

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  07/30/2024
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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33954</b></p> <p>Based on interview and record review, the facility failed to ensure residents had access to Saturday mail deliveries for 2 of 6 sampled residents (Residents 27 and 2) reviewed for mail delivery. The failure to ensure residents had access to Saturday mail services placed them at risk for isolation, frustration and diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility policy titled Resident Rights, dated 10/15/2022, showed residents have a communication right of private and unrestricted communication that includes the right to receive, send and mail sealed, unopened correspondence.</p> <p>&lt;RESIDENT 27&gt;</p> <p>Resident 27 admitted to the facility on [DATE]. According to the quarterly Minimum Data Set (MDS - an assessment tool) assessment, dated 06/24/2024, the resident had moderate cognitive impairment.</p> <p>In an interview on 07/29/2024 at 10:00 AM, Resident 27 stated they had received an email on Saturday that mail had been delivered by the postal service, but no one goes and gets the mail so they couldn't have that mail on Saturday, and they had to wait.</p> <p>&lt;RESIDENT 2&gt;</p> <p>Resident 2 admitted to the facility on [DATE]. According to the quarterly MDS, dated [DATE], the resident had no cognitive impairment.</p> <p>In an interview on 07/29/2024 at 10:00 AM, Resident 2 stated the postal service brings the mail into the building on Saturdays, but it's not distributed to residents until Mondays.</p> <p>In an interview on 07/29/2024 at 11:27 AM, Staff M, Business Office, confirmed that mail was not passed out on the weekends.</p> <p>In an interview on 07/29/2024 at 11:32 AM, Staff N, Hospitality Aide, stated they retrieve the mail from the box on the weekends, and they place it in Staff M's box until Monday.</p> <p>Refer to WAC 388-97-0500 (1)</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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36787</b></p> <p>Based on observation, interview and record review, the facility failed to ensure the Resident Assessment Instrument (RAI), an assessment of a resident's needs, strengths, goals, and preferences, included thorough summaries of the Care Area Assessments (CAA), an assessment of a specific resident care or medical issue, to holistically analyze the plan of care for 3 of 4 residents (4, 9, and 33) reviewed for comprehensive assessments. This failure placed the residents at risk of not having appropriate services provided based on the resident's individualized needs.</p> <p>Findings included .</p> <p>The RAI consists of three basic components: the Minimum Data Set (MDS - a resident assessment tool) assessment, the CAA process, and the RAI Utilization Guidelines (instructions for when and how to use the RAI that include instruction for completion of the RAI as well as structured frameworks for synthesizing the MDS and other clinical information).</p> <p>The CAA process was designed to assist the assessor to systematically interpret the information recorded on the MDS. Once a care area has been triggered, nursing home providers use current, evidence-based clinical resources to conduct an assessment of the potential problem and determine whether or not to care plan for it. The CAA process helps the clinician to focus on key issues identified during the assessment process so that decisions as to whether and how to intervene can be explored with the resident.</p> <p>&lt;RESIDENT 4&gt;</p> <p>Resident 4 admitted to the facility on [DATE] with diagnoses to include schizophrenia (a mental health condition that impairs how one thinks, feels or behaves), dementia (a mental disorder in which a person loses the ability to think, remember, learn, make decisions, and solve problems), anxiety and major depressive disorder. The resident had significant cognitive impairment.</p> <p>Review of the significant change MDS assessment, dated 02/13/2024, showed the CAAs did not contain input from the resident's representative on actual or potential problems or needs. The cognitive loss/dementia, behavioral symptoms, mood state and psychotropic (medications that affect mood, behavior or thoughts) drug use CAAs did not contain a comprehensive assessment of the resident's needs, strengths, goals, life history or preferences.</p> <p>&lt;RESIDENT 9&gt;</p> <p>Resident 9 admitted to the facility on [DATE] with diagnoses to include dementia and delusional disorder and depression. The resident had significant cognitive impairment.</p> <p>Review of the Annual MDS assessment, dated 10/21/2023, showed the CAAs did not contain input from the resident's representative on actual or potential problems or needs. The cognitive loss/dementia, and psychotropic drug use CAAs did not contain a comprehensive assessment of the resident's needs, strengths, goals, life history or preferences.</p> <p>(continued on next page)</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 07/30/2024 at 11:30 AM, Staff F, Registered Nurse (RN)/ MDS nurse said they completed the MDS assessments remotely with telephone input from the nursing staff at the facility. Staff F said they tried to address the CAA triggers then plug the information from the CAA into the care plan using the RAI manual as their reference. Staff F said that Staff E, Social Services was responsible to complete the mood, behavioral symptom and cognitive loss/dementia CAA's. Staff F said they completed the psychotropic CAA's. Staff F said at times they will add items to Staff E's CAA's or sometimes they just add everything from each triggered area into to the ADL CAA . Staff F said they were aware they should document Refer to the ADL CAA for specifics on each referred CAA.