight and there was a chart that hangs in the laundry. Staff B stated the staff should look at the most recent vital signs for the resident's current weight and use the chart to select the appropriate sling, as the color of the straps on the sling corresponded to the chart. Staff B stated there are different types of slings for each lift, they are not all the same. The staff should not just be grabbing them. Staff B stated the laundry should be checking for condition of the slings. Staff B was made aware of the concerns related to sling sizing and availability and of the observation of damaged slings having been hung up for use.</p> <p>36787</p> <p><FLOORING></p> <p>In an observation on 02/25/2025 at 8:31 AM, the hall floor outside room [ROOM NUMBER] had and L shaped approximately 5-inch by 6-inch gouge down to the sub floor.</p> <p>In an interview on 02/28/2025 at 8:47 AM, Staff Y, Maintenance Director stated they were aware of the gouges in the flooring throughout the halls and rooms and were trying to develop a plan to repair them. Staff Y stated they did have some extra flooring in the attic to use as replacements, but they were unsure if they had enough to replace all the spots.</p> <p>47047</p> <p><CALL LIGHT OPERATION></p> <p>In an observation on 02/23/2025 at 8:12 AM room [ROOM NUMBER] had their call light on, the call light was visibly lit from a light above the door, however there was no sound.</p> <p>In an interview on 02/23/2025 at 8:15 AM Staff M, NAC, stated the call light sound was intermittent.</p> <p>In an observation on 02/26/2025 at 9:15 AM Staff Y entered room [ROOM NUMBER] and stated to the residents they were there to fix their call light because it was not audible when turned on.</p> <p>In an interview on 02/26/2025 at 9:20 AM Staff Y stated they were repairing the call light in room [ROOM NUMBER] as they were not audible. When asked how many they had to fix in the last month, Staff Y stated about 8-10. Staff Y stated the call light system consisted of three wires that could become disconnected or dirty causing a malfunction in the system. A maintenance report related to call light repairs for the last month was requested.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reviewed the maintenance reports related to call light repairs completed for the month of February 2025 which showed the following:</p> <ul style="list-style-type: none"> -02/07/2025 Work Order #3007 room [ROOM NUMBER] call light not working- does not light up -02/20/2025 Work Order #3078 room [ROOM NUMBER] call light turns on and then light turns off and sound is still on -02/21/2025 Work Order #3093 room [ROOM NUMBER] call light not working -02/21/2025 Work Order #3086 room [ROOM NUMBER] call light not working -02/23/2025 Work Order #3094 room [ROOM NUMBER] [NAME] Hall call light not making sound -02/24/2025 Work Order #3099 room [ROOM NUMBER] A call light not working -02/25/2025 Work Order #3107 room [ROOM NUMBER] A call light problems with sound and light -02/26/2025 Work Order #3110 room [ROOM NUMBER] A call light not sounding <p>In an interview on 02/27/2025 at 1:33 PM Staff B, DNS, stated they were unaware of an issue with call light functionality and when there was an issue with the call light they were repaired immediately. Staff B stated the amount of call light repairs in the last month was a lot.</p> <p><ROOM CLEANLINESS></p> <p>On 02/23/2025 at 9:35 AM observed room [ROOM NUMBER]'s flooring which had multiple small pieces of food like debris and tissues. The heater element under the window had debris and a pepper packet on it.</p> <p>On 02/24/2025 at 9:00 AM observed room [ROOM NUMBER]'s flooring which had multiple food debris on the floor, tissues, a napkin, and a pepper packet sitting on floor next to the heating element. Most of the items were located around the bed nearest to the window on the left side of the bed.</p> <p>On 02/25/2025 at 9:34 AM observed room [ROOM NUMBER]'s heater element to have multiple pieces of debris on top of it.</p> <p>In an interview on 02/27/2025 at 9:49 AM Staff Z, Housekeeping, stated the process for cleaning rooms included wiping down everything in the room, pick up trash, sweeping and then mopping. Staff Z stated they were assigned to clean room [ROOM NUMBER] five days a week. Staff Z stated they try to clean the heating elements inside/out as much as possible, there were a lot of damaged ones from wear and tear. Staff Z, when asked about room [ROOM NUMBER], stated the residents did not refuse their housekeeping services from them.</p> <p><CALL LIGHT ACCESSIBILITY></p> <p>Resident 20 admitted to the facility 08/21/2023 with diagnoses that included multiple compression fractures (break in the vertebra), mild cognitive impairment, and multiple falls.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In a continuous observation on 02/26/2025 at 8:14 AM until 9:25 AM, Resident 20 was sitting in their wheelchair holding a book, their call light not in reach. The call light was clipped to the foot of the bed with a fall mattress leaning against the side of the bed, which made the call light out of sight and reach of Resident 20.</p> <p>In an interview on 02/27/2025 at 9:01 AM Staff K, NAC, stated Resident 20 used their call light and usually used the call light when needing assistance to use the bathroom, to ask for food/snacks, and their activity supplies.</p> <p>In a review of Resident 20's care plan dated 08/23/2023 showed they were at risk for falls with interventions to reinforce safety awareness by encouraging them to use their call light for assistance and signage placed in their room to remind them to use their call light.</p> <p>50725</p> <p><RESIDENT 34></p> <p>Resident 34 admitted to the facility on [DATE], with admitting diagnoses to include, stroke and heart attack. Resident was receiving Hospice services.</p> <p>In an observation on 02/26/2025 at 12:56 PM, Resident 34 was sitting on their recliner eating lunch. Their call light was on the resident's bed and not within reach of the resident.</p> <p>In an observation on 02/26/2025 at 1:09 PM, staff assisted Resident 34 back to their recliner after using the bathroom and left the room. Their call light was still on the bed and not within reach of the resident.</p> <p>Record review of Resident 34's care plan on 02/26/2025 under Focus stated: Impaired mobility with risk for falls, related to Gait/balance problems and actual falls. Under the intervention, it stated: Be sure the call light is within reach and encourage to use Joystick for assistance as needed.</p> <p>In an interview on 02/27/2025 at 8:27 AM, Staff V, Registered Nurse, stated that Resident 34 sometimes uses the call light.</p> <p>Refer to WAC 388-97-0880(1)(2), WAC 388-97-0860(2)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50725</p> <p>Based on observation, interview and record review, the facility failed to review and revise the care plans to accurately reflect resident conditions and needs for 3 of 16 residents (Residents 34, 50 and 56) reviewed for care planning. These failures placed residents at risk for unmet care needs and diminished quality of life.</p> <p>Findings included .</p> <p>According to the facility policy titled Care Plans, revision date 10/15/2022, the team of qualified persons monitors the residents' condition and effectiveness of the care plan interventions and revises the care plan quarterly, annually, with a significant change assessment or more frequently as needed with the input by the resident and/or the representative, to the extent possible, based upon the following: . Change in the resident condition, . visual problems.</p> <p>The facility policy titled Indwelling Catheters, revision date 04/12/2022 showed: Good hygiene is maintained at the catheter-urethral interface: cleaned daily with soap and water. The care plan reflects intervention to reduce or prevent urinary tract infections (UTI-bacterial infection that affects any part of the urinary tract, including the kidneys, ureters, bladder and urethra),).</p> <p><VISION></p> <p><RESIDENT 34></p> <p>Resident 34 admitted to the facility on [DATE], with admitting diagnoses to include, stroke and heart attack. Resident was receiving Hospice services. According to the Significant Change Minimum Data Set (MDS - an assessment tool) assessment dated [DATE], resident had severe cognitive impairment.</p> <p>In an interview and observation on 02/24/2025 at 8:18 AM, Resident 34 was sitting on their recliner with their breakfast tray in front of them when an unidentified staff member came in with brown sugar and placed it on resident's tray. Resident 34 asked the staff where the brown sugar was and then stated they were blind and could not see. Unidentified staff then asked resident where their eyeglasses were and resident informed staff that their eyeglasses did not work. The unidentified staff then left the room and the resident informed surveyor that they can't see the food on their plate and wanted someone to help them eat.