STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50725 Based on interview, and record review, the facility failed to honor 1 of 2 residents (Resident 21) choices regarding bathing. The facility failed to accommodate resident's preferences for bathing frequency. This failed practice placed residents at risk for unmet bathing needs and diminished quality of life. Findings included . Record review of the facility's policy titled, Bath/Shower, dated 12/2023, showed staff were to ensure residents received bathing per their preferences and the policy also showed if the resident refused shower, to report to the Licensed Nurse and/or Resident Care Manager (RCM) and to offer different type of bathing service, to offer different day or time and have another team member attempt to ask and re-approach the resident. Family may also be called in to assist with resident's refusal. <RESIDENT 21> Resident 21 was admitted to the facility on [DATE]. According to the annual Minimum Data Set (an assessment tool) assessment, dated 04/17/2024, the resident was cognitively intact. In an interview on 05/09/2024 at 11:44 AM, Resident 21 stated they were not being bathed as often as they wanted. On 05/10/2024, a review of Resident 21's bathing/showering documentation showed the resident wanted to bathe/shower twice a week. This documentation showed they had bathed three times in the last 30 days and refused once. Review of Resident 21's progress notes, showed no documentation of why the resident refused to bathe or that staff had re-approached them about the refusal. In an interview on 05/13/2024 at 9:13 AM, Staff A, Administrator, stated if a resident refused to bathe staff should re-approach them and try to get it done the same day. In an interview on 05/13/2024 at 2:00 PM, Resident 21 stated they did not get a shower last Saturday due to no hot water available. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 05/14/2024 at 2:04 PM, Staff C, Licensed Practical Nurse/Resident Care Manager, stated if a resident refused a shower, the Nursing Assistant would reapproach or have another Nursing Assistant offer the resident a shower. Refer to WAC 388-97-0900 (1)(3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37890 Based on observations and interviews, the facility failed to provide a safe, sanitary, and homelike environment on 2 of 2 resident units and 1 of 1 outdoor space reviewed for the environment. The failure to ensure walls, ceilings, floors, and outdoor spaces were homelike and in good repair, and water temperatures were comfortable, placed residents at risk for diminished quality of life in their home. Findings included . <RESIDENT ROOMS AND HALLS> based on is 2 of 2 units . An observation of resident rooms and halls on 05/14/2024 at 1:43 PM showed: -room [ROOM NUMBER] wallboard coming loose from the wall near the window. - Two broken ceiling tiles on 100 hall near the exit sign and in the back hall. - A two by four-inch spot of tan paint over a cream-colored wall next to room [ROOM NUMBER]. - room [ROOM NUMBER] had large dark circular staining in the floor wax. - room [ROOM NUMBER] had gouges in the drywall behind where the headboard of the bed would be. - room [ROOM NUMBER] had a large, gouged area in the drywall behind the resident's recliner chair. - room [ROOM NUMBER] around the whole perimeter of the room there was a dark staining of the floor wax extending over a foot around the edge of the room. - In the middle of room [ROOM NUMBER] a row of floor tiles appeared dirty with dark stained wax. <OUTDOOR SPACES> An observation of the Central Courtyard on 05/14/2024 at 1:00 PM, showed overgrown grass blades six to eight inches long with mature dandelions with seed heads. There were weeds throughout the bordered flower beds in the courtyard and in the front entry flowerbeds that were visible from resident rooms. There were cluttered gardening supplies stacked near the service hall doorway, there were coiled hoses and haphazard stacks of pots and tomato cages under trees in the courtyard. In an interview on 05/14/2024 at 1:48 PM, Resident 10 was talking about the grass and plants in the courtyard. The resident stated their room looked out at the courtyard and stated, they are supposed to be cutting it but haven't seen them lately. In an interview on 05/14/2024 at 1:53 PM, Resident 9 (whose room looks out at the courtyard) stated that they have not seen anyone out there and it looks really bad. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 05/13/2024 at 12:18 PM, Staff A, Administrator, stated the facility currently did not have a maintenance person, but that a corporate person was available to assist. In an interview on 05/14/2024 at 2:54 PM, Staff A stated there was an outside company coming in to do maintenance on the floors and they felt there had been some progress being done on the floors. Staff A stated the prior gardener had retired and they were looking for someone else. <NO HOT WATER> In an interview on 05/13/2024 at 2:00 PM, Resident 21 stated they did not get a shower last Saturday due to no hot water was available. In an interview on 05/13/2024 at 2:00 PM, Staff N, Nursing Assistant Certified, stated they didn't have hot water so they weren't providing showers at this time. In an interview on 05/13/2024 at 2:55 PM, Staff A, stated they were still working on fixing the hot water issue. In observations of water temperatures taken in the handwashing sink in the facility kitchen, water temperatures were: -05/14/2024 at 8:18 AM, the water temperature was 61.9 degrees Fahrenheit (F), -05/15/2024 at 8:23 AM, the water temperature ranged between 77 - 97F. This is a repeat citation from a survey dated 02/17/2023. Refer to WAC 388-97-0880

