

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505098	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER Shuksan Rehabilitation and Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 James Street 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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 provide the necessary supervision and services for 1 of 3 residents (Resident 1), reviewed for elopement. The failure to provide the necessary supervision and services for Resident 1 resulted in an elopement and placed the resident at risk for injury.</p> <p>Findings included .</p> <p>Review of the facility policy titled Resident Wandering Policy undated, showed residents would be assessed for wandering risk at admission. A resident would be determined an increased risk for wandering for an assessment score of 9 or higher and the following interventions would be put into place:</p> <ul style="list-style-type: none"> - Consent for wander guard placement - Notification to the provider of the wander risk - Care plan would reflect risk of wandering - Resident specific information placed in the wander risk book located at the nurse's station - Residents at risk of wandering would be reassessed quarterly and as needed, nursing would ensure wander guard bracelets for placement daily and document in the Treatment Administration Record (TAR). <p>Resident 1 admitted to the facility on [DATE] with diagnoses that included peripheral vascular disease (narrowing blood vessels reducing blood flow), heart disease and Alzheimer's disease.</p> <p>Review of a facility incident report dated 02/17/2025 at 11:10 PM showed Resident 1 was located outside of the facility, in the parking lot, by a neighbor. Resident 1 was noted to have been in bed sleeping for several hours before they awoke and began to wander the facility.</p> <p>Review of Resident 1's elopement assessments since admission showed the following:</p> <ul style="list-style-type: none"> - 10/01/2024- Admission assessment determined the resident was not at risk for elopement. <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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 01/02/2025 Quarterly Assessment with a score of 6, determined the resident was not at risk for elopement.</p> <p>- 02/18/2025 Assessment with a score of 10 showed Resident 1 was an elopement risk</p> <p>Review of Resident 1's care plan dated 11/27/2024 showed a resolved focus area for elopement on 02/11/2025. The interventions, also resolved, showed the resident was forgetful that they resided at the facility, attempted to answer the front door and leave and they had a wander guard on their wheelchair.</p> <p>Review of Resident 1's progress notes showed no information about the care plan update for elopement risk on 11/27/2024 or the revision/resolution of the elopement risk on 02/11/2025.</p> <p>In an interview on 03/07/2025 at 2:43 Staff E, Licensed Practical Nurse, when asked the location of the wander risk book, stated they did not know of a wander risk book and would need to check in with the front desk about it.</p> <p>In an interview on 03/11/2025 at 11:09 AM Staff C, Social Services Director, stated Resident 1 had not had a history of elopement and was not at risk until they left the facility on [DATE]. When asked about the care plan dated 11/27/2025 which identified an elopement risk for Resident 1, Staff C stated the information would have been placed in the elopement risk book at the nurse station and they did not recall any instances of that occurring.</p> <p>In an interview on 03/11/2025 at 12:41 PM Staff B, Director of Nursing Services, stated they were unaware of the resolved 11/27/2024 care plan for elopement at the time Resident 1 had eloped from the facility on 02/17/2025. Staff B stated the 11/27/2024 elopement care plan had been resolved by Staff D, Clinical Regional Nurse. Staff B stated they did not think Resident 1 had a wander guard on their wheelchair prior to 02/17/2025. Staff B stated the best they could recall, Resident 1 may have had an incident when they followed their family outside to make sure they got to their vehicle, after a visit. Staff B stated they did not think a wander guard was placed until Resident 1 had left the facility on [DATE].</p> <p>In a telephone interview on 03/11/2025 at 12:47 PM, Staff D stated they did not recall resolving Resident 1's care plan for elopement initially, but after reviewing the record, stated they resolved the care plan because Resident 1 was not an elopement risk per their assessment dated [DATE]. Staff D, when asked if they had checked to see if Resident 1 had a wander guard on, stated they were pretty sure they did not have one.</p> <p>This is a repeat deficiency from 05/16/2024.</p> <p>Reference: (WAC) 388-97-1060 (3)(g)</p>		