</p> <p>Review of Resident 34's care plan, print date 02/24/2025 showed a focus area: Resident 34 has physical limitation struggles with their eyesight. The resident will need large print materials during activities. No other care plan regarding resident's poor eyesight was noted.</p> <p>In an interview on 02/25/2025 at 9:05 AM, Resident 34 stated that they cannot see much, they stated that they can see black and the flowers on surveyor's top.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 02/25/2025 at 12:50 PM, Staff V, Registered Nurse (RN) stated that Resident 34 can feed themselves if they were awake enough and that the resident has a colorful plate so they are able to see it. Staff V stated they set the resident's tray up and inform them where things were on their tray. Staff V stated they don't update care plans, the Resident Care Manager (RCM) does.</p> <p>In an interview on, 02/26/2025 at 1:45 PM, Staff O, Nursing Assistant Certified (NAC) stated that Resident 34 required assistance with toileting, transfer and dressing. As an agency staff they stated that they got resident's information by reading the Kardex, report from the other NAC and nurses or they asked questions with the staff that knows the resident. Staff O stated that resident wore eyeglasses but was not aware that resident had poor eyesight and did not see that in the Kardex.</p> <p>In an interview on 02/27/2025 at 8:30 AM, Staff L, Licensed Practical Nurse (LPN)/RCM, was aware of Resident 34's poor eyesight but was unable to locate a care plan regarding the resident's eyesight. Staff L stated that resident's poor eyesight should have been care planned.</p> <p><FALL MAT ALARM></p> <p>In an observation on 02/24/2025 at 12:06 PM, Resident 34 was sitting in their recliner, eyes closed, neck pillow around their neck. There was an alarming fall mat noted at the side of the bed, not under resident's feet.</p> <p>In an observation on 02/24/2025 at 2:42 PM, Resident 34 was lying on the bed with eyes closed, fall mat on the floor at the side of the bed.</p> <p>In an observation on 02/26/2025 at 08:15 AM, Resident 34 was sitting in their recliner, fall mat was not positioned under their feet. Resident stated it does not bother them to have the fall mat because it helps them get the staff to see them right away.</p> <p>Review of Resident 34's progress notes on 02/26/2025 at 9:59 AM, showed the resident had falls on 11/16/2024, 11/29/2024, 12/03/2024, 12/24/2024 and 2/08/2024.</p> <p>Review of Resident 34's care plan on 02/26/2025 showed a Focus area: Impaired mobility with risk for falls, related to Gait/balance problems and actual falls. Interventions: Safety Device; Fall mat to prevent injury related to potential falls, initiated on 02/09/2025. Use of sensor mat alarm in front of recliner when awake and/or at bedside during hours of sleep.</p> <p>In an observation on 02/27/2025 at 8:25 AM, Resident 34 was sitting up on their recliner, fall mat was not positioned under their feet.</p> <p>In a joint interview on 02/28/2025 at 10:02 AM with Staff A, Administrator and Staff B, Director of Nursing Services (DNS), Staff B stated that Resident 34's fall matt alarm was an intervention they placed to prevent the resident from falling. It does not alarm in the resident's room. Staff A stated the alarm let the staff be aware when the resident attempts to get up. They were not aware that it was not being placed in front of the recliner when the resident was up sitting up in the recliner.</p> <p><INDWELLING CATHETER></p> <p><RESIDENT 50></p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident 50 admitted to the facility on [DATE], was hospitalized and readmitted on [DATE]. Diagnoses to include, UTI, stage 4 pressure ulcer (deep crater-like wound with significant tissue loss) with a wound VAC (vacuum-assisted closure - a medical device that uses negative pressure to promote wound healing) and morbidly obese. According to the Admission MDS assessment dated [DATE], the resident was cognitively intact.</p> <p>In an interview on 02/23/2024 at 10:47 AM, Resident 50 stated that lack of catheter care and peri care was the reason why they had UTI.</p> <p>Review of Resident 50's physician orders on 02/24/2025, Resident 50's showed that the resident had an indwelling catheter (thin, flexible tube inserted into the bladder through the urethra to collect and drain urine).</p> <p>Review of Resident 50's care plan, print date 02/23/2025, showed a Focus area: Resident has indwelling catheter related to pressure wounds. Interventions included: Position catheter bag and tubing below the level of the bladder, cover with privacy bag, secure with leg strap and empty catheter bag every shift. This care plan was initiated on 11/27/2024. Interventions did not show peri-care (the act or washing the genital and anal area). Another Focus showed: Resident has sepsis infection related to UTI. Goal stated, resident's UTI will resolve without complications by review date. This care plan was initiated on 02/18/2025. Interventions did not mention anything about peri-care.</p> <p>In an interview on 02/26/2025 at 1:50 PM, Staff W, RN stated that the NACs were the ones that provided catheter care for residents and sometimes the nurses assist as well. Staff W stated catheter care, including peri-care was done every shift. Staff W was not able to show me in the Kardex (a quick reference for nurses or NAC's regarding residents' information and care) or care plan that peri-care was included in the catheter care for Resident 50. Staff W stated they would look into that.</p> <p>In an interview on 02/26/2025 at 2:03 PM, Staff X, NAC stated catheter care involved emptying the catheter bag every shift. Staff X was unable to provide any additional catheter care information.</p> <p>Review of Resident 50's clinical record on 02/26/2025 at 2:26 PM, Resident 50's showed no documentation that resident had received catheter care with peri-care since 02/14/2025.</p> <p>In an interview on 02/27/2025 at 10:46 AM, Staff L, LPN/ RCM stated that the expectation on indwelling catheter care with peri-care should be done every shift and should be documented under TASK in resident's electronic chart.</p> <p>In an interview on 02/27/2025 at 2:15 PM, Staff B stated that catheter care/peri-care documentation was under the task tab in resident's electronic records. When Resident 50 was readmitted from the hospital the admitting nurse did not click the Task to reinstate the catheter care. Staff B stated they had reinstated it on 02/26/2025.</p> <p><PRESSURE ULCER></p> <p>In an observation on 02/24/2025 at 12:07 PM, Resident 50 was laying on their back with head of the bed elevated.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 50's care plan on 02/25/2025 showed a Focus area: Resident has potential alteration in skin/tissue integrity related to obese, need extensive assist, impaired mobility, history of chronic pressure ulcer. This was initiated on 11/27/2024. Interventions showed: Avoid friction and shearing. Brief removed from under resident to prevent rubbing. Further review of the care plan showed another Focus area that stated: Resident has actual pressure ulcer stage 4 on sacral area, open wound to lateral lower leg and multiple blister areas to right hip, blister to left thigh. This was initiated on 01/07/2025. Interventions included moisture management: Keep the skin clean and dry especially around the wound of sacral area due to drainage from wound. Frequent repositioning and addresses any underlying causes like poor circulation, moisture build-up, causing friction. The resident requires air mattress pressure relieving/treatment wheelchair cushion.</p> <p>In an observation on 02/25/2025 at 8:30 AM, Resident 50 was in bed awake, lying on their back.</p> <p>In an observation on 02/25/2025 at 10:10 AM, Resident 50, was lying on their back and was getting ready to receive a bed bath from Staff S, NAC and Staff H, NAC. The resident was wearing an incontinent brief. When asked why resident was wearing an incontinent brief, Staff S stated that it absorbs the moisture from the wound in the resident's sacrum and the catheter leaks sometimes. The resident was observed requiring 2-person extensive assist to be turned to their side. After staff completed care the resident was transferred to a wheelchair without a pressure relieving cushion in place.</p> <p>In an observation and interview on 02/26/2025 at 8:28 AM, Resident 50 was lying on their back with head of the bed elevated. They stated that the doctor at the wound care clinic stated they might have a bone infection from their wound. The resident stated that staff does not offer to turn them on their sides. The resident stated that when they were at the hospital, they were turned every two hours using positioning wedges.</p> <p>In an observation at 02/26/2024 at 10:42 AM, Resident 50 remained in the same position as the prior observation at 8:28 AM, lying on their back with head of the bed elevated.</p> <p>In an interview on 02/26/2025 at 1:50 PM, Staff W, RN stated that Resident 50 goes to wound care clinic every Tuesdays and they change the wound VAC dressing there and the facility changes the wound VAC dressing every Friday. Staff W stated repositioning was one of the interventions for residents with pressure ulcers.