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37890 Based on interview and record review, the facility failed to ensure the Preadmission Screening and Resident Review (PASRR) process (a federal requirement to help ensure that individuals who had a mental disorder or intellectual disabilities were offered the most appropriate setting for their needs [in the community, a nursing facility, or acute care setting]; and received the services they need in those settings), was followed for 2 of 5 sampled residents (Resident 37 and 8) for medication review. Failure to refer Resident 8 for Level II (an in-depth evaluation to determine whether the resident requires specialized rehabilitation services) services as indicated, and implement the Level II recommendations received for Resident 37, placed the residents at risk for not receiving care and services in the most integrated setting appropriate to their needs. Findings included . <RESIDENT 37> Resident 37 admitted [DATE] with diagnoses which included bipolar disorder (a serious mental illness characterized by extreme mood swings) and schizoaffective disorder (a mental disorder in which a person experiences a combination of symptoms of schizophrenia [a disorder characterized by delusions, hallucinations, disorganized thoughts, speech, and behavior] and mood disorder). Review of the May 2024 Medication Administration Records (MAR), showed Resident 37 received an antidepressant medication for a diagnosis of depression, an antipsychotic medication for a diagnosis of schizoaffective disorder with delusions, and an antianxiety medication for a diagnosis of anxiety and for Post Traumatic Stress Disorder. Review of the Level I PASRR (a screening to determine if a resident may have a Serious Mental Illness, Intellectual Disability, or a Related Condition and if positive a Level II PASRR was required), dated 02/26/2024, showed Resident 37 was referred for a Level II assessment related to indicators of Serious Mental Illness (SMI). Review of Resident 37's medical record, showed a two page Notice of Determination from the PASRR evaluator, dated 02/27/2024, showing that the Level II evaluation had been completed and the full report would be sent to the facility within 30 days. Review of Resident 37's record showed no full PASRR Level II report was in the resident's medical record or incorporated into the resident's plan of care. In an interview on 05/14/2024 at 11:07 AM, Staff H, Social Services Director, stated medical records located Resident 37's PASRR Level II report but confirmed it had not previously been scanned into the record or recommendations implemented. 47047 <RESIDENT 8> (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 8 admitted to the facility on [DATE] with diagnoses that included major depressive disorder, anxiety disorder, and hypertension. Review of the May 2024 MAR, showed Resident 8 received an antidepressant medication for a diagnosis of major depression, an antipsychotic medication for a diagnosis of unspecified dementia (was dementia without a type of specific diagnosis) with psychotic disturbance (hallucinations [usually visual], delusions, and delusional misidentifications), and an antianxiety medication for a diagnosis of anxiety disorder. Review of a Level I PASRR form, dated a 03/27/2023, showed Resident 8 was identified with SMI indicators on admission. Review of a fax cover sheet located in Resident 8's Electronic Medical Record, showed the Level I PASRR was forwarded to the Level II PASRR evaluation for review. There was no documentation found in Resident 8's EMR to show a PASRR II had been completed. In a joint interview on 05/14/2024 at 2:58 PM, Staff H, and Staff I, Interim SSD, stated there had been turnover in the social services department which led to a completed Level II PASSR being sent to an invalid email. Staff I stated they were conducting an audit to determine which residents had a Level II PASSR completed with no supporting documentation or evaluation. Refer to WAC 388-97-1915 (1)(2) (a-c)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47104 Based on interview, and record review, the facility failed to fully develop a baseline care plan and/or to provide a written summary of the baseline care plan information that included all of the required elements to 3 of 5 sampled residents (Residents 15, 191, and 37) reviewed for baseline care plans. This failure placed residents at risk of not being informed of their medications, dietary instructions, services, and treatments to be administered, or goals of care, and could lead to unmet care needs. Findings included . <RESIDENT 15> Resident 15 admitted to the facility on [DATE] with diagnoses to include left femur fracture, falls, Alzheimer's (a brain disease that causes impaired memory, thinking, behavior, and language skills), diabetes (DM), and hypertension (HTN [high blood pressure]). Review of Resident 15's current medical record, showed the baseline care plan was incomplete. There was no information regarding: pain, skin conditions or risk factors, fall risk, bladder incontinence, nutrition, Alzheimer's/cognition, DM, or HTN. Review of Resident 15's current medical record, showed no documentation that a written summary of the baseline care plan was given to the resident and/or resident's representative. <RESIDENT 191> Resident 191 admitted to the facility on [DATE] with diagnoses to include multiple fractures, Alzheimer's, dementia (a set of symptoms that over time can affect memory, problem solving, language, and behavior) with agitation, aphasia (a brain disorder that affects speech and/or understanding other people speaking), HTN, and constipation. Review of Resident 191's current medical record, showed the baseline care plan was incomplete. There was no information regarding: pain, fall risk, skin conditions or risk factors, nutrition, incontinence, constipation, Alzheimer's, communication, care refusals, behaviors, HTN, or anti-depressant use. Review of Resident 191's current medical record, showed no documentation that a written summary of the baseline care plan was given to the resident and/or resident's representative. In an interview on 05/14/2024 at 1:46 PM, Staff K, Registered Nurse (RN)/Corporate Nurse, stated the facility was using a checklist for baseline care plans to include the information required. Staff K stated the checklist would be signed by the resident or resident representative at the time it was reviewed. No additional information was provided for resident 15 or 191. 