STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505232	A. Building B. Wing	06/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodland Convalescent Center	310 Fourth Street Woodland, WA 98674

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. . Based on interview and record review, the facility failed to ensure resident funds were conveyed to the resident or resident's representative within 30 days of discharge for 1 of 1 discharged residents (300) reviewed for Trust Funds. This failure placed residents and/or their representatives at risk for delayed reconciliation of resident trust funds. Findings included . Review of Resident 300's Discharge Minimum Data Set assessment, dated 01/04/2025, showed resident 300 was discharged from the facility on 01/04/2025 with return not anticipated. Resident 300's trust account statement showed Resident 300 had a closing balance of $100.05 on 05/31/2025, 147 days after discharge. On 06/18/2025 at 2:19 PM, Staff D, Business Office Manager, said the expectation was when Resident 300 discharged , his funds were dispersed to Resident 300 or his responsible party within 30 days of discharge date . Staff D said Resident 300's funds were not dispersed to him as they should have been. Reference WAC 388-97-0340(5) .

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** . Based on interview and record review, the facility failed to initiate, investigate, and resolve a grievance for 1 of 1 sampled residents (21) reviewed for grievances. This failure placed the residents at risk for emotional distress, a denial of personal rights, and a diminished quality of life. Findings included . Review of the electronic health record showed Resident 21 was cognitively intact and admitted to the facility on [DATE] with diagnosis that included post traumatic stress disorder (a mental health condition that can develop after experiencing prolonged or repeated trauma) and hypertension (high blood pressure). Review of the facility Grievance Log for February 2025, showed a grievance was filed on 02/18/2025 for Resident 21 regarding missing money. Review of the Grievance form for Resident 21, dated 02/18/2025, states, [Resident 21] received $100.00 2/3/2025 from [staff] in business office. [Resident 21] received 5 $20.00 bills. [Resident 21] took out $20.00 and gave it to activities to get her stuff at [store], then she fell asleep. When [Resident 21] woke up from her nap and the $20.00 was sitting on her end table with a note that the trip to [store] was canceled r/t [related to] no transportation. [Resident 21] states when she went to put the $20's in her purse, [Resident 21] realized the 4 $20.00 were gone .[Resident 21] unable to state exactly which day [the money went missing]. The grievance form did not have any further information, there were no results of the investigation nor resolution/follow up. On 06/19/2025 at 10:40 AM, Resident 21 said a staff member, they do not recall who, assisted them to fill out a grievance form regarding their $80.00 being missing. Resident 21 confirmed the $80.00 was still missing and said the facility did not follow-up with them regarding it. On 06/19/2025 at 10:50 AM, Staff B, Director of Nursing and a Registered Nurse said Social Services managed grievances pertaining to misappropriation. On 06/19/2025 at 2:30 PM, Staff G, Social Services said, .the grievance for [Resident 21] does not have any follow-up or resolution. On 06/19/2025 at 2:40 PM, when presented with the Grievance form and asked about the grievance of [Resident 21] from 02/18/2025, Staff A, Administrator, said. I don't recall this one, it looks like we never completed it. There was a period of time that we did not have a social worker and that grievance is from that time; it must have fallen through. Reference WAC 388-97-0460 .