</p> <p>In an interview on 02/26/2025 at 2:03 PM, Staff X, NAC stated that Resident 50 was not supposed to have incontinent briefs on due to their wound and they check them 2-3 times during the shift to make sure the resident was dry. Staff X stated that resident does not like to lay on their side especially on their left side due to shoulder pain.</p> <p>In an interview on 02/27/2025 at 10:46 AM, Staff L, LPN/RCM stated that positioning for residents with pressure ulcers should be standard of care and that all the residents should be repositioned. Regarding Resident 50 not having pressure relieving cushion on their wheelchair, Staff L stated that they had a wheelchair cushion in the past, but it did not fit well, so they were working on obtaining another one.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 02/27/2025 at 2:15 PM, Staff B stated that repositioning or turning of residents should be standard of practice and staff were expected to turn and reposition residents. Informed Staff B that Resident 50 had not been turned to their sides and that resident verbalized that they have not been turned ever in the facility, Staff B stated that they will go talk to the staff about that. When asked regarding resident not having a wheelchair cushion, Staff B stated that therapy department found a cushion and had placed it on resident's wheelchair.</p> <p>47047</p> <p><RESIDENT 56></p> <p>Resident 56 initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included depression and anxiety.</p> <p>Review of Resident 56's care plan dated 08/24/2024 showed they used a hypnotic medication related to insomnia.</p> <p>Review of Resident 56's Order Summary Report as of 02/26/2025 showed they were not prescribed a hypnotic medication.</p> <p>Review of Resident 56's electronic medical record showed they had been prescribed a hypnotic medication at admission, which was discontinued on 10/17/2024.</p> <p>In an interview on 02/27/2025 at 2:15 PM Staff B, DNS, stated resident care plans should be revised when there are changes in a residents condition/care needs.</p> <p>This is a repeat deficiency from SOD dated 03/26/2024</p> <p>Refer to WAC 388-97-1020(2)(a-f)(5)(b)</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>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** 36787</p> <p>Based on observation, interview and record review, the facility failed to provide the necessary assistance for oral care, and bathing for 3 of 5 residents (Residents 20, 69 and 276) dependent on staff to ensure their needs were met. This failed practice placed residents at increased risk for increased risk for embarrassment, diminished dignity, negative outcomes including poor quality of life and psychosocial harm.</p> <p>Findings included .</p> <p>According to the facility policy, Activities of Daily Living (ADL)'s- AM (morning) cares revised 11/14/2017 showed AM care is provided to refresh the resident, provide cleanliness, comfort, and neatness, to prepare the resident for breakfast, to assess the resident's condition and needs and to promote psychosocial wellbeing. Staff were to assist the resident as needed to brush teeth or dentures. The ADL's-PM/HS (bedtime) care showed care at bedtime prepared the resident for sleep and assist the resident as needed with oral hygiene.</p> <p><BATHING></p> <p><RESIDENT 69></p> <p>Resident 69 admitted on [DATE] with diagnoses to include cancer, spondylosis (spine condition causing pain), anxiety and weakness.</p> <p>Review of the baseline care plan dated 01/09/2025 showed the resident required extensive assistance of two for bathing.</p> <p>A review of the admission Minimum Data Set (MDS) assessment dated [DATE] showed the resident was cognitively intact and required extensive assistance for bathing.</p> <p>In an interview on 02/28/2025 at 8:14 AM, Resident 69 stated they would like two showers a week but had only had two showers and on bed bath since they admitted [DATE].</p> <p>Review of Resident 69's bathing documentation since admission confirmed they had three bathing tasks documented (01/16/2025, 01/23/2025 and 01/26/2025).</p> <p><RESIDENT 276></p> <p>Resident 276 admitted on [DATE] with diagnoses to include an intestinal obstruction, inguinal hernia (tissue protrudes through groin muscle) and gait and mobility abnormalities.</p> <p>Review of the admission MDS dated [DATE] showed the resident had mild cognitive impairment and was totally dependent on staff for activities of daily living such as bathing</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 on 02/25/2025 at 1:02 PM, Resident 276 was sitting up in bed and stated they would like two showers a week, but they get one shower then then next one was a bed bath. Resident 276 stated when they first admitted , they went several weeks without a shower or bath.</p> <p>Review of Resident 276's bathing records confirmed the resident received a bed bath on 01/15/2025 and 01/22/2025 then a shower on 01/26/2025.</p> <p>47047</p> <p><ORAL CARE></p> <p><RESIDENT 20></p> <p>Resident 20 admitted to the facility 08/21/2023 with diagnoses that included multiple compression fractures (break in the vertebrae), mild cognitive impairment, and high blood pressure.</p> <p>In a review of Resident 20's care plan dated 08/21/2023 showed they had upper and lower dentures with an intervention to provide care as per activity of daily living personal hygiene, rinse dentures and place them every morning. There was notation of Resident 20 having dental implants.</p> <p>In an interview on 02/23/2025 at 8:54 AM Resident 20 stated they sleep with their dentures in their mouth and would like to have them removed and cleaned nightly.</p> <p>In a review of Resident 20's Brief Interview for Mental Status (BIMS- a screening tool for assess cognition) completed on 01/17/2025 showed they scored 8 out of 15, indicating moderately impaired cognition.</p> <p>In a review of Resident 20's Kardex (guide which resident specific directing care) as of 02/23/2025 showed they had upper and lower dentures and required assistance with oral care and required their dentures to be soaked and reminders to brush implants as well.</p> <p>In a review of dental notes dated 06/12/2024 showed Resident 20 had red tissue under their dentures, with a moderate amount of food in their dentures, and recommendations were for staff to remove the residents' dentures at night to soak and to assist the resident with brushing around their implants.</p> <p>In a review of dental notes dated 11/11/2024 showed Resident 20 had heavy a heavy amount of plaque and their gums around the implants were red. Recommendations included assisting Resident 20 with brushing of the lower implants.</p> <p>In a review of dental notes dated 02/11/2025 showed Resident 20 had a moderate amount of plaque. Recommendations continued to be for staff assisted brushing and denture removal with nightly soak.</p> <p>In an interview on 02/28/2025 at 8:28 AM Staff D, Nurse Aide Certified (NAC) stated they did not assist Resident 20 in getting up for the day, and did not provide any oral care to them since the start of their shift.</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 on 02/28/2025 at 8:28 AM Staff G, NAC stated they assisted Resident 20 in getting up out of bed and dressed this morning, they washed their face. Staff G stated they did not provide any oral care to them, and they had their dentures in their mouth.</p> <p>In an interview on 02/28/2025 at 8:35 AM Staff B, Director of Nursing Services (DNS), stated Resident 20 required assistance with oral care.</p> <p>In an interview on 02/28/2025 at 9:21 AM, Staff B stated they were not aware of any issues with oral care or bathing not being completed. Staff B said the bathing expectation is that staff are to offer bathing per resident preferences and continue to offer bathing daily until the resident accepts bathing. Staff B stated nursing staff were to document any refusals and acceptances. Staff B stated they did not have a shower policy, and it was a standard of care.</p> <p>This is a repeat deficiency from SOD dated 03/26/2024.</p> <p>Reference: WAC 388-97-1060 (2)(C)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>47047</p> <p>Based on interview and record review, the facility failed to have sufficient staff to provide and supervise care as evidenced by information provided by 7 resident interviews (Residents 3, 9, 22, 50, 57, 59 and 63) and one family interview (Resident 5) in three of three hallways and Resident Council minutes. The facility had insufficient staff to ensure residents received prompt call light response and assistance to meet the needs of the residents in accordance with resident preferences. These failures placed residents at risk for unmet care needs and negative outcomes.</p> <p>Findings included .</p> <p><PAYROLL STAFFING DATA REPORT (PBJ)></p> <p>Review of the facility past four quarter reports, dated 01/01/2024 through 12/31/2024, showed the facility had excessively low weekend staffing; there had been no change over the past year.