37890 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<RESIDENT 37> Resident 37 admitted [DATE] with diagnoses which included bipolar disorder (a serious mental illness characterized by extreme mood swings) and schizoaffective disorder (a mental disorder which a person experiences a combination of symptoms of schizophrenia [a disorder characterized by delusions, hallucinations, disorganized thoughts, speech, and behavior] and mood disorder). Review of Resident 37's Level 1 (a screening to determine if a resident may have a Serious Mental Illness, Intellectual Disability, or a Related Condition and if positive a Level II PASRR is required), Pre-Admission Screening and Resident Review (PASRR - a federally required screening of all individuals who has both an Intellectual Disability [ID] or Related Condition [RC] and a serious mental illness [SMI] prior to admission to a Medicaid-certified nursing facility or a significant change of condition), dated 02/26/2024 showed the resident was referred for a Level II PASRR (an in-depth evaluation to determine whether the resident requires specialized rehabilitation services) assessment related to indicators or a SMI. Review of Resident 37's current medical record, showed a two page Notice of Determination from the PASRR evaluator, dated 02/27/2024. The Level II evaluation had been completed and the full report would be sent to the facility within 30 days. Review of Resident 37's current medical record, showed no baseline care plan problem related to a pending level II PASRR related to a SMI. In an interview on 05/14/2024 at 2:00 PM, Staff K, stated the facility was using a checklist for baseline care plans to include the information required which included a social services section and PASRR information which had not been completed for Resident 37. Reference (WAC) 388-97-1020 (3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33954 Based on interview, and record review, the facility failed to develop and implement a comprehensive care plan for 1 of 3 residents (Resident 18) reviewed for nutrition. The facility failure to weigh the new resident and to implement orders for daily weights placed residents at risk for unrecognized weight loss or weight gain. Findings included . Resident 18 admitted to the facility on [DATE]. Review of Resident 18's hospital discharge summary, dated 04/03/2024, showed an order for daily weights. Review of Resident 18's weight history from the date of admission to 05/15/2024, showed staff had documented only one weight, on the day of admission, 04/03/2024. In an interview on 05/14/2024 at 11:29 AM, Staff C, Licensed Practical Nurse/Resident Care Manager, stated they don't always get the discharge summaries when residents admit to the facility, so they can't go by that. Staff C stated they didn't review the discharge summaries; they thought another nurse would do that. Staff C stated Resident 18 had been refusing to be weighed. Staff C was unable to provide any documentation they had notified the resident's physician of their refusals to be weighed. This is a repeat citation from surveys dated 02/17/2023 and 06/21/2023 Refer to WAC 388-97-1020 (1)(2)(a)(b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47104 Based on observation, interview, and record review, the facility failed to provide adequate supervision, implement interventions, and update the care plan to prevent accidents/falls for 1 of 1 sampled resident (Resident 31) reviewed for accidents/incidents. This failure caused Resident 31 to have recurrent falls resulting in injury for 5 of 11 falls reviewed, and placed residents at risk for falls, injury, and a decreased quality of life. Findings included . Resident 31 was admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses to include chronic respiratory failure with hypoxia (low blood oxygen levels), severe protein calorie malnutrition(inadequate intake of food, protein, calories, and other essential nutrients), muscle wasting and atrophy of left thigh(decrease in strength of muscles), metabolic encephalopathy (brain disfunction), cognitive communication deficit (difficulty communicating from injury to the brain), and dementia (memory loss). A review of the resident's Quarterly Minimum Data Set (MDS, assessment tool) assessment, dated 04/02/2024, showed Resident 31 had moderate cognitive impairment and needed one-person moderate assistance with transfers and toileting. Review of a form titled, State Reporting Log Form for December 2023 through April 2024, showed Resident 31 had a total of 11 falls during that time frame. Review of the fall care plan, initiated on 09/13/2023, showed Resident 31 was a high risk for falls related to history of falls, their cognitive impairment, does not remember to wait for assist with transfers (self-transfers), decreased awareness for safety, had a gastrostomy tube (G-tube was a surgically placed device used to give direct access to the stomach for supplemental feeding, hydration or medication administration) in place, communication impairment, incontinence, diagnosis of respiratory failure with hypoxia, and a diagnosis of severe chronic obstructive pulmonary disease (COPD a group of diseases that cause airflow blockage and breathing problems). The goal was to minimize risk for falls for Resident 31. Interventions in place prior to the resident's 01/04/2024 fall included: -Be sure the resident's call light was within reach and encourage the resident to use it for assistance as needed, the resident needed prompt response to all requests for assistance, ensure the resident was wearing proper footwear such as non-skid socks or shoes with transfers and mobility, and follow the facility fall protocol, initiated 09/13/2023. -Offer toileting 30-45 minutes after bolus (a large dose of formula administered several times a day) feeding through the G-tube, initiated 09/25/2023 -Sign in room reminding resident to use call light, initiated 09/26/2023. -Left side of bed against the wall for added comfort and increased living space of the resident's room, initiated 12/04/2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident 31's facility investigation, dated 01/04/2024 at 9:20 AM make sure correct