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** . Based on interview and record review the facility failed to report falls with significant injury, misappropriation, and an allegation of abuse/neglect for 5 of 5 residents (11, 21, 35, 41, and 252) reviewed for reporting. The facility's failure to report delayed appropriate oversight and investigation, placing residents at risk for harm and unidentified abuse and/or neglect. Findings included . <Resident 11> Review of the 06/08/2025 Quarterly Minimum Data Set assessment (MDS), showed Resident 11 admitted to the facility on [DATE] and had moderate cognitive impairment with diagnoses including hemiplegia (paralysis of one side of the body) and hemiparesis (weakness on one side of the body). Review of the facility Grievance Log for May 2025, showed a grievance was filed on 05/17/2025 for Resident 11 regarding care issues. Review of the Grievance form for Resident 11, dated 05/17/2025, stated, Resident had a friend call in really upset regarding the care that [Resident 11] was receiving. [Friend] called stating she just got off the phone w/ [with] res [Resident 11] and resident told [friend] that the staff last night was yelling at her and being rude to her. Review of all Facility Reported Incidents in 2025 showed no reported allegations of abuse/neglect. <Resident 21> Review of the 02/15/2025 Quarterly MDS, showed Resident 21 admitted to the facility on [DATE] and was cognitively intact with diagnoses including hypertension (elevated blood pressure) and post-traumatic stress disorder (a mental health condition that can develop after experiencing prolonged or repeated trauma). Review of the facility Grievance Log for February 2025, showed a grievance was filed on 02/18/2025 for Resident 21 regarding missing money. Review of the Grievance form for Resident 21, dated 02/18/2025, stated, [Resident 21] received $100.00 2/3/2025 from [staff] in business office. [Resident 21] received 5 $20. 00 bills. [Resident 21] took out $20.00 and gave it to activities to get her stuff at [store], then she fell asleep. When {Resident 21} woke up from her nap and the $20.00 was sitting on her end table with a note that the trip to [store] was canceled r/t [related to] no transportation. [Resident 21] states when she went to put the $20's in her purse, [Resident 21] realized the 4 $20.00 were gone .[Resident 21] unable to state exactly which day [the money went missing]. The grievance form did not have any further information, there were no results of the investigation nor resolution/follow up. On 06/19/2025 at 2:40 PM, when presented with the Grievance form and asked about the grievance of [Resident 21] from 02/18/2025, Staff A, Administrator, said. I don't recall this one, it looks like we never completed it. There was a period of time that we did not have a social worker and that grievance is from that time; it must have fallen through. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of all Facility Reported Incidents in 2025 showed no reported misappropriation. <Resident 35> Review of the 05/10/2025 Quarterly MDS, showed Resident 35 admitted to the facility on [DATE] and had moderate cognitive impairment with diagnoses including supranuclear ophthalmoplegia (an inability to properly move the eyes). Review of the facility Incident Report Log for January through June 2025 showed Resident 35 had sixteen falls in the lookback, two of which had documented injuries to the residents' head. 1. Review of the facility Incident Report Log for January 2025 shows Resident 35 fell on [DATE] and sustained injuries including an abrasion and a bump and stated, Hotline-no documenting the facility did not report the fall to Residential Care Services (RCS). Review of the facility Initial Resident Investigation Report stated, Resident was trying to go to the bathroom, at the bathroom door he lost his balance and documents the type of injuries as, 1. Bump 6cm across, round 2. Scrape 4.5 cm long, 4cm wide. Review of the facility Witness Report stated, . (Resident 35) lying on the floor on his back-head resting on roommates' dresser .neuro checks started, small bump on crown of his head, 4cm long scrape on back of right shoulder. 2. Review of the facility Incident Report Log for February 2025 showed Resident 35 fell on [DATE] and sustained injuries including an abrasion and a goose egg and stated, Hotline-no documenting the facility did not report the fall to Residential Care Services (RCS). Review of Progress Notes for Resident 35 showed a note on 02/23/2025 at 1:27 AM which stated, CNA [Certified Nursing Assistant] found resident in his wheelchair in the TV room at 2330 [11:30 PM] with an abrasion on his face. When the CNA asked what happened the resident stated he had fallen and got back in his chair .neuro checks were started. Resident told RN that he had fallen in the TV room at 2250 [10:50 PM] and got a rug burn on his face from the carpet. Review of Progress Notes for Resident 35 showed a note on 02/23/2025 at 3:37 PM which stated, .fall follow-up, pupils unequal, notified charge nurse .bruising remains on right side of forehead with facial abrasions. Review of all Facility Reported Incidents in 2025 showed no reported falls with significant injury. <Resident 41> Review of the 05/20/2025 admission MDS, shows Resident 41 admitted to the facility on [DATE] and had moderate cognitive impairment with diagnoses including cholelithiasis (gallstones in the gallbladder) in the acute kidney failure (a sudden loss of the kidneys' ability to filter waste and excess fluid from the blood). (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility Incident Report Log for January through June 2025 showed Resident 41 had a fall with injury resulting in a, hematoma on 05/25/2025 and states, Hotline-no documenting the facility did not report the fall to RCS. Review of the facility Initial Resident Investigation Report showed Resident 41 sustained a head injury and documented the type of injury as a, dark area .R [right] outer eyebrow. Review of the facility Witness Report, completed by Staff H, CNA on 05/25/2025 at 5:10 PM stated, [Resident 41 was] exiting the restroom and slipped. Review of a Progress Notes for Resident 41, documented by Staff B, Director of Nursing Services and a Registered Nurse on 05/25/2025 at 6:39 PM stated, .[Resident] denies hitting head. Called out after noise heard thus do not believe she lost consciousness. However, area to left eyebrow appears new .Ice applied to prevent or reduce swelling and bruising. Neuro checks started. Review of all Facility Reported Incidents in 2025 showed no reported falls with significant injury. <Resident 252> Review of the 01/07/2025 Quarterly MDS, shows Resident 252 admitted to the facility on [DATE] and had moderate cognitive impairment with diagnoses including malignant neoplasm (cancer) of the left lung and respiratory failure (failure of the lungs to properly exchange oxygen and carbon dioxide). Review of the facility Incident Report Log for January through June 2025 showed Resident 252 had a fall with injury resulting in a, deep laceration on 01/28/2025 and stated, Hotline-no documenting the facility did not report the fall to RCS. Review of the facility Initial Resident Investigation Report showed Resident 252 sustained a laceration to their LLE (left lower extremity), measuring 6 to 7 inches long and 2 inches wide and documented the nurse, heard [resident] yell for help .her right leg has a 7-8 inch laceration down her shin, about 1-1.5 inch wide, bleeding profusely .received ok to transport to hospital. Review of all Facility Reported Incidents in 2025 showed no reported falls with significant injury, no reported misappropriation, and no reported allegations of abuse/neglect. Reference WAC 388-97-0640(5)(a) .

