

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Fir Lane Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2430 North 13th Street Shelton, WA 98584	

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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49451</p> <p>.</p> <p>Based on interview and record review the facility failed to assess and treat pain for 1 of 3 residents (Resident 1) reviewed for pain. Failure to implement interventions to reduce pain, including administration of pain medication placed residents at risk of experiencing episodes of untreated pain and for a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 1 was admitted to the facility on [DATE] with diagnoses including a fractured left femur (thigh bone) with repair, neuropathy (nerve problem that causes pain, numbness, tingling, swelling and muscle weakness) and hypertension. The Minimum Data Set (MDS), an assessment tool, dated 07/31/2024, showed Resident 1 was cognitively intact and was on a scheduled pain medication regimen.</p> <p>Resident 1's Physicians' orders showed the following orders:</p> <ul style="list-style-type: none"> - 07/24/2024 - oxycodone 5 milligrams (mg) (narcotic medication used to treat pain) by mouth every 4 hours as needed for pain. - 07/24/2024 - pregabalin (medication to treat nerve pain) 75 mg two times daily. <p>Resident 1's electronic Medication Administration Record, dated 07/2024, showed the resident did not receive any medications on 07/24/2024 and received oxycodone 5 mg on 7/25/2024.</p> <p>Resident 1's admission assessment, dated 07/25/2024 at 8:19 AM, indicated the resident was having throbbing, burning pain when moving and when at rest to the left hip.</p> <p>On 09/16/2024 at 12:50 PM, Resident 1 said she was admitted to the facility on [DATE] at approximately 6 PM from a hospital. Resident 1 said she had a broken leg which required surgery. Resident 1 said when she got to the facility the nurse told her they did not have orders for her so they could not give her any medications. Resident 1 said she was having a lot of pain and was yelling at them because I was upset. Resident 1 said they were in pain all night and could not get anything for pain until the next day.</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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 1:55 PM, Staff C, Licensed Practical Nurse (LPN), said they received report on 07/25/2024 at 6 AM from Staff D, LPN. Staff C said Staff D said Resident 1 was upset because she had not received pain medication. Staff C said Staff D was new to the night shift and was not sure why Staff D did not administer the medications. Staff C said Resident 1 complained of pain during the initial visit to resident's room and Staff C administered pain medication when available from the pharmacy.</p> <p>At 3:45 PM, Staff D said Resident 1 was admitted to the facility on [DATE] and arrived in the evening. Staff D said it was their first admission and Staff D did not have access to the Omnicell (secure electronic medication dispensary) to get medications out of it and the nurse he worked with did not have access either. Staff D said to get a narcotic medication out of the Omnicell you needed two nurses to sign for the medication. Staff D said the pharmacy did not deliver the medication and Resident 1 was not given any medications for that shift. Staff D said he had not been trained on admissions and could not find the orders. Staff D stated he was not aware of an on-call nurse or who to contact. Staff D said, I explained that to the resident.</p> <p>On 09/17/2024 at 12:30 PM, the Director of Nursing Services (DNS), Staff B, said all nurses have access to the Omnicell to obtain medication for newly admitted residents and if there were issues obtaining the medication Staff D should have contacted her, another nurse, or the Administrator. Staff B acknowledged Staff D did not assess or treat the resident's pain on 07/24/2024.</p> <p>Reference WAC 388-97-1060(1)</p>		