</p> <p><FACILITY ASSESSMENT></p> <p>Facility Assessment last updated 07/31/2023 through 07/31/2024, showed the facility had an average of 316 residents annually who required 2-person assistance for daily care, noting a high amount relative to the benchmark. Additionally, the facility had high number of residents who required assistance with bed mobility, transfers, toilet use, eating and hygiene/grooming. Review of the Function-Care Requirements in the Facility Assessment stated the Nursing Assistant Certified (NAC), Licensed Practical Nurses (LPN) Registered Nurses (RN), hospitality aides and non-certified nursing assistants (NA) staff was based on Per Patient Day (PPD) and/or acuity and the facility census and the Director of Nursing Services (DNS) reviewed staffing daily to ensure sufficient staff have been scheduled consisting of the required certification and/or licenses including 16 hours of daily of LPN licensed nurse coverage and meeting PPD state requirement.</p> <p><STAFFING PLAN></p> <p>Review of the staffing plan undated, showed the scheduler/human resources would hold the staffing phone Monday through Friday and the on-call nurse would hold the phone on the weekend. Schedules would be posted on the 20th of each month and open shifts available for staff to pick up until the 25th of each month then posted for agency to pick up.</p> <p><SCHEDULES></p> <p>Review of NAC and Nursing schedules for February 2025 showed the following:</p> <p>Nurse Schedule 02/2025</p> <ul style="list-style-type: none"> - 11 Day shifts needed to be staffed, - 15 Evening shifts needed to be staffed, <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- 11 Overnight shifts needed to be staffed,</p> <p>- Of those shifts needed to be staffed five of them were for a weekend (Saturday and/or Sunday).</p> <p>NAC Schedule 02/2025</p> <p>- 48 Day shifts needed to be staffed,</p> <p>- 67 Evening shifts to be staffed,</p> <p>- 19 Overnight shifts needed to be staffed,</p> <p>Of those shifts needed to be staffed 34 of them were for a weekend (Saturday and/or Sunday).</p> <p><RESIDENT COUNCIL MINUTES></p> <p>Review of the Resident Council minutes from August 2024 through January 2025 showed the Resident Council had concerns regarding staffing. Review of Resident Council minutes showed:</p> <p>-On 08/27/2024 showed a complaint of a resident having a medical emergency,</p> <p>-On 09/17/2024 showed residents complained they were not getting their medications timely due to not having a swing cart nurse, a wait of 45 minutes to have their call lights answered due to having only one aide, and the facility not being able to keep hospitality aides,</p> <p>-On 11/5/2024 showed two residents complained of their call light not being answered timely with a wait of 45 minutes,</p> <p>-On 12/31/2024 there was a complaint about lack of consistency with staff and medication delivery times,</p> <p>-On 01/28/2025 there was a complaint from a resident about waiting 45 minutes for their call light to be answered.</p> <p><PERFORMANCE EVALUATION></p> <p>Review of a performance evaluation for Staff O, NAC, dated 08/09/2024 and signed by the Staff B, Director of Nursing Services, showed a comment under the productivity area that read continues to work short and still gets the job done.</p> <p><SPEND DOWN></p> <p>Review of the facility's spend down showed a staffing ladder for a census of 75, 1978.13 hours per week or 275.25/day were allotted for nursing services .</p> <p><STAFF POSTING></p> <p>In a review of the staff posting for 02/21/2025, 02/22/2025 and 02/23/2025 showed the following:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Alderwood Park Health and Rehab of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2726 Alderwood Avenue Bellingham, WA 98225	
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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-On 02/21/2025 the facility had a census of 75 and had 229 hours of nursing services,</p> <p>-On 02/22/2025 the facility had a census 75 and had 202 hours of nursing services,</p> <p>-On 02/23/2025 the facility had a census of 75 and had 220 hours of nursing services.</p> <p>These hours were well below the allotted operating hours listed in the spenddown.</p> <p><RESIDENT COUNCIL INTERVIEWS></p> <p>In an interview on 02/25/2025 at 10:30 AM, in resident council, Resident 9 stated the staff help as much as they are able, and it can take a little longer for assistance.</p> <p>In an interview on 02/25/2025 at 10:30 AM, in resident council, Resident 3 stated that they have had to wait up to 45 minutes for their call light to be answered.</p> <p>In an interview on 02/25/2025 at 10:30 AM, in resident council, Resident 25 stated the facility was understaffed.</p> <p><RESIDENT INTERVIEWS></p> <p>In an interview on 02/23/2025 at 10:43 AM, Resident 63 stated the facility has had random call ins and was short staffed. Resident 63 stated it had taken anywhere from 8-11 minutes to get assistance and sometimes could be more. Resident 63 stated they wait for medications, their bedding to be changed or getting needed items.</p> <p>In an interview on 02/23/2025 at 12:44 PM, Resident 59 stated they needed more help at mealtime, the call light wait time was too long to have their brief changed.</p> <p>In an interview on 02/23/2025 at 11:17 AM, Resident 22 stated they had waited between 20-30 minutes to have their call light answered for brief changes, especially during mealtimes when everyone was busy.</p> <p>In an interview on 02/23/2025 at 10:50 AM, Resident 50 stated they had waited around 30 minutes for their call light to be answered. Resident 50 stated the facility did not have enough staff.</p> <p><FAMILY INTERVIEW></p> <p>In an interview on 02/23/2025 at 10:26 AM, Collateral Contact 2 (CC 2-Resident 5's representative), stated they knew the facility to be understaffed all the time. CC 2 stated they had received phone calls from Resident 5 who stated they were waiting to use the bathroom, and it was taking a long time.</p> <p><STAFF INTERVIEWS></p> <p>In an interview on 02/25/2025 at 10:30 AM, in resident council, Resident 57 stated they had waited a long time for their call light to be answered to get back into bed after meals.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 02/27/2025 at 8:25 AM, Staff H, Staffing Coordinator/NAC, stated they staff to the census and to the acuity of the residents. Staff H stated Staff B had a formula/spreadsheet they used to determine staff to resident ratios based on census. Staff H stated they currently had two openings for NAC's. Staff H stated they work alongside another NAC for staffing, and they coordinate together so if there is a shortage they can come in to work as an aide, but they are only one person so if there are more than one call out, they reach out to agency to fill the spot. Staff H stated that weekend staffing issues are related to call outs.</p> <p>In an interview on 02/27/2025 at 1:35 PM, Staff B, stated they staff to census and to acuity. Staff B stated they have two staffing coordinators which cover the schedule if there are call outs or a need. Staff B stated they discuss staffing at their morning meetings and recently hired a recruiter. Staff B stated there were some NAC's that started and left right away because they were not prepared to work in a skilled nursing facility.</p> <p>In an interview on 02/28/2025 at 8:51 AM Staff A, Administrator, when asked about the PBJ reports for the last four quarters reporting low weekend staffing, stated a lot of other facilities cover the course of their weekend staffing with exempt employees and they do not. Staff A stated they had eight NAC openings and three LPN openings and fill in with agency.</p> <p>Reference: (WAC) 388-97-1080 (1)</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>47047</p> <p>Based on observation, interview, and record review the facility failed to ensure the daily nurse staffing information was being posted in a place readily accessible to residents/visitors and included the required information on 2 of 6 days (02/22/2025 and 02/23/2025) of the recertification survey. This failure placed residents, family members and visitors at risk of not being fully informed of current staffing levels and resident census information.</p> <p>Findings included .</p> <p>In observations on 02/23/2025 at 7:45 AM the facility's daily nursing staffing was found posted on a wall near the entrance of the building. The nurse staffing information was dated for 02/21/2025. There was no other staffing forms found.</p> <p>In review of the posted staffing on 02/23/2025 at 7:45 AM, dated 02/21/2025, showed total actual hours worked for day shift was completed and evening and night shift were blank.</p> <p>In an interview on 02/27/2025 at 8:25 AM, Staff H, Staffing Coordinator stated they were responsible for posting the daily staffing daily and if they were not working on the weekend would rely on another staff to complete it. Staff H stated they prepare the staff posting for the weekend and place them behind the one for Friday. Staff H stated they did not know why there was not completed staff postings for Saturday 02/22/2024 or Sunday 02/23/2025.