date, showed the resident had an unwitnessed fall in their room. The investigative report documented the resident was found sitting on the floor in front of the bedside commode. Resident 31 was unable to state what happened. There were two new skin tears found on the resident's right upper arm. The conclusion showed upon the resident's admission to the facility they were assessed as a risk for falls and a fall care plan was implemented with interventions to prevent falls and injuries. There were no additional interventions implemented after this fall, the resident's self-transferring, and not using the call light were factors. Review of Resident 31's facility investigation, dated 01/07/2024 at 2:45 PM, showed the resident was found seated in front of their recliner in their room. The conclusion showed upon admission to the facility the resident was assessed a fall risk, and a fall care plan was implemented with interventions to decrease opportunities for falls and injuries. The summary of the investigation did not address the resident's impulsivity to get up unassisted or if they used the call light prior to the fall. There were no additional interventions implemented after this fall to prevent further falls. Review of Resident 31's facility investigation, dated 01/09/2024 at 2:55 PM, showed the resident was found on the floor in front of their recliner. The resident stated, I tried to get myself up and put myself on the floor. The conclusion showed upon admission to the facility the resident was assessed as a risk to falls and a fall care plan was implemented with interventions to prevent falls and injuries. There was no evidence the facility implemented new interventions to prevent further falls. Review of Resident 31's facility investigation, dated 01/16/2024 at 3:57 PM, showed the resident had an unwitnessed fall and was found lying on the floor holding their head, and their legs extended. Resident 31 sustained a skin tear to their right elbow. Resident 31 reported they tried to walk themselves to the bathroom. The facility concluded the resident was assessed to be a fall risk upon admission, and a fall care plan was implemented to prevent falls and injuries. The facility concluded the resident was assessed to be a fall risk upon admission, and a fall care plan was implemented to prevent falls and injuries. The conclusion of the investigation did not address the resident's impulsivity to get up unassisted, the need to use the bathroom, or if they used their call light. There were no additional interventions implemented after this fall to prevent further falls. Review of Resident 31's facility investigation, dated 02/14/2024 at 10:00 PM, showed the resident had an unwitnessed fall and was found lying on their back in the middle of the room facing the door. The resident stated, I fell while standing up. The conclusion showed the resident was educated on using the call light for assistance and safety which had been implemented on 09/13/2023. No additional intervention initiated to prevent further falls. Review of Resident 31's facility investigation, dated 02/18/2024 at 2:45 PM. showed the resident had an unwitnessed fall in their room and was found lying on the floor by the heater with their head against the wall. The resident was unable to state what happened. Resident 31 sustained a bump to the back of their head. The conclusion showed the resident was educated on using call light for assistance, implemented on 09/13/2023, and safety. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident 31's facility investigation, dated 03/06/2024 at 1:40 PM, showed the resident had an unwitnessed fall and was found sitting on the floor next to their recliner with their back against the wall. Resident 31 stated they got up to open their window and fell . Resident 31 sustained skin tears to their right forearm and index finger. The conclusion showed the resident was re-educated to their call light, an intervention in place since 09/13/2023. No other interventions were put in place to prevent further falls and injuries. Review of Resident 31's facility investigation, dated 04/04/2024 at 4:00 PM, showed the resident had a fall in their bedroom while attempting to transfer from the bedside commode to their recliner. A Certified Nursing Assistant (CNA) was present in the room at the time of the fall. Resident 31 stated they wanted to lay down. Resident 31 sustained a bump to the back of their head. Review of the care plan showed no new interventions. Review of Resident 31's facility investigation, dated 04/04/2024 at 5:25 PM, showed the resident had an unwitnessed fall and was found lying on the floor on their back with their feet toward the bed and their head toward the bathroom. Resident 31 stated they tried to get to the bathroom. Resident 31 sustained bruising to right scapula (the shoulder blade), right forearm, sacrum (the lower back) area, and two skin tears to their right elbow. The conclusion of the investigation showed Geri-sleeves added to the care plan to reduce the risk of injury as further falls were expected. There were no other fall interventions implemented to prevent further falls. Review of Resident 31's facility investigation dated 04/22/2024 at 3:05 PM, showed the resident had an unwitnessed fall in their room. The resident was found lying on the floor. The resident stated they reached for their walker and fell from the recliner. The resident sustained a skin tear to their left elbow. The care plan was updated for the CNA to offer to take the resident to the bathroom three to four times during their shift while the resident was awake. Review of a facility investigation, dated 04/24/2024 at 10:00 AM, showed Resident 31 had an unwitnessed fall and was found lying on the floor on their left side next to their recliner with their head on the base of the over-the-bed table. The conclusion showed upon admission the resident was assessed as a risk for falls and a fall care plan was implemented with interventions to attempt to reduce falls and minimize injury. The facility added Dysem (a non-slip material) added to recliner to reduce slipping. Review of a Health