</p> <p>In an interview on 07/30/2024 at 12:06 PM, Staff E, Social Services, said they were responsible to complete the CAA sections C (cognitive patterns), D (Mood), E (Behavior) and Q (participation in assessment and goal planning of resident or responsible party). Staff E said in the past, the MDS nurse worked in the facility, in person and completed the entire MDS and CAA's but now that the MDS nurse worked remote, they (Staff E) were responsible for certain sections. Staff E said they will document to the residents BIMS score (tool to determine cognitive status) for the dementia cognitive loss CAA. Staff E said they did not document to current status, strengths, goals or medications for cognitive loss/dementia, mood state or behavioral symptoms. Staff E said they did not include detailed information about the triggered areas but would do so moving forward.</p> <p>In an interview on 07/30/2024 at 12:24 PM, Staff A, Director of Nursing Services said they were unaware of CAA issues until yesterday.</p> <p>42927</p> <p>&lt;RESIDENT 33&gt;</p> <p>Resident 33 admitted to the facility on [DATE].</p> <p>During an interview on 07/25/2024 at 1:54 PM, Resident 33 reported they were unable to wear their upper denture as it did not fit. Resident 33 stated the facility had not done anything to assist them with their dental issue.</p> <p>Review of a Clinical Evaluation Admission Assessment, dated 05/10/2024, showed Resident 33 had an upper partial denture that did not fit.</p> <p>Review of Resident 33's care plan on 07/29/2024, showed a Focus area, dated 05/10/2024, that the resident did not wear their upper partial denture because it did not fit. The intervention showed staff were to coordinate arrangements for dental care.</p> <p>Review of the admission MDS dental section, dated 05/16/2024, showed the question for loose dentures was not marked for Resident 33, hence the Dental CAA was not triggered and not completed.</p> <p>During an interview/record review on 07/29/2024 at 2:33 PM, Staff B, RN/Clinical Resource, stated the MDS for Resident 33 was not coded correctly and that they would have the staff modify the document.</p> <p>Refer to WAC 388-97-1000 (1)(b)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36787</p> <p>Based on observation, interview and record review, the facility failed to ensure professional standards were met for 2 of 2 halls (North and South) reviewed for medication administration, and 1 of 1 (Resident 27) residents reviewed for physician consultations. The facility failed to ensure that the paper medication administration record (MAR) had the physician orders printed clear and complete to allow for licensed staff to properly administer the prescribed medications during an internet outage where the licensed staff were unable to access the electronic medication administration records (eMAR). The facility failed to ensure the licensed staff followed a physician order, and failed to obtain a specialist referral that was ordered by the physician. These failures placed the residents at risk for adverse outcomes, medication errors, complications, and unmet needs.</p> <p>Findings included .</p> <p>Review of the facility policy titled, Medication Management, revised 10/15/2022 stated medications are administered by staff as prescribed by the attending physicians or other licensed independent practitioner . licensed staff who administer medications are responsible for staying proficient in administering medication following evidenced-based practice guidelines . physician's orders are clear, legible, and transcribed appropriately.</p> <p>&lt;MEDICATION ADMINISTRATION&gt;</p> <p>NORTH HALL - RESIDENT 13</p> <p>In an observation on 07/30/2024 at 8:50 AM, Staff D, Licensed Practical Nurse (LPN) and Staff J, Resident Care Manager were both working to pass medications on the North Hall. Staff D flipped through the Medication Administration Record (MAR) binder and Staff J would look at the orders before punching the medications out of the card. Staff D said that they had an internet issue and had to resort to printed out MAR's instead of an electronic medical record (EMR). Staff D said whoever printed out the MAR's printed them, but it cut off the first letters of each medication.</p> <p>At 8:55 AM Staff J dispensed Miralax 17 GM (gram) in a glass of water. Review of the MAR showed the medication Lax powder Miralax 17 GM in 8 oz (ounce) water. Staff J dispensed Spironolactone 25 MG (milligram) when the MAR indicated onolactone 25 MG to be given. Staff J administered Iptropium Bromide Monohydrate 18 micrograms (MCG), the MAR showed opium Bromide Monohydrate Similar observations were Vitamin C card as min C, Xaban for Apixaban, Sate Sodium for Docusate sodium, gabalin for Pregabalin, bicort for Symbicort, and Sorbide for Isosorbide.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>At 9:00 AM, Staff J and D reviewed the MAR which read Semide 60 MG Staff J located a card that showed the medication Torsemide. This surveyor asked how they knew the medication was Torsemide and not Furosemide. Staff G, LPN/IP (infection preventionist) was present at the medication cart and said, Well the Torsemide card says it was for CHF (congestive heart failure). Staff G said the facility knew there was going to be a scheduled EMR outage so they printed the MARS yesterday but whoever printed them, printed them incorrectly so the first few letters were absent. Staff D and G said the MARS were only incorrectly printed for Resident 13. Staff G said the person who printed the MARS should have set up the printer as print to screen so the entire medication orders were clear. Staff G said there were not physician orders printed for them to verify the orders. Staff G said they understood the accuracy of the MARS should have been verified before they were put out for the nurses. Torsemide 60 MG was dispensed and administered to Resident 13 with the only means of verifying the order as the pharmacy card.</p> <p>In an interview on 07/30/2024 at 12:28 PM, Staff A, Director of Nursing Services and Staff B, Resource Nurse were informed of the concerns with Resident 13's med pass this AM. Staff A did not know there was an issue with the nurses not knowing how to correctly print out MARS. Staff A said medical records printed them out but did not select the box for print to page. Staff A and B said they would in-service the nurses on being able to print MARS. They were not aware this issue until today.