</p> <p>In an interview on 02/27/2025 at 9:47 AM, Staff B, Director of Nursing Services stated Staff H was responsible for the staff postings along with the other staffing coordinator and should be posted in the morning, placed up front, and then updated with actual hours as the shift starts. Staff B was unaware that there was no staff posting completed for 02/22/2025 or 02/23/2025.</p> <p>No associated WAC</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>50725</p> <p>Based on observation and interview, the facility failed to ensure a system was in place to accurately reconcile controlled medications in 1 of 5 medication carts reviewed for narcotic storage/reconciliation. This failure placed the facility at risk for potential loss and/or drug diversion of the controlled medication.</p> <p>Findings included .</p> <p>Facility policy titled Management and Destruction of Controlled Substances dated 11/28/2017 showed: The two licensed nurses visually inspect and counts each scheduled medication . and verifies the quantity on hand matches the declining inventory record. If any discrepancy is identified both nurses remain on duty and the Chief Nursing Officer is notified.</p> <p>In an observation and interview on 02/24/2025 at 1:45 PM, Staff V, Registered Nurse was counting the narcotic medications for [NAME] Cart. Page 24 of the narcotic book showed 1 tablet left but there was no narcotic medication in the cart. Page 30 of the same narcotic book also showed 1 tablet left but there was no narcotic medication in the cart. Staff V stated that the count was off on the book and those pages should show zero. Staff V stated that they will inform the Resident Care Manager (RCM) so they can start the investigation.</p> <p>In an interview on 02/24/2024 at 2:55 PM, Staff L, Licensed Practical Nurse/RCM stated that they have figured out the discrepancy. Staff L explained that the licensed nurses (LN) that gave the last doses forgot to sign them out of the narcotic book, but it showed in the Medication Administration Record (MAR) that the LN's signed their initials indicating they gave the medications. Staff L will be reaching out to those LN's to sign the narcotic book. Staff L stated the process for counting narcotics was supposed to be the LN's look at every page of the book to ensure accuracy and any discrepancies they report to the RCM.</p> <p>In an interview on 02/27/2025 at 2:00 PM, Staff B, Director of Nursing Services (DNS) stated that it's an expectation that when counting narcotics the LN's look at every page of the book and any discrepancies be reported to the RCM or DNS. Staff B stated they were able to reconcile the narcotic book for [NAME] Cart.</p> <p>Refer to WAC 388-97-1300(2)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>50725</p> <p>Based on observation and interview, the facility failed to ensure that drugs and biologicals were removed when expired in 2 of 5 medication carts, and 1 of 2 medication refrigerators. The facility failed to ensure Schedule II-V (Substances with a high potential for abuse which may lead to severe physical or psychological dependence) controlled medications were in a separate locked permanently affixed compartment not accessible to others. Additionally, 2 medication carts were found unlocked without a nurse close by. These failures placed residents at risk for receiving expired medication and vaccines, and risk of having unintended access to drugs that should have been securely stored.</p> <p>Findings included .</p> <p>Facility policy titled Medication Management, revised date 10/15/2022 showed: Unlocked medication/treatment carts are under nurse control at all times. Medications and treatment supplies are not used beyond their expiration dates. Medications are discarded by the expiration date unless indicated by the pharmacy and/or manufacturer's instructions to discard sooner.</p> <p><UNLOCKED MEDICATION CART></p> <p>In an observation on 02/23/2025 at 7:55 AM, 2 medication carts at [NAME] Nurses Station were unlocked. I opened the top drawer of one of the medication carts and it showed over the counter medication containers. On top of the other unlocked medication cart had 5 bubble packed medicine cards (a method of organizing medications into individual doses, sealed in compartments with protective bubbles). There were no nurses in the vicinity.</p> <p>In an observation on 02/23/2025 at 7:57, AM Staff E, Registered Nurse (RN) approached the medication carts and locked both medication carts. Then another male nurse came to the carts and placed the bubble packed medications inside the medication cart.</p> <p><CONTROLLED MEDICATION STORAGE></p> <p>In an observation on 02/24/2025 at 12:25 PM, Staff L, Licensed Practical Nurse (LPN)/Resident Care Manager (RCM), unlocked the small refrigerator in Central nurse's station. Refrigerator was not affixed to the floor. Inside the refrigerator was a plastic container that contained a box of Lorazepam liquid medication (Scheduled IV medication to treat anxiety). Plastic container was not affixed to the refrigerator.</p> <p><EXPIRED MEDICATIONS></p> <p>In an observation on 02/24/2025 at 12:47 PM, Staff L, LPN/RCM, opened the locked refrigerator at [NAME] Nurses station. In the refrigerator were 2 multi-dose vials of opened Afluria (flu vaccine). One vial was dated 01/13/2025 and the other vial was dated 01/24/2025. Both vials passed the 28-day expiration date.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an observation on 02/24/2025 at 1:45 PM, [NAME] Medication cart had 1 expired medication. It was loratadine 10 milligram (mg) tablets. Expiration date showed 01/2025.</p> <p>In an observation on 02/24/2025 at 2:00 PM, Swing Medication Cart had 1 expired medication. It was Simethicone 80 mg chewable tablet. Expiration date showed 12/2024.</p> <p>In an interview on 02/24/2025 at 2:00 PM, Staff E, RN stated that the night shift nurse was supposed to be checking the medication carts for expired medications.</p> <p>In an interview with Staff F, LPN/Infection Control Nurse, on 02/27/2025 at 9:54 AM, Staff F stated they were responsible for tracking vaccines and checks them weekly. The night nurse was supposed to also be checking vaccines and expired medications and discarding them if they expired. Staff F stated they were not sure how the expired vaccines got missed.</p> <p>In a joint interview on 02/28/2025 at 10:02 AM, Staff A, Administrator and Staff B, Director of Nursing Services (DNS), Staff B stated they were not aware that the container with scheduled IV medication in the refrigerator should be in a firmly affixed container.</p> <p>Refer to WAC 388-97-1300(2)</p>		

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36787</p> <p>Based on interview and record review, the facility failed to provide timely laboratory results to meet the needs of two of five residents (1, 5 and 279) reviewed for medication usage. These failed practices had the potential for negative complications related to delay of obtaining and follow up of laboratory results along with a risk for medical complications, related to a lack of monitoring chronic medical conditions and delayed identification and treatment of underlying health conditions.</p> <p>Findings included .</p> <p>Review of the facility's policy titled Laboratory, Radiology, Transfusion, and other Diagnostic Services revised [DATE], showed lab services are provided to detect risk for disease, stratify a person into disease or non-disease state, in which the population is ., monitor a condition. Services are to be accurate and timely. Services are considered timely if laboratory tests are completed and results provided to the facility or the resident physician within time frames normal for appropriate intervention. The facility meets or has an agreement to obtain laboratory services from an entity. The facility is responsible for providing and obtaining laboratory, radiology and other diagnostic services only when ordered by the attending physician. Timeliness of providing and reporting results of laboratory, radiology and other diagnostic services</p> <p>Promptly notifying the attending physician of the findings:</p> <ol style="list-style-type: none"> 1). High alert-within 1 hour, or 2). Medium alert-within ,d+[DATE] hours , or 3). Low alert-within ,d+[DATE] hours <p><RESIDENT 277></p> <p>Resident 277 admitted on [DATE] with diagnoses to include rib fracture, diabetes, kidney disease, anxiety and depression.</p> <p>In an interview on [DATE] at 8:34 AM, Resident 277 was in bed and stated they had a UTI (urinary tract infection), and the staff doesn't believe that they did. Resident 277 had tears streaming down their cheeks. They said, I have a UTI. I have told several nurses, and they have not tested me. I know my own body. I have burning on urination, a classic sign. Even my daughter talked to them, and they will not test me. I have urgency too.</p> <p>Review of a progress note for Resident 277 on [DATE] at 12:57 PM, showed the resident complained of nausea, had an emesis, urinary burning and they had a history of UTI's with symptoms of nausea, vomiting and dysuria (discomfort with urination).</p> <p>Review of a progress note for Resident 277 on [DATE] at 2:08 PM, showed the physician ordered staff to collect UA (urinalysis), C&S (culture and sensitivity, a test to see what bacteria is present and determine the most appropriate medication) if indicated.</p> <p>(continued on next page)</p>		

