

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/20/2025
NAME OF PROVIDER OR SUPPLIER  Highland Health and Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE  2400 Samish Way Bellingham, WA 98229	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37035</p> <p>Based on interview and record review the facility failed to ensure 1 of 1 resident (Resident 1) who had a history of hypersexuality, and inappropriate touching was sufficiently supervised resulted in a resident-to-resident sexual contact. This failed practice placed Resident 1 and Resident 2 at risk of diminished quality of life.</p> <p>Findings included .</p> <p>Review of the American Parkinson Disease Association at <a href="https://www.apdaparkinson.org/article/impulsive-compulsive-behaviors-in-parkinsons-disease">https://www.apdaparkinson.org/article/impulsive-compulsive-behaviors-in-parkinsons-disease</a> dated 02/27/2024 showed the side effects of dopamine agonists (stimulate the parts of the brain influenced by dopamine) included Impulse control disorders (ICD) is a set of behavioral abnormalities in which a person is unable to control urges or compulsions. Compulsivity can manifest in many ways, including hyper-sexuality. Compulsivity can be displayed in any activity including work, hobbies, or exercise, so it is important to consider whether the extent that the activity is being conducted is impairing quality of life. It is important to address these behaviors as soon as possible with the health care team, as early intervention can lead to improved results.</p> <p>Resident 1 was admitted to the facility on [DATE] with diagnoses to include Parkinson's disease, dementia with other behavioral disturbances, psychotic disorder with hallucinations, anxiety and major depression.</p> <p>Review of Resident 1's current care plan showed the following focus problems and interventions:</p> <p>Inappropriate Behaviors: The resident had a potential to exhibit hypersexuality, inappropriate sexual comments, groping, sexual request, inappropriate touching, initiated on 05/12/2022.</p> <p>* Intervene as necessary to protect the rights and safety of others. Approach/Speak in a calm manner. Divert attention. Remove from situation and take to alternate location as needed, initiated on 05/12/2022.</p> <p>* Minimize potential disruptive behaviors by offering tasks or activity of choice which would divert Resident 1's attention, initiated on 05/12/2022.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 1's December 2024, Medication Administration Record (MAR), Treatment Administration Record (TAR) and Behavior Monitor Record, showed the following:</p> <ul style="list-style-type: none"> <li>- Amantadine medication twice daily for Parkinson's Disease which has dopamine agonist properties</li> <li>- Carbidopa-Levodopa medication four times daily for Parkinson's Disease</li> <li>- Parkinson's disease behavior monitors three times daily and as needed for 1) inappropriate sexual comments, 2) groping, and 3) sexual request.</li> </ul> <p>No behaviors were documented for the month of December 2024.</p> <p>Review of Resident 1's December 2024, Documentation Survey Report (Nursing Assistant Certified (NAC) documentation), showed a monitor for the number of episodes of sexually inappropriate behaviors or comments. Resident 1 had seven documented episodes on the evening shift (2:00 PM to 10:00 PM) on 12/02/2024, 12/07/2024, 12/15/2024, 12/16/2024, 12/17/2024, 12/23/2024 and 12/31/2024.</p> <p>Review of the December 2024, nursing progress notes showed no documentation of Resident 1's sexually inappropriate behaviors on 12/02/2024, 12/07/2024, 12/15/2024, 12/16/2024, 12/17/2024, 12/23/2024 or 12/31/2024.</p> <p>Review of Resident 1's January 2025, MAR, TAR and Behavior Monitor Record, showed the following:</p> <ul style="list-style-type: none"> <li>- Amantadine medication twice daily for Parkinson's Disease which has dopamine agonist properties</li> <li>- Carbidopa-Levodopa medication (has known hypersexuality side effects) four times daily for Parkinson's Disease</li> <li>- Parkinson's disease behavior monitors three times daily and as needed for 1) inappropriate sexual comments, 2) groping, and 3) sexual request.</li> </ul> <p>No behaviors were documented for the month.</p> <p>Review of Resident 1's January 2025, Documentation Survey Report showed a monitor for the number of episodes of sexually inappropriate behavior or comments. Resident 1 had five documented episodes on the evening shift (2:00 PM to 10:00 PM) on 01/05/2025, 01/06/2025, 01/08/2025, 01/25/2025, and 01/26/2025.</p> <p>Review of the January 2025, nursing progress notes showed no documentation of Resident 1's sexually inappropriate behaviors on 01/05/2025, 01/06/2025, 01/08/2025, 01/25/2025, and 01/26/2025.</p> <p>Review of Resident 1's 02/01/2025 - 02/20/2025, MAR, TAR Behavior Monitor Record, showed the following:</p> <ul style="list-style-type: none"> <li>- Amantadine medication twice daily for Parkinson's Disease which has dopamine agonist properties</li> <li>- Carbidopa-Levodopa medication four times daily for Parkinson's Disease</li> </ul> <p>(continued on next page)</p>		

