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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505251 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/24/2025 |
| NAME OF PROVIDER OR SUPPLIER Colfax of Cascadia, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 1150 West Fairview Road Colfax, WA 99111 | |

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) |
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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>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45433</p> <p>Based on interview and record review the facility failed to identify, evaluate and analyze risks, and implement safety interventions to reduce risks and hazards for 2 of 3 sampled residents (Resident 1 and 2), reviewed for accidents related to substance use disorder. This failure placed residents at risk of potentially avoidable accidents, and diminished quality of life.</p> <p>Findings included .</p> <p><Resident 1></p> <p>Review of Resident 1's electronic medical record showed that they admitted to the facility on [DATE] with diagnoses of schizophrenia (a mental health disorder characterized by distortions in thinking, perception, emotions, language, sense of self and behaviour) and psychoactive substance use disorder (uncontrolled use of a substance despite harmful consequences). Review of the Resident's facility care plan did not include interventions for substance use disorder. Further review did not show that the resident was identified by the facility as having this type of disorder, and no evaluation and analysis of risks, nor any safety interventions to reduce risks and hazards was found.</p> <p><Resident 2></p> <p>Review of Resident 2's electronic medical record showed that they admitted to the facility on [DATE] with diagnoses of dementia (loss of cognitive functioning that interferes with a person's daily life and activities), psychoactive substance abuse and opioid abuse (uncontrolled use of a narcotic drug despite harmful consequences). Review of the Resident's care plan did not show interventions for substance use disorder. Further review did not show that the resident was identified by the facility as having this type of disorder, and no evaluation and analysis of risks, nor any safety interventions to reduce risks and hazards was found.</p> <p>During an Interview with Staff A, Administrator, on 03/24/2025 at 1:00 PM, they stated that they were unaware that residents required a care plan focus and interventions for substance use disorders.</p> <p>Reference WAC 388-97-1060 (3)(g)</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.

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