</p> <p>44110</p> <p>NORTH HALL - RESIDENT 10</p> <p>Resident 10 admitted to the facility on [DATE] with diagnoses to include cancer of the pancreas, and dementia. The quarterly minimum data set (an assessment tool) (MDS) dated [DATE] showed the resident had severe cognitive impairment.</p> <p>In an interview on 07/30/2024 at 8:26 AM, Staff D, Licensed Practical Nurse (LPN) stated their internet was down and they were unable to access the EMAR system. Staff D stated that the facility had printed out the medication administration record (MAR) on paper for them to conduct their morning medication pass. Staff D stated the physician orders were hard to read and they had to keep flipping the papers back and forth as the copies were not in order.</p> <p>Review of the printed MAR on 07/30/2024 that Staff D had referred to showed that the first few letters of all the orders were cut off and missing. All the orders were missing various parts of physician orders such as: the medication names, the route, the dose, the duration, directions or reason for use.</p> <p>In a joint interview/record review on 07/30/2024 at 8:30 AM, Staff D used printed MARs to prepare Resident 10's medications. The MARs had multiple medications that were not printed in their entirety and showed the following:</p> <p>- casone propionate nasal 50 micrograms of actuation (mcg/act) - Staff D stated that the medication was Fluticasone Propionate Nasal Suspension (medication to treat allergies) 50 mcg/act and presented bottle with the resident's name on the label,</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- iple vitamin-minerals tablet one tab by mouth one time a day - Staff D stated that the medication was Resident 10's multivitamin with minerals and presented a bottle of house supply medication matching this name,</p> <p>- ium oral table 2 mg zepam) 0.5 tab by mouth on time a day for a neuroendocrine cancer - Staff D stated that the medication was diazepam (valium) (medication used to treat anxiety) and presented bubble medication pack with the resident's name on the label,</p> <p>- nna oral tablet 8.6 milligrams (mg) by mouth one-time as for constipation hold for loose ols, - Staff D stated that the medication was the resident's senna (stool softener) 8.6 mg and presented house supply medication matching this name,</p> <p>- oprolol tartrate oral tablet 50 (metoprolol tartrate) 25mg by mouth two times a related to essential imary) hypertension, - Staff D stated that the medication was Resident 10's metoprolol (medication for high blood pressure) for their blood pressure and presented bubble medication pack with the resident's name on the label,</p> <p>- atoprazole sodium oral tablet yed release 40 mg atoprazole sodium) 40 mg by mouth two times a related to storintestinal morrhade, unspecified, - Staff D stated that the medication was pantoprazole (medication for stomach acid reflux) 40 mg and presented bubble medication pack with Resident 10's name on the label,</p> <p>- taminophen oral table 325 (acetaminophen) 650 mg by mouth three times related to malignant oplasm of pancreas, - Staff D stated that the medication was Tylenol (pain medication) and presented house medication bottle of Tylenol,</p> <p>- bapentine oral capsule 100 mg bapentin)100 mg by mouth three times for pain - Staff D stated that the medication was Resident 10's gabapentin (medication for nerve pain) 100 mg capsule and presented bubble medication pack with the resident's name on the label,</p> <p>- [NAME] aspart flex pen cutaneous solution pen ctor 100 unit per milliliter (ml) (insulin as per sliding scale -69 = 0 units, - 99 = 0 units, 0 - 150 = 0 units, - 200 = 2 units, - 300 = 4 units, - 400 = 6 units, - 999 = 6 units recheck in 2 rs and notify provider if -450 - Staff D stated that the medication was Resident 10's insulin (medication injected into skin to manage blood sugar levels) pen and presented the insulin pen in a bag with the resident's name on the label,</p> <p>- etiapine fumarate oral tablet mg (quetiapine fumarate) 50 mg by mouth three times a related to malignant oplasm of pancreas - Staff D stated that the medication was Resident 10's Seroquel (medication that manages psychosis) and presented bubble medication pack with the resident's name on the label.</p> <p>In an observation on 07/30/2024 at 8:40 AM, Staff D was observed to administer the prepared medications to Resident 10.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 07/30/2024 at 9:59 AM, Staff D stated that they were now able to use the internet and were accessing the eMAR system for medication administration. Staff D was asked for copies of the printed MAR from the previous observed medication administration, and stated they were available in the binder next to the medication cart. Staff D stated they had not signed off on all the medications yet, they would need to go back and do that, stating they were just trying to get the medication pass done.</p> <p>SOUTH HALL - RESIDENT 9</p> <p>In an observation on 07/30/2024 at 8:45 AM, Staff L, RN and Staff G, LPN, SDC/IP were passing medications on the South unit. The MARs on this unit had similar findings that showed the beginning letters of the medications missing for each resident's medication orders.</p> <p>&lt;PHYSICIAN ORDERS&gt;</p> <p>RESIDENT 27</p> <p>Resident 27 admitted to the facility on [DATE] with diagnoses to include diabetes (medical condition in which the body doesn't use insulin properly), and protein calorie malnutrition. The quarterly MDS dated [DATE] showed the resident had intact cognition.</p> <p>In an interview on 07/25/2024 at 9:45 AM, Resident 27 stated that they have had a lot of episodes of diarrhea, and that they have talked to the nurse and the physician, but no one has done anything about it.</p> <p>Review of Resident 27's bowel monitoring record for 07/01/2024 - 07/30/2024 showed the resident had loose stool eleven times.</p> <p>Review of Resident 27's physician notes on 07/29/2024, showed the physician noted that the resident was having increased chronic diarrhea (loose stools), loperamide (anti-diarrheal medication) was advised to be administered, and there was an order to refer the resident to a gastrointestinal (GI) specialist.</p> <p>Review of Resident 27's physician orders showed an order for loperamide 2 mg, give one tab by mouth as needed for diarrhea and not to exceed 16mg in a 24-hour period.