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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>- Parkinson's disease behavior monitors three times daily and as needed for 1) inappropriate sexual comments, 2) groping, and 3) sexual request.</p> <p>No behaviors were documented from 02/01/2025 - 02/20/2025.</p> <p>Review of Resident 1's Documentation Survey Report from 02/01/2025 - 02/20/2025, showed a monitor to document for the number of episodes of sexually inappropriate behavior or comments. Resident 1 had one documented episode on the evening shift, on 02/10/2025, from 2:00 PM to 10:00 PM.</p> <p>Review of a facility incident report investigation for Resident 1 dated 02/09/2025, showed a NAC had reported something was going on in the activity room. The LN stated they witnessed Resident 1 holding hands and kissing a resident on the lips several times. The female resident was leaning into Resident 1 and kissing Resident 1 back.</p> <p>Review of a witness statement dated 02/09/2025, showed Staff A, NAC documented in the past they had witnessed Resident 1 holding hands with and attempting to kiss another resident, Resident 3. The residents were separated and kept an eye on each resident to make sure it would not happen again.</p> <p>Review of Resident 2's nursing progress note dated 02/09/2025 at 12:38 PM, showed the NAC reported something was going on in the activity room. The LN witnessed Resident 1 holding hands and kissing Resident 2 on the lips several times. Resident 2 was leaning into Resident 1 and kissing them back. The LN intervened by providing separation of the residents and educating Resident 1 they could not kiss Resident 2 as they had dementia and was unable to consent.</p> <p>Review of Resident 1's nursing progress notes dated 02/10/2025, at 9:44 AM, showed a NAC notified the Licensed Nurse to look in the activity room. Upon inspection the LN observed Resident 1 kissing a female resident (Resident 2) multiple times on the lips and holding hands. Resident 2 had a diagnosis of dementia. Resident 1 had asked why they could not kiss Resident 2 as Resident 2 had initiated the contact. The LN separated the residents and educated Resident 1 they could not kiss Resident 2 as they had dementia, and they were unable to consent to the sexual touch. (The nursing progress note did not denote as a late entry)</p> <p>Review of the in-service staff training dated 02/12/2025, showed staff were to maintain line of sight when Resident 1 and Resident 2 were in the same vicinity and to redirect Resident 1 and Resident 2 when observed interacting in a physical contact manner.</p> <p>In an interview on 02/19/2025 at 12:35 PM, Resident 2 was sitting in the dining room and motioned the surveyor over. Resident 2 asked the surveyor if they were going to do anything with this and gestured with their arms to the dining room. Resident 2 proceeded to state they worked there and had to walk to work. Resident 2 stated they had made friends with the people they worked with there and knew most of them and they were good people.</p> <p>In an interview on 02/19/2025 at 1:47 PM, Staff A, NAC, stated in the past there had been a few times Resident 3 touched Resident 1 where they had to keep an eye on them. Staff A stated if a resident needed enhanced supervision, it would be in the resident's care plan, Kardex, or they could ask the nurse or nurse manager.</p> <p>(continued on next page)</p>		

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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>In a phone interview on 02/19/2025 at 2:22 PM, Staff B, NAC, stated Resident 2 and Resident 1 were in the TV room on 02/09/2025. Staff B stated they saw Resident 1 and Resident 2 kissing through the window to the TV room when they were walking down the hallway and reported the incident to the nurse.</p> <p>In an interview on 02/19/2025 at 2:28 PM, Staff C, Registered Nurse (RN), stated they recalled on 02/09/2025, one of the NACs came by the nurses' station and stated to look in the TV room. Staff C stated they saw Resident 1 and Resident 2 kissing. Staff C stated that was the first time they had seen resident to resident contact between Resident 1 and Resident 2 .</p> <p>In a phone interview on 02/19/2025 at 2:38 PM, Staff D, RN, stated on 02/09/2025, a NAC had come up to them and said to look in the TV room. Staff D stated they saw Resident 2 leaning into Resident 1 and Resident 1 was kissing Resident 2 several times. Staff D stated they then separated the residents. Staff D stated they had seen Resident 1 and Resident 3 friendly in the past, holding hands and nursing would intervene as Resident 3 would lean in and motion a puckered kiss with their lips.</p> <p>In an interview on 02/19/2025 at 4:01 PM, Resident 1 was sitting in their recliner in their room. Resident 1 stated Resident 2 had leaned forward when they were in the TV room, and they had leaned away from Resident 2 but then leaned toward Resident 2 and kissed them. Resident 1 stated they were unaware Resident 2 had dementia .</p> <p>In an interview on 02/20/2025 at 1:23 PM, Staff E, NAC, stated the residents' behavioral interventions were on the residents' Kardex and in the MDS binder. Staff E stated the Point of Care (the NACs electronic documentation program) dashboard would notify them if a resident had any new alerts or changes in conditions.</p> <p>In an interview on 02/20/2025 at 1:47 PM, Staff F, NAC, stated the residents' behavioral interventions were on the Kardex where they could chart specific interventions that worked well with the residents. Staff F stated they try to make it not so obvious, but they would distract Resident 1 by offering to go watch a movie, offer snacks, black tea, or redirect the resident back to their room.</p> <p>In an interview on 02/20/2025 at 1:58 PM Staff G, Licensed Practical Nurse (LPN)/ Resident Care Manager, stated the staff should redirect Resident 1 if they saw them by a female resident.</p> <p>In an interview on 02/20/2025 at 2:36 PM, Staff H, LPN, stated if there was a situation where Resident 1 was with another resident, particularly a female resident, you would make sure not to leave the residents alone but would have staff there to redirect if needed.</p> <p>In an interview on 02/20/2025 at 3:22 PM, Staff I, RN/ Chief Nursing Officer, stated the staff should have Resident 1 in their line of sight. Staff I confirmed Resident 1 should be supervised when around female residents after reviewing the resident's care planned focus problem for inappropriate behaviors with potential to exhibit hypersexuality, inappropriate sexual comments, groping, sexual request, and inappropriate touching dated 05/18/2022.</p> <p>Reference WAC 388-97-1060 (3)</p>		