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** . Based on interview and record review, the facility failed to ensure the Pre-admission Screening and Resident Review (PASRR) assessment (a federal requirement for Medicaid-certified nursing facilities to ensure individuals, especially those with mental illness, seeking admission are appropriately placed and receive necessary services) accurately reflected mental health diagnoses for 2 of 5 sampled residents (6 & 27) reviewed for PASRR. This failure placed residents at risk of unmet mental health services and a diminished quality of life. Findings included . 1) Resident 6 was admitted to the facility on [DATE] with diagnosis including depressive disorder. The Quarterly Minimum Data Set (MDS) assessment, dated 03/27/2025, documented Resident 6 was severely cognitively impaired. Review of Resident 6's admission PASRR Level I , dated 12/12/2021, did not document Resident 6's serious mental indicator of major depressive disorder. Repeat PASRR Level I , dated 03/21/2025, documented Resident 6 had a depressive disorder but there was no documentation that a PASRR Level II evaluation was or was not indicated. 2) Resident 27 was admitted to the facility on [DATE] with diagnosis including post-traumatic stress disorder, anxiety disorder and major depressive disorder. The Quarterly MDS assessment, dated 06/12/2025, documented Resident 27 was alert and oriented. Review of Resident 27's admission PASRR Level I, dated 02/07/2024, documented Resident 27 had serious mental indicators but no Level II evaluation was indicated due to exempted hospital discharge. Repeat PASRR Level I, dated 03/21/2025, documented Resident 27 had serious mental illness, but there was no documentation that a PASRR Level II evaluation was or was not indicated. On 06/18/2025 at 9:20 AM, when asked if Resident 6 and Resident 27 had serious mental illnesses prior to admission, Staff G, Social Services Director, stated, looks like the conditions were there before admission. When asked if a PASRR Level I screen for possible mental illness was completed prior to admission, Staff G stated, looks like it is incorrect. Staff G said at the time of admission, Resident 6 and Resident 27's PASRRs were done incorrectly and the repeat PASRR Level I was done incorrectly. Reference WAC 388-97-1975 (1)(9) .