</p> <p>Review of Resident 27's MAR for 07/01/2024 - 07/30/2024 showed the resident had been administered the medication Loperamide, 17 times in the month of July.</p> <p>Review of Resident 27's medical record on 07/29/2024 showed documentation that the resident had been seen by a GI physician related to the chronic diarrhea.</p> <p>In an interview on 07/30/2024 at 10:37 AM, Staff K, LPN/Resident Care Manager (RCM) stated they believed Resident 27's diarrhea and loose stools were related to the medications that they were taking for their diabetes. Staff K was asked if there had ever been a GI consult completed, as the physician had noted that in their provider note on 05/29/2024. Staff K stated they were unaware of any consultation orders and would follow up.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 07/30/2024 at 10:57 AM, Staff A, DNS stated they were aware that the resident was having diarrhea and/or loose stools. Staff A stated they had contributed the diarrhea/loose stools to Resident 27 ordering and having take-out food delivered. Staff A stated they were not aware that the provider had ordered a consult for a GI referral in May 2024.</p> <p>In a follow up interview on 07/30/2024 at 11:34 AM, Staff K stated they were able to locate the order and stated it had not been completed as ordered.</p> <p>In a joint interview on 07/30/2024 at 12:09 PM Staff A, DNS and Staff B Clinical Resource Nurse/Registered Nurse (RN), Staff A stated that the expectation when the internet or power was out was that medical records would print off the MARs from the emergency backup, for the licensed staff to administer medications and follow the physician orders. Staff A stated that they originally had printed MARs for the staff the day before (07/29/2024), as there was a schedule eMAR outage that was to occur from 11:30 PM (07/29/2024) - 1:30 AM (07/30/2024). Staff A stated the outage was to only be for a few hours, however the internet went down so they used the same printed MAR they had printed out on 07/29/2024. Staff A stated they were not aware that the printed MAR that was given to the licensed staff did not have the full orders and the copies were cut off and missing various parts of the physician orders including parts of the names of the medications, the route, the dose, the duration, directions or reason for use. Staff A stated there was no other way to confirm the physician orders were accurate, and that staff should not have used the pharmacy labels to verify the orders. Staff B stated the physician orders should have been clear, accurate, up to date, and there should have been a system in place to verify the orders.</p> <p>Refer to WAC 388-97-1620(1)(2)(b)(i)(ii)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33954</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident with an indwelling urinary catheter (a hollow, partially flexible tube that collects urine from the bladder and leads to a drainage bag) received appropriate treatment and services to prevent catheter-associated urinary tract infections (CAUTIs) for 1 of 1 sampled resident (Resident 3) reviewed for indwelling urinary catheter care/management. The facility failed to develop individualized plans for the prevention of CAUTIs including developing individualized, specific clinical indications for changing the catheters and/or catheter bags and to avoid routine irrigation/accessing of the closed catheter system. These failures placed residents with indwelling urinary catheters at an increased risk for UTI's and associated complications.</p> <p>Findings included .</p> <p>Review of the Centers for Disease Control (CDC), Guidelines for Prevention of Catheter-Associated Urinary Tract Infections, 2009, showed the following: Changing indwelling catheters or drainage bags at routine, fixed intervals are not recommended. Rather, it is suggested to change catheters and drainage bags based on clinical indications such as infection, obstruction, or when the closed system is compromised.</p> <p>Review of a facility policy titled Indwelling Catheters, dated 04/12/2022, showed care and treatment were to be provided to reduce catheter associated complications such as a urinary tract infection. The policy indicated that the ongoing care protocols adhere to professional standards of practice and infection prevention and control procedures. The policy also indicated infection control is followed in the care of indwelling catheters and a sterile, closed drainage system is maintained, to avoid routine catheter irrigation, and to avoid routinely changing indwelling catheters and drainage bags at set intervals but change as necessary or unless specified by a physician's order for a specified medical reason.</p> <p>Resident 3 readmitted to the facility on [DATE] after a hospitalization from [DATE] - 03/01/2024 for a urinary tract infection (UTI) secondary to a chronic suprapubic catheter (a catheter that is surgically connected between the urinary bladder and the lower abdominal skin and is used to drain urine from bladder in individuals with obstruction of urinary flow). According to the quarterly Minimum Data Set (MDS - an assessment tool) assessment, dated 06/30/2024, the resident had no cognitive impairment. The resident also had a diagnosis of a neuromuscular dysfunction of the bladder.</p> <p>Review of a hospital Discharge Summary, dated 03/01/2024, showed Resident 3 had discharge diagnoses to include a UTI secondary to a chronic suprapubic catheter.</p> <p>In an observation on 07/25/2024 at 11:37 AM, Resident 3 had an indwelling urinary catheter that was connected via a tube to a urine collection bag, the urine was dark yellow and had sediment (matter that settles in the bottom of a liquid) and hazy urine in the tubing.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Highland Health and Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE  2400 Samish Way Bellingham, WA 98229	