Status progress note dated 01/09/2024 at 3:55 PM, showed Resident 31's bed was placed in the lowest position, and a floor mat placed. Review of Resident 31's care plan, printed on 05/10/2024, showed: -No intervention of Dysem to added to the recliner's seat to reduce slipping. -Right side fall mat to prevent injuries should fall occur initiated on 05/02/2024. In an observation on 05/09/2024 at 2:47 PM, Resident 31 was lying in bed, the bed was observed against the left side of the wall on the left side, a fall mat on the floor of the right side of the bed. A cloth incontinent pad was observed in the resident's recliner. A sign to remind Resident 31 to use the call light was not observed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an observation on 05/10/2024 at 8:39 AM, Resident 31 was sitting on a cloth incontinent pad in their recliner, and the call light was in their reach. The bed was observed against the wall on the left side, fall mat on the floor of the right side of the bed. A sign to remind Resident 31 to use the call light was not observed. Observations on 05/13/2024 at 8:11 AM, and 11:00 AM, Resident 31 was observed sitting on a cloth incontinent pad in their recliner, their call light was within reach, the bed against the wall and fall mat on the floor of the right side of the bed. A sign to remind Resident 31 to use the call light was not observed. In an observation on 05/13/2024 at 1:45 PM, Resident 31 was observed lying in bed, the bed was against the wall, a fall mat was on the floor next to bed, and their call light was in reach. A sign to remind Resident 31 to use the call light was not observed. In an observation 05/14/2024 at 8:10 AM, Resident 31 was observed sitting on a cloth incontinent pad in their recliner. Bed against the wall and fall mat against the wall next to the bathroom door. In an observation on 05/15/2024 at 11:27 AM, Resident 31 was observed sitting on a cloth incontinent pad in their recliner, reading a book. Their bed was against the wall and fall mat was on the right side of the bed on the floor. A sign to remind Resident 31 to use the call light was not observed. In an interview on 05/15/2024 at 11:57 AM, Staff C, Licensed Practical Nurse/Resident Care Manager, stated fall interventions were on the care plan and Kardex (a system that gives information about the resident). Staff C stated after a resident had a fall, interventions would be initiated, and the care plan would be updated. Staff C stated care planned interventions would be added to the Kardex and reported during shift change. In an interview on 05/15/2024 at 12:05 PM, Staff B, Registered Nurse (RN)/Director of Nursing Services, stated Resident 31 has had many falls and the goal was to keep the resident's environment as safe as possible. Staff B stated Resident 31 had fall interventions on the care plan. Staff B stated they did not initiate new interventions for any of the 11 falls because the resident chooses to self-transfer. When asked if there was a reason fall interventions had not been initiated, no further information was provided. In a joint interview on 05/16/2024 at 9:24 AM, with Staff B, and Staff K, RN/Corporate Nurse, Staff B stated a risk and benefits for falls had not been reviewed or documented for Resident 31. Staff B stated Resident 31's falls have resulted in skin tears and bruising; the resident did not have a serious injury. Staff K stated fall interventions for Resident 31 were in place and appropriate. In an interview on 05/16/2024 at 9:34 AM, Staff A, Administrator, stated they had not reviewed the resident's multiple falls during the facility's Quality Assurance and Performance Improvement (QAPI) meeting. Reference WAC 388-97-1060 (3)(g) Reference WAC 388-97-1060 (3)(g)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47104 Based on observation, interview and record review, the facility failed to ensure cleanliness of respiratory care tubing equipment for three of five sampled residents (Residents 31, 33, and 141) reviewed. Failure to replace oxygen administration equipment or nebulized medication equipment placed residents at risk for using soiled equipment and for acquiring infections. Findings included . <RESIDENT 31> Resident 31 was admitted to the facility on [DATE], re-admission on 04/01/2024, with diagnoses to include chronic respiratory failure with hypoxia (low blood O2 levels), and chronic obstructive pulmonary disease (COPD) [a disease that blocks air flow and makes it difficult to breathe]. Review of the Resident 31's physician orders showed O2 therapy continuously through a nasal cannula (NC, tubing that delivers oxygen into the nose through prongs) and aerosol breathing treatments daily via nebulizer (aerosolizes medications) machine. There were no orders to change O2 tubing, change nebulizer tubing, or cleaning/replacing of nebulizer mask. Review of Resident 31's Medication Administration Record (MAR) and Treatment Administration Record (TAR) dated April 2024 showed no documentation for changing O2 tubing, nebulizer tubing or cleaning/replacement of nebulizer mask. Review of Resident 31's Medication Administration Record (MAR) and Treatment Administration Record (TAR) dated 05/01/2024 through 05/09/2024, showed no documentation for changing O2 tubing, nebulizer tubing or cleaning/replacement of nebulizer mask. In an observation on 05/09/24 at 2:47 PM, Resident 31 was observed lying in bed receiving O2 through a NC at 2 liter/minute (l/m). A nebulizer machine with a mask and tubing attached was on the resident's nightstand. There was no date observed on the O2 or nebulizer tubing. In an observation on 05/10/24 at 8:39 AM, Resident 31 was observed sitting in their recliner receiving O2 via nasal canula at 2L. A nebulizer machine with a mask and tubing attached was observed on the resident's nightstand. There was no date observed on the O2 or nebulizer tubing. In an observation on 05/13/2024 at 1:45 PM, Resident 31 was observed lying in bed receiving O2 through a NC at 3 l/m. A nebulizer machine with a mask and tubing attached was on the nightstand. There was no dated observed on the O2 or nebulizer tubing. In an