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** . Based on interviews and record reviews, the facility failed to ensure bowel interventions were initiated for 1 of 7 sampled residents (37) reviewed for quality of care. This failure placed residents at risk for discomfort, health complications and a diminished quality of life. Findings included . Per Facility Bowel Management Policy, entitled House Bowel Protocol, Undated, showed the following interventions were to be implemented: 1. Polyethylene Glycol- 17 grams by mouth daily as needed (PRN) for constipation. Mix in 4 ounces of fluid of choice: followed by 4oz of fluid of choice in addition daily- if refuses extra fluid educate and document refusal. 2. Docusate Sodium 200 milligrams (MG) by mouth daily PRN for constipation. 3. Milk of Magnesium (MOM) 30 milliliters (ML) by mouth daily PRN. 4. Sodium Phosphate enema 133 ML rectally daily PRN for constipation (after 3 days no Bowel Movement (BM) or resident request). 5. Bisacodyl Supp 10mg rectally daily PRN for constipation (after 3 day no BM or resident request). Resident 37 was admitted to the facility on [DATE]. The Quarterly Minimum Data Set (MDS) assessment, dated 05/19/2025, documented the resident was moderately cognitively impaired. The Bowel and Bladder Elimination task sheet showed Resident 37 had a Bowel Movement (BM) on 05/23/2025 at 1:59 PM, and did not show another BM until 05/28/2025 at 1:59 PM, over 120 hours (five days) since his previous documented BM. Review of Resident 37's May 2025 Medication Administration Report (MAR) showed the bowel protocol was not initiated between the dates of 05/23/2025 and 05/28/2025. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/19/2025 at 12:25 PM, Staff N, Licensed Practical Nurse, said after three days of no BM, an alert should trigger. Staff N said Miralax [laxative] should then be administered on day three. Staff N said the administration of bowel interventions should be documented, including refusals, and stated, I don't see anything given on those days. On 06/20/2025 at 10:14 AM, Staff B, Director of Nursing Services and a Registered Nurse, said the BM protocol should have been initiated and documented per policy. Staff B was unable to provide further documentation of successful bowel interventions for Resident 37. Reference WAC 388-97-1060 (1), (3)(c) .

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. . Based on observation, interview and record review, the facility failed to ensure a medication error rate of less than 5 Percent (%). Failure to timely administer 13 of 27 medications for 4 of 9 residents (35, 24, 201, and 25) observed during medication pass audit resulted in a medication error rate of 48.15%. The failure to administer medications on time placed residents at risk for side effects and/or altered medication effectiveness. Findings included . <RESIDENT 35> During a medication administration observation on 06/18/2025 at 10:38 AM, Staff S, LPN (Licensed Practical Nurse), prepared and administered to Resident 35: -Atropine Sulfate Ophthalmic Solution 1 % Give 2 drops sublingually (under the tongue) two times a day for EOL (End of Life) comfort rt (related to) excess secretions -Carboxymethylcellulose Sod PF Ophthalmic Solution 0.5 % Instill 1 drop in both eyes two times a day for dry eyes. -Dexamethasone Oral Tablet 2 milligrams (MG) Give 1 tablet by mouth one time a day related to dysphagia. -Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML (milliliters) Give 3 ml by mouth two times a day for improved breathing. -Pred Forte Ophthalmic Suspension 1 % Instill 1 drop in both eyes one time a day for inflammation for 1 Week. -Senna Oral Tablet 8.6 MG (Sennosides) Give 1 tablet by mouth two times a day for bowel management, constipation. -Lorazepam Oral Tablet 0.5 MG Give 1 tablet by mouth one time a day for EOL anxiety/dyspnea Review of Resident 35's June 2025 MAR (Medication Administration Record) and physician's orders, showed these medications were scheduled to be given at 9:00 AM. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<RESIDENT 24> During a medication administration observation on 06/19/2025 at 10:11 AM, Staff O, LPN, prepared and administered to Resident 24: - Carbidopa-levidopa 25-100MG Give 1 tablet by mouth three times a day related to Parkinsons. Review of Resident 24's June 2025 MAR and physician's orders, showed these medications were scheduled to be given at 6:00 AM. <RESIDENT 201> During a medication administration observation on 06/19/2025 at 10:15 AM, Staff O, LPN, prepared and administered to Resident 201: -Amlodipine 10MG Give 1 tablet by mouth one time a day for lowers blood pressure related to essential hypertension. Review of Resident 201's June 2025 MAR and physician's orders, showed these medications were scheduled to be given at 9:00 AM. <RESIDENT 25> During a medication administration observation on 06/20/2025 at 9:03 AM, Staff U, RN (Registered Nurse), prepared and administered to Resident 25: -Acetaminophen 500MG Give 2 tablet by mouth two times a day for chronic pain related to osteoarthritis. -Doxycycline 100MG Give one tablet by mouth two times a day relate to methicillin resistant staphylococcus aureus infection (antibiotic resistant infection). Review of Resident 25's June 2025 MAR and physician's orders, showed these medications were scheduled to be given at 8:00 AM. On 06/19/2025 at 10:35 AM, when asked what the expectation was regarding administration time of medication, Staff B, Director of Nursing and a Registered Nurse, said medications were expected to be