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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 3's July 2024 Medication Administration Records (MAR) /Treatment Administration Records (TAR) showed an order dated 06/21/2024 to change the suprapubic catheter monthly on the 21st of every month, and a nurse had signed off they had changed the catheter on 07/21/2024. There was also an order dated 11/05/2022 to flush the catheter with 60 cubic centimeters (cc) of saline every Monday, Wednesday, and Friday, and nurses had initialed they had flushed the resident's catheter 13 times from 07/01/2024 - 07/29/2024.</p> <p>Review of a progress note for Resident 3, dated 07/21/2024, showed no clinical indications were documented necessitating the catheter change on 07/21/2024. There was also no documentation a nurse had clarified the order for a catheter change in the absence of clinical indications.</p> <p>In an interview on 07/30/2024 at 10:59 AM, Staff B, Registered Nurse/Clinical Resource, was asked about the orders for monthly routine catheter changes and three times weekly saline flushes, Staff B stated they saw those orders and changed them yesterday, stating we shouldn't have been doing that.</p> <p>In an interview on 07/30/2024 at 11:07 AM, Resident 3 stated no, that staff had not informed them that routinely changing and accessing their catheter increased the risk of them getting a urinary tract infection.</p> <p>Refer to WAC 388-97-1060 (1)(3)(c)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>44110</p> <p>Based on interview and record review, the facility failed to ensure Nursing Assistants Certified (NACs) had the appropriate competencies, skills sets and proficiencies to provide nursing and related services for each resident in accordance with the facility assessment when nursing staff failed to demonstrate the knowledge, skills and abilities to perform nursing services for 5 of 5 sampled staff (Staff H, I, Q, R, and S) reviewed for competent nursing staff. This failure placed residents at risk for unmet care needs and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility policy titled, Employee Orientation, dated 11/28/2017 stated that the facility will validate nurse aide's competency in skills and techniques.</p> <p>Review of the facility assessment under the title Sufficiency analysis summary, dated 07/26/2023-07/25/2024, for resident population stated that education was provided through the orientation process, monthly competencies, and annual skills fairs. Monitoring of competencies was accomplished through senior leader rounding, mentoring program, return demonstration during monthly skills check, and staff coaching (mentorship program).</p> <p>Staff H, NAC, was hired by the facility on 02/22/2017. Staff H's training records did not include documentation they were assessed to be competent to provide nursing services to the facility's resident population.</p> <p>Staff I, NAC was hired by the facility on 08/04/2023. Staff H's training records did not include documentation they were assessed to be competent to provide nursing services to the facility's resident population.</p> <p>Staff Q, NAC was hired by the facility on 01/10/2023. Staff H's training records did not include documentation they were assessed to be competent to provide nursing services to the facility's resident population.</p> <p>Staff R, NAC was hired by the facility on 11/10/2021. Staff H's training records did not include documentation they were assessed to be competent to provide nursing services to the facility's resident population.</p> <p>Staff S, NAC was hired by the facility on 11/11/2022. Staff H's training records did not include documentation they were assessed to be competent to provide nursing services to the facility's resident population.</p> <p>In an interview on 07/26/2024 at 1:24 PM, Staff B, Registered Nurse/Clinical Resource Nurse stated the facility had not been completing competencies for their staff and they were unable to locate competencies for the five staff requested.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 07/30/2024 at 12:09 PM, Staff A, Director of Nursing Services stated that the Infection preventionist/Staff Development Coordinator role was responsible for completing competencies for all nursing staff. No further information was provided.</p> <p>Refer to WAC 388-97-1680(2)(a)(b)(i-ii)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50725</b></p> <p>Based on interview and record review, the facility failed to ensure residents remained free of unnecessary drugs for 1 of 5 sampled residents (Resident 10) reviewed for unnecessary drugs and for 1 of 1 resident (Resident 3) reviewed for bowel medications. The facility failed to provide nonpharmacological interventions for pain prior to giving as needed (PRN) pain medications and they failed to follow hold orders for bowel medications which resulted in the residents receiving unnecessary pain and bowel medications and placed them at risk for adverse medication-related side effects and a diminished quality of life.</p> <p>Findings included .</p> <p>&lt;RESIDENT 10&gt;</p> <p>Resident 10 admitted to the facility on [DATE] with diagnoses to include cancer of the pancreas and malignant neuroendocrine tumors (cancerous tumors that forms from cells that release hormones into the blood in response to a signal from the nervous system). According to the quarterly Minimum Data Set (MDS - an assessment tool) assessment dated [DATE], the resident had severe cognitive impairment.</p> <p>On 07/30/2024, a review of Resident 10's current care plan showed a focus area dated 05/24/2023 for chronic pain related to precordial (the area of the chest wall covering the heart) pain. One of the listed interventions on the eMAR (electronic Medication Administration Record) initiated on 03/05/2024 stated, non-pharmacological interventions attempted prior to PRN (as needed) pain medication administration. 1=Reposition; 2=Reduced stimuli; 3=Warm towel/ice; 4=Relaxation techniques; 5=Distraction; 6=Music; 7=Massage; 8=Other (document in progress notes) R=Refusal.