interview and observation on 05/13/24 at 2:33 PM, Staff C, Licensed Practical Nurse/ Resident Care Manager, stated O2 tubing, and nebulizer tubing was changed on Sundays on night shift. Staff C stated they do not know if tubing was dated when changed. Staff C stated Resident 31 did not have orders for changing O2 tubing, nebulizer tubing or for cleaning/replacement of nebulizer mask. During an observation Staff C stated there was not a date on the O2 or nebulizer tubing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<RESIDENT 33> Resident 33 was admitted to the facility on [DATE] with diagnoses to include hypertensive heart disease with heart failure (high blood pressure that effects the heart), and congestive heart failure (CHF), [a condition where the heart does not pump enough blood]. According to the quarterly MDS dated [DATE], Resident 33 had moderate cognitive impairment. Review of the Resident 33's physician orders showed the resident received aerosol breathing treatments twice daily and every six hours as needed (PRN) via nebulizer machine. There were no orders to change nebulizer tubing, or cleaning/replacing of nebulizer mouthpiece. In an interview and observation on 05/09/24 at 9:43 AM, Resident 33 stated they use O2 sometimes and had breathing treatments. An O2 concentrator, not in use, was observed in the resident's room and the O2 tubing was coiled on their bed. A nebulizer machine was observed on the nightstand with tubing and a mouthpiece attached. There was no date observed on the O2 or nebulizer tubing. In an interview and observation on 05/13/2024 at 2:33 PM, Staff C stated the resident did not have orders for changing O2 tubing, nebulizer tubing or for cleaning/replacement of the nebulizer mouthpiece. During an observation Staff C stated there was not a date on the O2 or nebulizer tubing. <RESIDENT 141> Resident 141 was admitted to the facility on [DATE] with diagnoses to include CHF, COPD, and respiratory failure. In an observation on 05/15/24 at 1:17 PM, an O2 concentrator with NC attached was observed next to Resident 141's bed and was not in use. A nebulizer machine with a mouthpiece and tubing attached was observed on the resident's nightstand. The O2 and nebulizer tubing were not dated. Review of Resident 141's physician orders did not show orders for changing O2 or nebulizer tubing or cleaning/replacement of the nebulizer mouthpiece. Review Resident 141's April 2024 MAR and TAR showed no documentation that the O2 tubing, and nebulizer tubing had been changed, or cleaning/replacement of the nebulizer mouthpiece. During a joint interview and record review on 05/15/2024 at 2:46 PM, with Staff K, Consulting Nurse, and Staff B, Registered Nurse/ Director of Nursing, Staff B stated O2 tubing was changed weekly on the night shift by the nurse. Staff B stated residents had orders to change O2 and nebulizer tubing and to clean nebulizer masks and mouthpieces, including residents with PRN orders. Staff B stated tubing is was not dated when changed, it is was documented on the TAR. Staff B stated Resident 33 was not using O2 and the O2 concentrator would be removed from the resident's room. Staff K stated Residents 7 and 141 did not have orders to change O2 and nebulizer tubing. Staff B stated nebulizer masks and mouthpieces should be cleaned. No further information was provided. During an interview 05/14/2024 at 12:22 PM, Staff B stated the facility did not have a policy for O2 or Nebulizers. No further information was provided. Reference (WAC) 388-97-1060 (3)(j)(vi)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. 37890 Based on interview and record review, the facility failed to complete required annual performance evaluations for 3 of 3 Certified Nursing Assistants (CNAs) (Staff E, F, G), who had been employed at the facility greater than one year. Failure to complete annual performance evaluations, and ensure staff members had met yearly performance and competency requirements, placed residents at risk for dimished quality of care. Findings included . Staff E, CNA, was hired 01/04/2013. Review of Staff E's requested employee file information showed no Annual performance review was provided for the prior year. Staff F, CNA, was hired 06/09/2020. Review of Staff F's requested employee file information showed no Annual performance review was provided for the prior year. Staff G, CNA, was hired 12/06/2021. Review of Staff G's requested employee file information showed no Annual performance review was provided for the prior year. In an interview on 05/14/2024 at 9:20 AM, Staff A, Administrator, stated the annual performance evaluations were not done. Refer to WAC 388-97-1680 (2)(a-c)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47047 Based on interview, and record review, the facility failed to ensure 1 of 5 residents (Resident 8) were free from unnecessary psychotropic medications (drugs that affect brain activities associated with mental processes and behavior) as required. The facility failed to ensure consents were obtained and the resident received gradual dose reductions. These failures placed the residents at risk for medication-related complications and for receiving unnecessary psychotropic medication. Findings included . <RESIDENT 8> Resident 8 readmitted to the facility on [DATE] with diagnoses that included major depressive disorder, unspecified dementia (was dementia without a type of specific diagnosis) with psychotic disturbance (hallucinations [usually visual], delusions, and delusional misidentifications), anxiety disorder, and hypertension. Review of the March 2024 Medication Administration Records (MAR), showed Resident 8 received an antidepressant medication (bupropion) for a diagnosis of major depression, an antipsychotic medication (quetiapine) for a diagnosis of unspecified dementia with psychotic disturbance, and an antianxiety medication (diazepam) for a diagnosis of anxiety disorder. Review of Resident 8's Electronic Medical Record (EMR), showed no consent for the use of the antianxiety medication prescribed. Review of Resident 8's care plan, dated 07/11/2022, showed on 12/05/2023 a gradual dose reduction (GDR