

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 09/11/2025
NAME OF PROVIDER OR SUPPLIER Colfax Health and Rehabilitation of Cascadia		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)
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</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

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 09/11/2025
NAME OF PROVIDER OR SUPPLIER Colfax Health and Rehabilitation of Cascadia		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)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility repeatedly failed to ensure the facility had enough staff to answer resident call lights and attend to resident needs in a timely manner for 7 of 8 sampled residents (Resident 1, 2, 3, 4, 5, 6, 7), reviewed for sufficient staffing. This failure placed all residents at risk for potentially avoidable accidents, unmet care needs, and diminished quality of life. Findings included . Review of the facility assessment, reviewed 09/04/2025, showed the facility had an average daily census of 40 and provided 24-hour nursing care including restorative, therapy, and behavior services. Staffing levels were based on the Washington State minimum standards and/or acuity levels. Daily staffing levels were reviewed daily to ensure sufficient staff were scheduled to meet licensed nurse coverage and meet the state requirement. Staff ratios were additionally reviewed to ensure care was provided to meet the needs of the current resident population. The facility utilized temporary contracted staff as needed.&lt;Resident 1&gt;According to Resident 1's Minimum Data Set (MDS-an assessment used in nursing homes to determine the level of care a resident requires) admitted to the facility on [DATE] with diagnoses including a surgically repaired abdominal aortic aneurysm (a life-threatening condition where the main artery in the abdomen becomes enlarged and weakened) and hypertension (elevated blood pressure). The assessment further showed Resident 1 required substantial assistance to move from lying to sitting, to move from their bed to their chair and to transfer on and off the toilet. They also were determined to be dependent with after-toilet hygiene, as well as having had major surgery just prior to admission. Resident 1 was cognitively intact and able to clearly verbalize their needs. Review of the 08/28/2025 through 09/04/2025 call light activation log showed Resident 1 activated their call light and experienced excessively long call light wait times on the following dates:- 08/28/2025 at 3:09 PM, 30-minutes- 08/30/2025 at 5:34 AM, 56-minutes; at 2:55 PM, 1 hour 2-minutes; 4:44 PM, 38-minutes- 08/31/2025 at 7:45, 34-minutes- 09/01/2025 at 9:08 PM, 37-minutes- 09/02/2025 at 6:45 AM, 28-minutes; 8:18 AM, 39-minutes.- 09/04/2025 at 4:56 AM, 28-minute During an interview on 09/04/2025 at 11:55 AM, Resident 1 stated they had to wait around for staff, it seemed like the staff were very busy and that they had to wait a long time, sometimes over an hour for pain and nausea medication or to go to the bathroom.&lt;Resident 2&gt;According to Resident 2's 08/15/2025 MDS, they were admitted to the facility on [DATE] with diagnoses including toxic encephalopathy (a neurologic disorder related to exposure to toxins), bacteremia (bacteria in the blood) and multiple open wounds. The assessment further showed Resident 2 was dependent on staff for toileting, showers, upper and lower body dressing, moving in bed and transfers. Resident 2 was cognitively intact and able to clearly verbalize their needs. Review of the 08/28/2025 through 09/04/2025 call light activation log showed Resident 2 activated their call light and experienced excessively long call light wait times on the following dates:- 08/29/2025 at 3:19 PM, 21-minutes; at 9:20 PM, 1-hour and 20-minutes- 08/30/2025 at 3:19 AM, 1-hour and 25-minutes; at 5:05 AM, 35-minutes; at 6:36 AM, 33-minutes; at 11:55 PM, 38-minutes.- 08/31/2025 at 4:25 AM, 30-minutes.- 09/02/2025 at 1:15 AM, 25-minutes; at 4:03 AM, 1-hour and 44-minutes; at 6:01 AM, 38-minutes; at 1:05 PM, 24-minutes; at 3:10 PM, 30-minutes; at 6:24 PM, 1-hour and 9-minutes.- 09/03/2025 at 3:43 AM, 35-minutes.- 09/04/2025 at 5:00 AM, 39-minutes; at 6:29 AM, 28-minutes. During an interview on 09/10/2025 at 11:10 PM, Resident 2 explained that they had multiple large wounds on their back, left hip and leg, and that they needed assistance to reposition in bed to take pressure off those areas. They further stated that they needed assistance with toileting and had to wait over an hour after having soiled their brief and were worried that the bowel movement could have gotten into the wounds on their left leg. &lt;Resident 3&gt;According to Resident 3's 09/04/2025 MDS, they were admitted to the facility on [DATE] with diagnoses including osteomyelitis of vertebra (infection in the bone in the spine) and infective endocarditis (an infection in the heart). The assessment further showed Resident 3 needed moderate assistance from staff to dress their upper and lower body, to move from sitting to standing and from chair to bed. The assessment also showed the resident had a central line (a tube placed into a large vein, typically near the heart, to administer medications) and required long-term antibiotics to treat their infections. Resident 3 was cognitively intact and able to clearly verbalize their needs. Review of the 08/29/2025 through 09/04/2025 call light activation log showed Resident 3 activated their call light and experienced excessively long call light wait times on the following dates:- 08/29/2025 at 1:01 PM, 30-minutes; at 3:17 PM, 48-minutes.- 08/30/2025 at 3:17 PM, 48-minutes; at 9:11 PM 41-minutes - 08/31/2025 at 4:25 AM 30-minutes - 09/01/2025 at 9:50 AM</p>		