</p> <p>Review of Resident 10's MAR for July 1 - 30, 2024, showed an order for Morphine Sulfate (Concentrate) Oral Solution 100 MG/5ML (Morphine Sulfate), give 0.1 ml (milliliter) by mouth every 1 hours as needed for moderate to severe pain (6-10) or SOB (shortness of breath). Review of the record showed this medication was given four times and with no documentation of attempts at nonpharmacological interventions. Review of the June 1 -30, 2024, MAR showed six doses of the as needed Morphine 0.1 ml were given and there was no documentation of any attempts at non-pharmacological interventions.</p> <p>In an interview on 07/30/2024 at 10:42 AM, Staff C, Licensed Practical Nurse/Resident Care Manager (LPN/RCM), stated Resident 10 can sometimes verbalize pain and other times they observe the resident's facial expressions and behaviors. Staff C stated they would try and attempt to reposition them or distract them with TV or music and if that did not work then they gave the resident their as needed pain medication. Staff C stated they would document the non-pharmacological interventions in the MAR or in a progress note.</p> <p>In an interview on 07/30/2024 at 10:53 AM, Staff D, LPN, stated when Resident 10 was in pain, they start with non-pharmacological approaches like music, TV, repositioning or giving the resident their stuffed animals, and if those do not work, then they would give the resident as needed pain medication. Staff D stated they document the non-pharmacological interventions in the MAR.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>33954</p> <p>&lt;RESIDENT 3&gt;</p> <p>Resident 3 most recently admitted to the facility on [DATE] and had diagnoses to include irritable bowel syndrome (IBS - an intestinal disorder) with diarrhea. According to the quarterly MDS, dated [DATE], they had no cognitive impairment.</p> <p>In an interview on 07/25/2024 at 11:39 AM, Resident 3 stated they had a lot of diarrhea two or three times a week, and they didn't know what it was from.</p> <p>Review of Resident 3's bowel function documentation from 07/01/2024 - 07/29/2024 showed they had bowel movements that were water, no solid pieces, and entirely liquid on 26 shifts.</p> <p>Review of Resident 3's MARs from 07/01/2024 - 07/29/2024 showed facility nurses continued to administer scheduled Senna tablets (medication used to treat constipation) daily (29 doses) though the Senna order indicated to hold for loose stools. Facility nurses also continued to administer Docusate Sodium (medication used to treat constipation) twice daily (56 doses) though the order indicated to hold for loose stools.</p> <p>In an interview on 07/29/2024 at 12:29 PM, Staff C, LPN/RCM, stated the nurses should have held the medications because the order indicated to hold the medications for loose stools.</p> <p>In an interview on 07/30/2024 at 11:07 AM, Resident 3 stated they did not know nurses had been giving them medications that were ordered to be held for loose stools.</p> <p>Refer to WAC 388-97-1060 (3)(k)(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 - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33954</p> <p>Based on interview and record review, the facility failed to maintain complete and accurate clinical records for 1 of 4 sampled residents (Resident 3) reviewed for urinary catheter care and services. The failure to consistently document urinary catheter output per the resident's orders placed the resident at risk for hydration issues, unmet care needs, and diminished quality of life.</p> <p>Findings included .</p> <p>Resident 3 readmitted to the facility on [DATE] after hospitalization for a urinary tract infection (UTI) secondary to a chronic suprapubic catheter (a catheter that is surgically connected between the urinary bladder and the lower abdominal skin and is used to drain urine from bladder in individuals with obstruction of urinary flow). According to the quarterly Minimum Data Set (MDS - an assessment tool) assessment, dated 06/30/2024, the resident had no cognitive impairment. The resident also had a diagnosis of a neuromuscular dysfunction of the bladder (occurs when nervous system is damaged, preventing the bladder's muscles and nerves from working together properly).</p> <p>Review of Resident 3's July 2024 Treatment Administration Records (TARs) showed an order dated 07/12/2024 to measure and record the indwelling catheter urinary output every shift for hydration. The TARs showed from 07/14/2024 - 07/25/2024 there was no documentation of urinary output for six shifts.</p> <p>In an interview on 07/29/2024 at 1:01 PM, Staff C, Licensed Practical Nurse/Resident Care Manager, was unable to provide any information about the six shifts with no documented catheter urinary output, they stated they would have to look into it, no additional information was provided.</p> <p>Refer to WAC 388-97-1720 (1)(a)(i - iv)(b)</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>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 2 nurses (Staff D, Licensed Practical Nurse) during medication administration, for 1 of 1 laundry room, and failed to review and revise their infection control program annually. The facility failed to ensure the staff followed appropriate infection control practices during medication administration when the licensed staff did not use a barrier during medication administration or perform hand hygiene prior to administering medications. The facility failed to have a system in place where the staff were knowledgeable, trained and able to initiate appropriate processes for the handling of potential contaminated linens to prevent cross contamination. These failures placed all residents and staff at risk for potential infection.</p> <p>Finding included .</p> <p>Review of the facility policy titled, Infection Prevention and Control Program, revised 10/15/2022 stated the infection control prevention and control program was designed and implemented to identify and reduce the risk of acquiring and transmitting infections among residents, and staff. It was to maintain a safe and sanitary environment that involves all departments .the program will be reviewed at least annually and revise the infection control risk assessment when opportunities for improvement are identified . develop staff training and protocols to prevent the spread of infection.</p> <p>Review of the facility policy titled, Medication Management, revised 10/15/2022, stated authorized staff follows appropriate infection control practices when preparing and administering medications such as hand hygiene, and the use of barriers are utilized to promote infection prevention practices.