is the stepwise tapering of a dose to determine if symptoms, conditions, or risks can be managed by a lower dose or if the dose or medication can be discontinued) was declined by the provider for use of quetiapine and bupropion as the GDR would likely result in impairment of function or increased distressed behavior to the resident. Review of Resident 8's progress notes, dated 03/01/2023 through 05/15/2024, showed no history of a GDR being conducted for the use of quetiapine or bupropion. The progress notes did not contain any documented instances of Resident 8 experiencing hallucinations. Review of progress notes from the mental health nurse practitioner, dated 04/16/2024 and 04/30/2024, showed Resident 8 had not experienced hallucinations during the physical examination. Review of the monthly medication reviews (MMR), dated 04/30/2024, showed Resident 8 had been prescribed an increase in quetiapine on 08/16/2022 at the request of the resident's representative to treat hallucinations. The resident's bupropion was increased on 12/12/2023. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In a joint interview on 05/14/2024 at 2:58 PM, Staff H, Director of Social Services (SSD) and Staff I, Interim SSD, stated there had been turnover in the social services department which led to audits being initiated. Staff I stated they completed an audit of residents who were taking psychotropic medications. Staff I stated the audit was reviewed in an interdisciplinary meeting (IDT) to review for potential GDR's. Staff I stated monthly IDT meetings would occur moving forward to discuss and review GDR's. In an interview on 05/15/2024 at 12:10 PM Staff C, Licensed Practical Nurse (LPN)/Resident Care Manager (RCM), stated the process for GDR's included pharmacy reviews/recommendations that were provided to the resident's provider for review. When asked when the last GDR was completed for Resident 8, Staff C stated there was a note on 12/23/2023 from the provider indicating a GDR was declined and the resident took the lowest effective dose of their psychotropic medications. Staff C stated the process for obtaining consents consisted of printing out a consent form that had all the risks to the medications and provided it to the resident or their representative. Staff C stated the medication would not be administered until a consent was obtained. This is a repeat citation from survey dated 02/17/2023. Refer to WAC 388-97-0300((3)(a-b), and Refer to WAC 388-97-1060 (3)(k)(I)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33954 Based on observation, and interview, the facility failed to store medications in a safe place for 1 of 1 resident (Resident 18) reviewed who had medications stored in their room. This failure placed residents at risk for receiving compromised or ineffective medications and for having unintended access to drugs that should have been securely stored. Findings included . Resident 18 admitted to the facility on [DATE]. In an observation/interview on 05/09/2024 at 1:46 PM, observed Lantus (a type of insulin) and Humalog (a type of insulin) pens being stored in a basin on Resident 18's windowsill in their room. Resident 18 stated those insulins had been there since the previous Friday. In an observation/interview on 05/09/2024 at 4:22 PM, Staff B, Registered Nurse/Director of Nursing Services, was observed removing the insulins from Resident 18's room, they were unable to provide any information why the medications were being stored in the resident's room. Refer to WAC 388-97-1300 (2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 33954 Based on observation, interview, and record review, the facility failed to ensure food was stored, prepared, and served under sanitary conditions in 1 of 1 facility kitchens. The failure to ensure they had hot water in the kitchen handwashing sink, to use safe procedures for cooling foods to be re-used at a later meal, to use safe dishwashing procedures, and to do hand hygiene after cleaning counters and before dishing up foods placed residents at risk for foodborne illnesses. Findings included . In an observation and interview on 05/13/2024 at 9:20 AM, the kitchen handwashing sink water was lukewarm to touch. Staff Q, Dietary Manager, stated the hot water repairmen were onsite and they would have the hot water fixed soon. In an interview on 05/13/2024 at 10:07 AM, Staff Q stated they did not have a process for cooling foods to be re-used at a later meal. Staff Q stated when they cooled foods for re-use, they cooled them in a 2-inch-deep pan at room temperature, then later they would put the foods in the refrigerator to finish cooling, but they had no process for checking the food temperature to ensure they were cooled within an appropriate amount of time. In an observation on 05/13/2024 at 10:07 AM, Staff R, Dietary Aide, was observed washing and putting away dishes, they were not observed to do hand hygiene when going between the dirty and clean sides of the dishwashing process. In an interview on 05/13/2024 at 10:23 AM, Staff Q stated the dishwasher should be doing hand hygiene between the dirty and clean loads of dishes, and right now since the hot water was not hot, they should also be wearing clean gloves to put away dishes. In an observation on 05/13/2024 at 12:36 PM, Staff S, Dietary Aide, was observed cleaning the steamtable counters with a rag they had wet in a sanitizer bucket, then after cleaning the counters, they started to plate more food without doing hand hygiene. In an interview on 05/13/2024 at 12:36 PM, Staff Q told Staff S to wash their hands, Staff S told Staff Q they just did. Staff Q asked if they had done hand hygiene after cleaning the counters, Staff S was observed to state they didn't think of that. In an observation on 05/14/2024 at 8:18 AM, the water temperature in the kitchen handwashing sink was 61. 9 degrees Fahrenheit (F). In an observation on 05/14/2024 at 1:50 PM, the water temperature in the kitchen handwashing sink was 60. 1 F. In an observation on 05/15/2024 at 8:23 AM, the water temperature in the kitchen handwashing sink fluctuated between 77F - 97F. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an observation on 05/16/2024 at 8:05 AM, the water temperature in the kitchen handwashing sink was 97.4F. In an interview on 05/16/2024 at 9:34 AM, Staff A, Administrator, stated the plumbers were still working on the hot water issue. Refer to WAC 388-97-1100 (3) and -2980