administered within the parameters of one hour before the time listed on the MAR to one hour after the time listed on the MAR. Reference WAC 388-97-1060 (3)(k)(ii) (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. . Based on observation and interview, the facility failed to store and label medications appropriately and failed to discard expired medications and expired medical supplies for 1 of 1 medication rooms, 1 of 1 emergency carts, 1 of 1 treatment carts, and 1 of 1 medication carts reviewed. These failures placed residents at risk of receiving expired or less effective medications, receiving treatment with outdated equipment, and residents having inappropriate access to medication. Findings included . Facility policy entitled, Medication Labeling and Storage, reviewed on 09/12/2024, documented, The facility stores all medications and biologicals in locked compartments under proper temperature, humidity and light controls. Only authorized personnel have access to keys. <Medication Storage Room> On 06/18/2025 at 2:44 PM, a concurrent observation with Staff C, Infection Control and Preventionist and Licensed Practical Nurse (LPN), showed many unopened bottles of expired over the counter medication (OTC, does not require a prescription) intended for resident use; a few examples of the many expired OTC medications included the following: -Four bottles of B Complex vitamins labeled with the expiration date of 02/2024. -Four bottles of B-12 vitamins labeled with the expiration date of 01/2025. -One bottle of liquid Iron, a supplement, labeled with the expiration date of 09/2024. -Three bottles of Folic Acid, a vitamin, labeled with the expiration date of 02/2025. -Three bottles of Vitamin C labeled with the expiration date of 02/2024. -Two bottles of Fish Oil, a supplement, labeled with the expiration date of 05/2025. <Emergency Cart> On 06/18/2025 at 2:09 PM, an observation of the facility Emergency Cart [a cart containing the medical equipment necessary for medical emergencies] showed six Suction, Catheter, and Glove Kits each labeled with the expiration date of 09/29/2024. < Flagship Medication Cart> (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/18/2025 at 3:27 PM, a concurrent observation with Staff M, Charge Nurse/Registered Nurse (RN) of the medication cart, used in a section of the facility called Flagship, showed many opened bottles of medication with no date for when they were each opened for use, and no date for when they should be disposed of. On 06/18/2025 from 3:02 PM to 3:27 PM, the Flagship medication cart was in front of the nurses' station and was left unlocked and without a nurse nearby to ensure no one gained access. <Treatment Cart> On 06/18/2025 from 3:02 PM to 3:27 PM, a treatment cart was across the hall from the nurses' station and was left unlocked and without direct observation of a nurse to ensure no one gained unauthorized access. On 06/18/2025 at 3:27 PM, when this investigator alerted the charge nurse that the Flagship medication cart and a treatment cart were both unlocked; Staff M said, Oh those are mine [referring to the Flagship medication cart and the treatment cart], I should have locked them, I took them over at 3:00 for half an hour until [the floor nurse] gets here. On 06/19/2025 at 10:22 AM, when asked if anything was done when they need to walk away from the medication or treatment cart, Staff O, LPN, said, We have to lock it. On 06/19/2025 at 10:24 AM, when asked if anything was done when they need to walk away from the medication or treatment cart, Staff S, LPN, said, We have to lock it. On 06/19/2025 at 10:35 AM, when asked what the expectation was regarding locking medication carts and locking treatment carts, Staff B, Director of Nursing and Registered Nurse (RN) said, tThey need to lock them when they are not directly using them. On 06/15/2025 at 12:24 PM, Medication cart on Horseshoe Hall was observed to have a bottle with medication on the medication cart, placed in an open container on an ice pack. Staff O, Licensed Practical Nurse, who was at the cart, locked the cart and walked away leaving the medication on the cart. At 12:31 PM, the medication was still on the cart when Staff O returned. When asked what medication was on the cart and placed on an ice pack, Staff O said the medication was a bottle of probiotics and it needed to be placed on ice or refrigerated. Staff O said he was told to leave the medication on ice and stated, it should probably be locked in the cart, referring to the bottle of probiotics. At 12:33 PM, Staff U, RN, was observed standing at the Long Hall cart. Medication cart on Flagship Hall was observed to have a bottle with medication on the medication cart, placed in an open container on an ice pack. When asked what medication was on the cart and placed on an ice pack, Staff U said the medication was a bottle of probiotics and it needed to be placed on ice. When asked if medication should be left on the medication cart Staff U stated, we've always left them on the cart, referring to the bottle of probiotics. On 06/20/25 at 9:04 AM, Staff B said it was her expectation that medication would be locked and secured in the medication cart when not in use by the licensed nurses. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505232	A. Building B. Wing	06/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodland Convalescent Center	310 Fourth Street Woodland, WA 98674

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(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 - Some	Reference WAC 388-97-1300(2) .