</p> <p>&lt;MEDICATION ADMINISTRATION&gt;</p> <p>In an observation on 07/30/2024 at 8:28 AM, Staff D, Licensed Practical Nurse (LPN) entered the room of Resident 10 and placed an insulin (medication injected into the skin to regulate blood sugar levels) pen on the resident's bed on top of their blanket that was covering their body. Staff D then placed the nasal spray bottle and medication cup on top of the over the bed table next to the resident's food tray, no barriers were used. Staff D then administered the medications that were in the medication cup by placing medication cup at the resident's mouth and pouring in the pills with a bare hand, no hand hygiene was observed. Staff D then placed the medication cup back on the over the bed table and with a bare hand picked up the nasal spray and applied one squirt of medication spray into each nostril, placed the bottle back on the over the bed table, no hand hygiene was observed. Staff D then placed a pair of gloves on their hands, no hand hygiene was observed, lifted the shirt of the resident to expose their stomach, grabbed the insulin pen from the bed, wiped the skin with alcohol wipe and administered the injectable medication. Staff D then walked into the resident's bathroom, removed needle cap and disposed in an appropriate disposal bin, removed their gloves, no hand hygiene was performed. Staff D retrieved nasal spray from the over bed table and walked out of the room. Staff D walked to the medication cart placed nasal spray bottle and insulin pen on top of the medication cart, then performed hand hygiene.</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 07/30/2024 at 8:34 AM, Staff D was asked if they were supposed to use a barrier when entering a resident's room with medications. Staff D stated I didn't use one, I forgot, and I should have. Staff D was asked about hand hygiene and stated they did when they left the room. Staff D did not offer any further information.</p> <p>&lt;LAUNDRY PROCESSING&gt;</p> <p>In an observation and interview on 07/30/2024 at 9:13 AM, Staff O, housekeeping attendant was observed to answer the door with sign that read soiled linen. Staff O was wearing an isolation gown and gloves. Staff O stated they were sorting and loading dirty linen. Staff O stated they used the soiled linen door side to enter the laundry room. Upon entering the door, the door was unable to open all the way as there were sorting bins behind and in front of the door. The flooring in the laundry room was observed to have numerous brown stains, and missing pieces of linoleum on the floor. The washing machines were observed to have thick dust and debris on top and the sides of the machines. Staff O stated they tried to periodically wipe the machines down when they had time, they stated there was no set time or procedure for wiping the machines down. Staff O was asked if they wiped the machines down between loads, and Staff O stated that was not what they were educated to do. The marked area for clean linen was very small area. The table where the clean linen was to be folded had only about 18-inch area to work in, as there was a large pile of clothes laying on top of most of the table. There were two laundry baskets full of clothes and linens, one basket was up against the clean linen door. Staff O stated, I don't really have any room in here, and all the piles of clothes are unlabeled, and they must find somewhere to put them.</p> <p>In an interview on 07/30/2024 at 10:38 AM, Staff P, Housekeeping Manager was asked what the process was for clean and disinfecting the washing machines between loads. Staff P stated they were not aware of any procedure. Staff P stated they were just promoted to the role of manager less than a month ago and had not had any training on infection control prevention policies and procedures for ensuring there was no cross contamination of infections through the washing process.</p> <p>&lt;INFECTION CONTROL STANDARDS&gt;</p> <p>Review of the facility policies and procedures for infection prevention and control on 07/26/2024 showed that all the policies and procedures requested had not been revised since October of 2022.</p> <p>In an interview on 07/30/2024 at 10:13 AM, Staff G, LPN/Infection Preventionist stated they were responsible for educating the staff on infection control practices at the facility. Staff G stated the expectation for licensed staff during medication administration was they should be performing hand hygiene appropriately, and always use a barrier for all items taken into the room to administer medications. Staff G stated they had not conducted any risk assessment or review of the infection control practices in the facility.</p> <p>In an interview on 07/30/2024 at 11:03 AM, Staff B, Registered Nurse (RN)/Clinical Resource Nurse stated they were trying to locate a risk assessment and review of the infection control practices. Staff B stated if they did not locate one, more than likely they did not have one. Staff B was unable to locate any information.</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 07/30/2024 at 12:09 PM, Staff A, Director of Nursing Services stated that the expectation for all licensed staff performing medication administration was they were to use a barrier for all items brought into the resident's room. Staff A stated they were unaware that Staff P had not had any training for their new position as housekeeping manager, and that Staff P was unaware of the infection control practices related to laundry and processing of linens. Staff A was unaware that the infection control program and risk assessment of the facility had not been completed annually. Staff A stated Staff G was responsible for managing the infection control program and overseeing that all staff are educated and demonstrating proper infection control practices.