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50725 Based on observation, interview, and record review, the facility failed to ensure clinical records were complete and accurate for 1 of 4 residents (Resident 21) reviewed for skin conditions. The failure to ensure clinical records were complete and accurate placed residents at risk for unmet needs. Findings included . Resident 21 admitted to the facility on [DATE]. According to the Annual Minimum Data Set (an assessment tool) assessment, dated 04/17/2024, the resident was cognitively intact. Resident 21 had a diagnosis of atrial fibrillation (an irregular heart rhythm) that required a blood thinner medication. In an observation on 05/09/2024 at 11:59 AM, Resident 21's feet and lower legs were observed have scattered bruising in various stages of healing. Review of Resident 21's weekly skin assessments, dated 05/04/2024 and 05/11/2024, showed no documentation of any bruising. Review of the Treatment Administration Record from 05/01/2024 through 05/14/2024, showed staff were to monitor Resident 21 for any adverse effects of the blood thinner medication to include monitoring for bruising three times a day. Staff were to document negative (-) for no bruising and positive (+) for bruising. The licensed staff had documented check marks. In an interview on 05/14/2024 at 11:40 AM, Resident 21 stated they did not recall how they got the bruises. In an interview on 05/14/2024 at 2:04 PM, Staff C, Licensed Practical Nurse/Resident Care Manager, stated they could not answer why the staff that did the skin assessment did not document the bruises, but it should have been documented and monitored. In an interview on 05/15/2024 at 2:50 PM, Staff P, Registered Nurse, was asked regarding a check mark used (and not the + or -) to monitor adverse effects of a blood thinner medication. Staff P provided no further information. Refer to WAC 388-97-1720 (1) (a) (i) (ii) (2) (d)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33954 Based on observation and interview, the facility failed to use adequate infection control practices for 1 of 1 residents (Resident 18) observed for wound incontinent care and wound cares. Staff failed to change gloves and perform necessary hand hygiene during the cares which resulted in contamination of the resident's bedding, clothing, and the light pull cord. Staff also failed to use good principles of infection control when they wiped the resident's groin during incontinent cares, then while still wearing the same contaminated gloves wiped the rash in the resident's abdominal folds. These failures placed residents at risk of communicable diseases and/or healthcare associated diseases, and diminished quality of life. Findings included . Resident 18 admitted to the facility on [DATE]. In an observation of incontinent care on 05/13/2024 at 11:39 AM, Staff N, Nursing Assistant Certified (NAC), and Staff O, NAC, provided Resident 18 incontinent care. Staff N was observed to wipe Resident 18's groin, then while wearing the same contaminated gloves, Staff N was observed to wipe the resident's abdominal folds under their abdomen which had a rash from side to side. In an observation of incontinent and wound care on 05/13/2024 at 11:57 AM, Staff N performed incontinent care, and assisted Staff P, Registered Nurse (RN), with changing Resident 18's wound dressing. At the start of the procedure, Staff N, with gloved hands, cleaned the resident's groin with wipes, then without removing their contaminated gloves, Staff N assisted Staff P and was observed to touch the resident's clean brief, their gown, the bedding, and the resident's call light pull cord while wearing the same contaminated gloves. In an interview on 05/13/2024 at 2:14 PM, Staff J, RN/Infection Prevention and Control Nurse, was asked if staff observed above had used appropriate procedures, they stated staff had not used proper procedure when they wiped the resident's groin then immediately wiped the resident's abdominal fold rash. Staff J stated they did a pericare (washing the genitals and anal areas) inservice recently, and they would have to hit that hard again and staff needed more auditing, inservicing and education. This is a repeat citation from a survey dated 02/17/2023 and 12/13/2023. Refer to WAC 388-97-1320 (1)(a)(c)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505098	A. Building B. Wing	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shuksan Healthcare Center	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)
F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 37890 Based on record review, and interview, the facility failed to ensure 3 of 5 Certified Nursing Assistants (CNAs) (Staff E, F, G), reviewed for training, had the required 12 hours per year of in-service education and the required annual dementia training. This failure placed residents at risk of less than competent care and services from staff. Findings included . Staff E, CNA, was hired on 01/04/2013. Review of their employee file showed they did not have the required 12 hours of in-service education for the prior year. Staff F, CNA, was hired on 06/09/2020. Review of their employee file showed they did not have the required 12 hours of in-service education or the required dementia training for the prior year. Staff G, CNA, was hired on 12/06/2021. Review of their employee file showed they did not have the required 12 hours of in-service education or the required dementia training for the prior year. In an interview on 05/14/2024 at 9:20 AM, Staff A, Administrator, stated the facility training program had changed and there were challenges retrieving some of the older training records. Staff A stated they had not done dementia training for a while and did not have tracking of 12 hours of in-service education for all requested staff. Refer to WAC 388-97-1680 (2)(a-c)