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a progress note for Resident 277 on [DATE] at 1:53 PM showed the resident reported they had a history of UTI with past symptoms of nausea, vomiting and dysuria.</p> <p>Review of a progress note for Resident 277 on [DATE] at 12:43 PM showed the resident reported stinging with urination, UA results currently pending.</p> <p>Review of a progress note for Resident 277 on [DATE] at 1:02 PM showed the contracted lab was called to inquire the whereabouts of the UA with C & S that was sent to the lab on [DATE], the lab technician stated, That lab order was cancelled because the specimen would have expired before arriving to the contracted laboratory in Denver This writer inquired as to why the facility and medical provider were not notified of the cancelled UA order to which the lab technician stated, You should have been. I am sorry about that. Resident, POA (power of attorney), and provider notified that the UA specimen sent to the lab on [DATE] was not processed as per order.</p> <p>In an interview on [DATE] at 11:53 AM, Staff B, Director of Nursing (DNS) said the Resident 277's sample was shipped to Texas on [DATE]. The nurses called and were told they need to collect another sample. Staff B said they had issues with the contracted lab and would love to change providers, but they had called other local labs, and no one would call them back. Staff B said they want a local lab provider so they can drop off specimens and have quicker turnaround time rather than shipping labs to Texas or Florida. Staff B said they had just found out the lab wouldn't process a stool sample for Resident 279 because the specimen cup was too full.</p> <p>In an interview on [DATE] at 8:47 AM, Staff F, LPN Infection Preventionist stated Resident 277 had a possible infection on Tuesday the 18th. The lab was notified of the STAT (immediately) CBC (Complete Blood Count) and CMP (Complete Metabolic Panel), and to check the stool for Norovirus per the medical record but it was not ordered by the provider as STAT. Staff F said that on [DATE] at 11:00 AM, the lab picked up the stool sample. Staff F said our lab takes a long time for cultures . It is ridiculously long. Staff F said they called the lab on [DATE] and was told the results would be available on Saturday [DATE] or Sunday [DATE]. Staff F said on [DATE] at 12:58 PM, their note said test not performed due to overfilled. Staff F said their lab draw days were Tuesday, Thursday and Sunday. They said anything outside of those days , the lab would need to be stat or unscheduled pickup. Staff F said If you obtain a UA or stool sample, you would put in in the lab's electronic portal and the lab would pick it up but there was a lag time depending on where there the lab courier drivers are. Staff F said they used to be able to call the lab and they would pick up the specimen and drop it to the nearby hospital lab to be processed. Staff F said the lab stopped picking up lab specimens and dropping them off at the hospital lab that some time ago. They said now they ship the sample to Denver or one of their other out of state labs and the lab turnaround time is very slow.</p> <p>In an interview on [DATE] at 8:47 AM, With CC 1 (collateral contact 1, contracted lab phlebotomist [person who draws blood for testing]) stated they would pick up stool and urine samples if they were at the facility (Tuesdays, Thursdays and Sundays). CC 1 said that lab result turnaround times depends on the test.CC 1 stated that if there was an issue with the timeliness or integrity of the sample, the lab should be contacting the facility for sure to let them know. At 9:16 AM, CC 1 said the lab wouldn't have been able to be in that late on a Friday so (Resident 277's) urine sample would be picked up on Sunday [DATE]. CC1 said there was a stat person in Seattle who should have picked up the sample Saturday, but they did not pick it up. CC 1 stated Must have been a high volume of lab pickups and they couldn't get here to pick up the sample.</p> <p>(continued on next page)</p>		

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In a follow up interview on [DATE] at 9:14 AM, Staff F, IP stated they got another UA for Resident 277 on [DATE] as they were symptomatic. Staff F said the lab was still pending and they would call the lab this morning on all of this. Staff F confirmed there were no preliminary urine results which is the standard on either of these UAs for Resident 277. Staff F said the nurses should be following up when lab results are not back, and this should be documented as well.</p> <p><RESIDENT 279></p> <p>Resident 279 admitted on [DATE] with diagnoses which included septic shock (widespread infection causing low blood pressure and organ damage), and nutritional deficiency.</p> <p>Review of a late entry progress note for Resident 279 dated [DATE] at 1:04 PM, showed the provider ordered to test Resident 279's stool or emesis (vomit) for Norovirus (highly contagious stomach illness with vomiting and diarrhea). The stool was collected, and the lab provider was notified of the STAT (urgent) lab and to pick up the stool specimen.</p> <p>Review of a late entry progress note for Resident 279 dated [DATE] at 4:59 AM, showed the provider ordered to test the residents stool for C-Diff (Clostridium difficile, (a bacterial infection of the colon which can be a side effect of antibiotic therapy, and can be spread by person to person contact.), ova and parasites (test to look for intestinal parasites and their eggs). Orders were added to a stool sample in process at the lab.</p> <p>Review of a progress note for Resident 279 on [DATE] at 9:33 AM, showed a call was placed to the lab to inquire about the stool results. The lab stated the specimen was sent out of state and results would probably be available on Saturday ([DATE]) or Sunday ([DATE])</p> <p>Review of a progress note for Resident 279 on [DATE] at 12:58 PM, showed a fax was received from the lab with a message that showed test not performed due to being overfilled. The plan was for the nurse on duty to call the lab to clarify.</p> <p>In an interview on [DATE] at 8:13 AM , Staff C, Licensed Practical Nurse (LPN) was asked about the enteric sign posted outside room [ROOM NUMBER]. Staff C stated Resident 279 had possible norovirus and their lab was pending.</p> <p>Review of a progress note for Resident 279 on [DATE] at 11:45 PM, the nurse documented the resident was feeling better, so they requested the norovirus test be cancelled.</p> <p>Review of a progress note for Resident 279 on [DATE] at 1:47 PM showed the provider was into review the resident and ordered to proceed with the ova and parasite stool sample, only if loose stools continued.</p> <p>37890</p> <p><RESIDENT 74></p> <p>Resident 74 admitted [DATE] with diagnoses which included surgical aftercare with intravenous antibiotics and wound care. Resident 74 was not longer a resident at the facility.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Alderwood Park Health and Rehab of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 2726 Alderwood Avenue Bellingham, WA 98225	
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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 74's progress note on [DATE] at 11:58 AM showed the primary nurse reported the resident had greater than three loose watery stools this day shift and the provider had ordered a stool culture to rule out Clostridium Difficile.</p> <p>The stool culture was collected and sent by courier to the facility's contracted lab on [DATE]. Resident 74 was placed on contact isolation while the stool culture was pending. Contact isolation resulted in signage being placed on the resident's door indicating to staff and visitors that the resident was on contact precautions and instructed staff to don and doff the appropriate Personal Protective Equipment (gowns, gloves) and to perform hand washing with soap and water for cares.</p> <p>Review of Resident 74's progress notes dated [DATE] at 11:22 AM showed the facility placed a call to their contracted lab to request the result whereabouts as the stool specimen was sent to the lab on [DATE]. Per the contracted lab technician, The specimen was received yesterday and is in process. Resident 74 and the provider were updated that lab was still processing the stool specimen and the plan stated to continue Contact Precautions every shift while stool culture is pending.