</p> <p>Refer to WAC 388-97-1320(1)(a)(c)(2)(b)(3)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44110</p> <p>Based on interview and record review, the facility failed to ensure the infection prevention and control Antibiotic Stewardship Program (ASP, a system-wide implementation of measures for monitoring/tracking of antibiotics along with reducing the risk of unnecessary antibiotic use) was implemented for one of two residents (Resident 3). This failure increased the resident's risk for development of multidrug-resistant organisms (a bacteria that are resistant to many antibiotics) along with the potential for unidentified nursing care trends that identify risk related to infection prevention. This failure had the potential for adverse outcomes associated with unnecessary or inappropriate antibiotic use and a decrease in quality of life for all facility residents.</p> <p>Findings included .</p> <p>Review of the facility policy titled, Antibiotic Stewardship, revised 10/15/2022, stated the facility's infection preventionist utilizes microbiologic, clinical symptoms and radiological findings to confirm clinical evidence of infection .validates the infection meets the definition of an active infection .coordinates facility-wide monitoring and prevention of healthcare-associated infections and audits, analyzes and reports data associated with microbiology culture results.</p> <p><b>RESIDENT 3</b></p> <p>Resident 3 readmitted to the facility on [DATE] after a hospitalization from [DATE] - 03/01/2024 for a urinary tract infection (UTI) secondary to a chronic suprapubic catheter (a catheter that was surgically connected between the urinary bladder and the lower abdominal skin and was used to drain urine from bladder in individuals with obstruction of urinary flow). The quarterly Minimum Data Set (MDS - an assessment tool) assessment, dated 06/30/2024, showed the resident had no cognitive impairment. The resident also had a diagnosis of a neuromuscular dysfunction of the bladder (nervous system damage, preventing the nerves and muscles of the urinary system from working together properly).</p> <p>Review of Resident 3's hospital discharge summary, dated 03/01/2024, stated the final discharge diagnoses to include a UTI secondary to a chronic suprapubic catheter.</p> <p>Review of Resident 3's discharge physician orders, dated 03/01/2024, stated the resident had been prescribed amoxicillin-clavulanate (an antibiotic medication) 875-125 milligrams (mg). The order read to take one tablet, twice a day for five days.</p> <p>Review of Resident 3's electronic medication administration record for March 2024 showed the resident was administered the amoxicillin-clavulanate medication and received all doses ordered from 03/01/2024 - 03/06/2024.</p> <p>Review of Resident 3's medical record showed no clinical indication for the use of the antibiotic. The medical record had no laboratory or culture results related to an infection. There were no analysis of the resident's antibiotic orders, and no validation for the use of the antibiotic to confirm a true active infection.</p> <p>(continued on next page)</p>		

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  07/30/2024
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.			
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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 07/30/2024 at 10:13 AM, Staff G, LPN/Infection Preventionist stated they are responsible for follow up with the provider to ensure proper usage and indication for antibiotics in the facility. Staff G stated if a resident was sent to the emergency room , and they returned with an order for antibiotics the process would be for them to confirm the laboratory testing and culture were completed to confirm proper indication for usage of the antibiotic. Staff G stated they would then provide the in-house provider with all the documentation, and the provider would determine if the antibiotic was appropriate or not. Staff G was asked to provide that documentation and analysis for Resident 3's antibiotic use for their 03/01/2024 visit to the emergency department. Staff G stated they were unable to locate any documentation that showed the provider and the infection preventionist had review the Resident 3's antibiotic usage, or that it was validated as indicated.</p> <p>In an interview on 07/30/2024 at 12:09 PM, Staff A, Director of Nursing Services stated they were unaware that Resident 3's prescribed antibiotic was not reviewed for proper indication of use. Staff A stated ultimately the resident care manager and the infection preventionist are responsible for ensuring the providers are contacted when a new medication has been ordered after a resident returns from the hospital.</p> <p>REFERENCE: WAC 388-97-1320(1)(a)(2)(a-c)</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>36787</p> <p>Based on record review and interview, the facility failed to develop, implement and maintain an in-service training program to ensure 2 of 2 Nursing Assistants (Staff H and I) reviewed for the required 12 hour per year nurse aide training received the required amount of annual training. The failure to ensure Nursing Assistants Certified (NACs) received 12 hours per year in-service training placed residents at risk of less than competent care and services from staff.</p> <p>Findings included .</p> <p>&lt;EMPLOYEE FILE REVIEW&gt;</p> <p>Review of Staff H's, Nursing Assistant Certified (NAC), employee record showed Staff H was hired February of 2022. For the year of February 2023 through February 2024, the facility was unable to provide documentation Staff H had completed the required 12 hours of annual in-service training.</p> <p>Review of Staff I's, NAC, employee record showed Staff I was hired in August of 2023. For the year of August 2023 through July 30,2024, the facility was unable to provide documentation Staff I had completed the required 12 hours of annual in-service training. The facility provided documentation that Staff I had received 6.10 hours of education.</p> <p>In an interview on 07/30/2024 at 12:44 PM, Staff A, Director of Nursing Services (DNS) said the expectation was that NACs were to have at least twelve hours of training annually. Staff A stated they were reassigning the 12 hours of education tracking to Staff G, Licensed Practical Nurse/Staff Development.</p> <p>Refer to WAC 388-97-1680 (1)(2)(a)(b)</p> <p>33954</p>		