</p> <p>A progress note dated [DATE] at 12:18 PM, stated the facility received a fax from the contracted lab stating that specimen must be re-ordered and re-collected related to the specimen being past stability. The noted stated the provider and Resident 74 were notified of the issue and that new stool collection was required. The resident remained on contact isolation.</p> <p>A progress noted dated [DATE] at 03:16 PM, showed the Resident's stool culture result was received which showed they were negative for Clostridium Difficile and the contact precautions were removed.</p> <p>In an interview on [DATE] at 2:05 PM, Staff B, DNS, stated the contracted lab was not reliable, specimens collected were sent to Denver with no local option, and the facility was constantly having to call to find out about late results. Staff B stated they have been told that the lab could not do anything to speed up process times that have resulted in samples being out of the time range for accuracy and needing to be re-collected. Staff B stated the facility was in the process of looking for lab services that were local.</p> <p>In a follow up interview on [DATE] at 9:50 AM, Staff B, DNS stated they had been aware of issues with their lab and there were no local labs to draw their labs. Staff B stated the preliminary urine results take as long as the C & S.</p> <p>Reference WAC [DATE] (2)(b)(i)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44110</p> <p>Based on interview, and record review, the facility failed to ensure a system in which resident's records were complete, accurate, and accessible, for 4 of 4 residents (Residents 1, 5, 34, and 276) reviewed for accurate and complete medical records. The facility failed to ensure the residents medical records contained hospice provider notes and orders, lab monitoring results, and complete blood sugar monitoring for residents. Failure to maintain complete and accurate medical records placed residents at risk for medical complications, unmet care needs, and for diminished quality of life.</p> <p>Finding included .</p> <p>Review of the facility policy titled, Resident Medical Record, revised 10/15/2022 stated medical records are maintained on each resident in accordance with accepted professional standards and practice .are complete, accurately documented, clear, concise, complete reflecting resident's responses and outcomes relate to their care, readily accessible, and systematically organized.</p> <p><RESIDENT 5></p> <p>Resident 5 readmitted to the facility on [DATE] with diagnoses to include fracture of the pelvis, respiratory failure. Resident 5 readmitted to the facility on hospice (end of life) services starting on 01/14/2025.</p> <p>Review of Resident 5's medical record on 02/25/2025 showed no documentation that the resident had been seen by the hospice nurse or provider since readmission.</p> <p>In an interview on 02/25/2025 at 3:14 PM, Staff Q, Medical Records stated they keep the hospice documentation in a soft file in their office. Staff Q was asked if those records could be reviewed. Staff Q stated they had not pulled that information from the local hospital electronic record system (EPIC) and would have to get those records from there. Staff Q was asked if the licensed staff have access to that hospital electronic record system, Staff Q said No, they stated only a select few at the facility could access that system.</p> <p>In an interview on 02/26/2025 at 1:18 PM, Staff E, Registered Nurse (RN) stated they do not have access to the hospital electronic record system. Staff E stated when the hospice nurses come in for their visits, they rely on the medical records to print the information.</p> <p>In an interview on 02/27/2025 at 11:20 AM, Staff R, RN/Resident Care Manager (RCM) stated when the hospice nurses/providers are in to see a resident they usually will touch base with the floor nurse. Staff R stated all orders must be faxed over so they must wait for those to be received. Staff R stated the floor nurses do not have access to the EPIC system and would not be able to view any documentation from the hospice nurse, unless the medical records print, and scan into the resident's medical record.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 02/27/2025 at 1:20 PM, Staff B, Director of Nursing Services (DNS) stated that medical records department was responsible to obtain the hospice documentation for the medical record. Staff B was not aware that Resident 5's medical record was not complete and lacked hospice documentation.</p> <p>50725</p> <p><RESIDENT 34></p> <p>Resident 34 admitted to the facility on [DATE], with admitting diagnoses to include, heart failure, stroke and heart attack. Resident was admitted to hospice services on 12/11/2024.</p> <p>Review of Resident 34's medical record on 02/25/2024 showed no progress notes from hospice agency staff.</p> <p>In an interview on 02/25/2025 at 3:14 PM, Staff Q, Medical Records stated hospice progress notes were not in the residents' electronic medical records (PCC) they were in the hospice electronic record system (EPIC) and only selected staff were able to access EPIC in their facility.</p> <p>In an interview on 02/26/2025 at 11:13 AM, Staff V, Registered Nurse (RN) stated that hospice nurse visits 2-3 times a week sometimes more depending on the status of the resident. The hospice nurse talks to the facility nurses to get updates or to inform of changes on orders. Staff V stated they don't have access to the progress notes of the hospice agency staff. Any new orders were faxed to the facility from the hospice agency and facility will carry out the order.</p> <p>In an interview on 02/27/2025 at 8:44 AM, Staff L, Licensed Practical Nurse/RCM stated that hospice agency communicates any changes through talking to the facility nurse or the RCM. Sometimes they have to remind new hospice staff to check in with facility nurse/RCM to get updates. Hospice agency faxes to the facility any new doctor's orders.</p> <p>36787</p> <p><RESIDENT 276></p> <p>Resident 276 admitted on [DATE] with diagnosis to include intestinal obstruction, inguinal hernia (tissue protrudes through groin muscle) and anemia.</p> <p>Review of the January 2025 Medication Administration Record (MAR)/Treatment Administration Record (TAR) directed the staff to obtain a full set of vital signs, perform wound care to the residents right rear thigh, apply barrier cream to the coccyx, monitor bruising, any side effects of anticoagulant, and monitor for swallow difficulty, shortness of breath and pain. Review of the MAR for dates 01/26/2025 and 01/27/2025 showed no evening documentation of vital signs being obtained, wound care to the residents right rear thigh, barrier cream treatment to their coccyx, bruise monitoring, side effect monitoring, shortness of breath and swallow monitoring, pain monitoring.</p> <p>Review of the February 2025 TAR showed nurses were to check fecal occult blood test twice and notify the provider of the result every shift for blood in stool beginning 02/19/2025 at 2:00 PM.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the documentation showed there was no documentation on 02/20/2025 night shift, 02/22/2025 day and night shift, 02/23/2025 day shift and 02/25/2025 evening shift.</p> <p>37890</p> <p><RESIDENT 1></p> <p>Resident 1 admitted on [DATE] with diagnoses which included diabetes mellitus which required treatment with insulin injections.</p> <p>Review of Resident 1's medical record showed an order for Lantus (insulin) 24 units at bedtime with a parameter stating to hold the medication if the resident's blood sugar was less than 75. Resident 75's record showed they had a blood sugar monitoring device attached to their left upper arm which was not reflected on the resident's care plan. Review of the Medication Administration record for the current month (February 2025) showed documentation that the insulin was administered but there was no corresponding documentation that the blood sugar had been checked and verified to be above 75 prior to the administration of the insulin.</p> <p>In an interview on 02/25/2025 at 1:00 PM, Resident 1 stated they just hold a machine next to their arm and they can see what the blood sugar is, but the resident stated they do not see it themselves and are not aware of any app or program it is downloaded into.</p> <p>In an interview on 02/25/2025 at 1:04 PM, Staff T, LPN, stated the resident's care plan has not been updated to reflect that he has a glucose monitoring system with sensor on his body. Staff T stated there was an order to check the resident's blood sugar once a day in the morning and noted that there were documentations of that result. Staff T stated they did not know if the blood sugar was being checked in the evenings or not. In an observation with Staff T, the resident's blood sugar monitoring device memory was reviewed going back approximately two weeks, which showed that there were results for both the morning and the evening and there were no evening results noted that were below 75. Staff T confirmed that the results found in the resident's monitoring device were not uploaded in any type of software or app, and the device itself is not part of the resident's medical record as it is owned by the resident.</p> <p>In an interview of 02/25/2025 at 1:21 PM, Staff B, DNS, stated they had not been aware of the lack of blood sugar documentation for Resident 31 and stated the order needed to be updated.</p> <p>Refer to WAC 388-97-1720(1)(a)(i)(ii)(iv)(4)(a)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44110</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff were compliant with Infection Prevention and Control Guidelines and standards of practice for 1 of 5 nurses (Staff C) during medication administration, 1 of 1 resident (Resident 50) during catheter care, and for 1 of 1 resident (Resident 14) reviewed for transmission-based precautions (TBP) of a resident who had tested positive for Respiratory syncytial virus (RSV). The facility failed to ensure staff followed appropriate infection control practices during medication administration and performed appropriate hand hygiene during urinary catheter care. The facility failed to ensure the staff were wearing appropriate personal protective equipment (PPE) in accordance with recommended national standards. This failure placed all residents and staff at risk for potential infection.</p> <p>Findings include .</p> <p>Review of the facility policy titled, Infection Prevention and Control Program, revised 10/15/2022 stated that the facility will design and implement an infection control program that will identify and reduce the risk for acquiring and transmitting infections among residents, staff, and visitors and maintain a safe, sanitary environment .monitor compliance with standards of practices including hand hygiene, transmission based precautions (TBP), and use of PPE.</p> <p>Review of the facility policy titled, Hand Hygiene, revised 02/11/2022 stated hand hygiene was the single most important procedure for preventing the spread of infection . opportunities for hand hygiene before providing personal care to a resident, before and after cleaning soiled body site, after contact with any objects in the immediate vicinity of the resident, after leaving the resident room, after removing gloves, and after assisting with toileting . aspects of hand hygiene were to wear gloves when there was potential to have contact with blood or other potential infectious materials.</p> <p>Review of facility TBP, titled, Droplet Precautions, dated 08/10/2023 states everyone must clean hands and wear mask before entering. All staff are instructed to wear eye protection with respiratory symptoms and gown and gloves if potential contact with secretions was likely . droplet precautions use for respiratory viruses.</p> <p><TRANSMISSION BASED PRECUATIONS></p> <p>Resident 14 admitted to the facility on [DATE] with diagnoses to include high blood pressure, peripheral vascular disease (condition that affects the blood vessels outside the heart and brain, and reduced blood flow), and chronic kidney disease.</p> <p>Review of Resident 14's medical record showed they had tested positive for RSV on 02/22/2025.</p> <p>In observation on 02/23/2025 at 8:36 AM, room [ROOM NUMBER] had Resident 14's name on the door as well as a TBP sign that directed staff the resident was on droplet isolation precautions, in that staff were to wear a mask, and a gown, gloves and eye protection if the resident had respiratory symptoms. The door was halfway open, and the resident could be heard to have a continuous cough.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an observation on 02/23/2025 at 9:52 am, Staff E, Registered Nurse (RN) was observed entering Resident 14's room with a mask and gloves on, they did not have gown or eye protection on.</p> <p>In an observation on 02/25/2025 at 8:54 AM, Staff D, Nursing Assistance Certified (NAC) was observed to enter Resident 14's room (continued to be placed on droplet precautions) with gown, gloves and mask on, they did not wear eye protection. At 9:11 AM, Staff D exited the room and was not observed to replace their surgical mask and proceed to provide care to others.</p> <p>In an observation and interview on 02/26/2025 at 7:39 AM, Staff E, was observed to enter Resident 14's room (continued to be placed on droplet precautions) with only a mask and gloves on. At 7:44 AM, Staff E exited the room and was not observed to replace their surgical mask. Staff E stated they had an extra in their pocket, Staff E was not aware they should have worn a gown and eye protection while providing care to the resident.</p> <p><MEDICATION ADMINISTRATION></p> <p>Resident 72 admitted to the facility on [DATE] with diagnoses to include diabetes and bacteremia (blood infection).</p> <p>In an observation on 02/23/2025 at 12:20 PM, Staff C, Licensed Practical Nurse (LPN) was observed to enter Resident 72's room with an insulin (medication injected into the skin to regulate blood sugar levels) pen (sharps device used to deliver medication through a needle). Staff C was not observed to perform handy hygiene. Staff C asked Resident 72 if they could inject the insulin, Resident 72 responded same location and held up their right arm. Staff C then took their bare hand and pulled the residents shirt sleeve up, pinch the skin with the bare hand and injected the pen into Resident 72's arm without wearing in PPE. Staff C was then observed to place the cap back on the end of the pen and exit the room without performing any hand hygiene. Staff C was not available to interview.</p> <p><HAND HYGIENE></p> <p>Resident 50 admitted to the facility on [DATE]. Resident had a foley catheter (a flexible tube inserted into the bladder to drain urine) and a colostomy (surgical procedure that creates an opening (stoma) in the abdominal wall to divert stool from the colon into a receptacle) bag.</p> <p>In an observation on 02/25/2025 at 10:10 AM, Staff S, NAC and Staff H, NAC, were donning (putting on) gowns and gloves to provide a bed bath for Resident 50. Staff H emptied colostomy bag and after disposing the stool, Staff H took their gloves off and donned new gloves. Did not observe Staff H washed hands or used alcohol-based hand rub (ABHR) prior to donning clean gloves. Staff S provided catheter care and peri care (the practice of cleaning the genital and perineal area) to Resident 50. Staff S took their right-hand glove off then donned new gloves without using ABHR, then continued washing resident's peri area. With the same gloves, Staff S and Staff H, repositioned resident to the right side of the bed using a draw sheet and turned resident to their left side. Using the same gloves, Staff S placed a clean brief under the resident, then Staff S took their gloves off, went to the sink to wet some more wash cloths and without washing hands or using ABHR, donned new pair of gloves. Both staff continued to wash residents' upper body, applied lotion and placed the sling under the resident. Resident was transferred to their wheelchair using the Hoyer lift. Staff H, using the same gloves, wiped the Hoyer lift with disinfectant wipes.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 02/25/2025 at 10:50 AM, Staff S informed me that they usually use hand sanitizers after they take their gloves off but because Resident 50 just moved into the room, the supplies in the room was not set up and there weren't any hand sanitizers close by for staff to use.</p> <p>In an interview on 02/27/2025 at 9:54 AM, Staff F, LPN/Infection Preventionist stated Resident 14 had been placed on droplet precautions on 02/18/2025 when they developed respiratory symptoms. Staff F stated their expectation and education to all staff was that they were to wear a mask, gown, gloves, and eye protection for all droplet precaution residents. Staff F stated as a facility they had been always wearing surgical mask, so staff were expected to remove all their PPE when exiting a droplet isolation room and to place a new mask on prior to providing care to any other residents. Staff F was advised of observations made during survey process and stated that was not their expectation or how they had trained the staff. Staff F was asked about hand hygiene in the facility, and stated staff should be performing hand hygiene every time before and after they remove their gloves. Staff F stated that during insulin administration the expectation was all nurses were performing hand hygiene and wearing the appropriate PPE, specifically gloves when handling any sharps.</p> <p>In an interview on 02/27/2025 at 1:20 PM, Staff B, Director of Nursing Services stated all staff should be wearing the appropriate PPE, for any TBP resident they have in the facility. Staff B stated they were not aware staff were not wearing the appropriate PPE when providing care to Resident 14. Staff B stated for any insulin administration, or handling of any sharps, licensed nurses should be performing hand hygiene and wearing gloves as all times. Staff B was not aware that a licensed nurse had been observed to administer insulin with a sharp's device with no gloves.</p> <p>50725</p> <p>This is a repeat deficiency from SOD dated 03/26/2024.</p> <p>Refer to WAC 388-97-1320(1)(a)(c)</p>		