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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505260 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/07/2024 |
| NAME OF PROVIDER OR SUPPLIER Hudson Bay Health and Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 8507 Northeast 8th Way Vancouver, WA 98664 | |

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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37934</p> <p>Based on observation, interview and record review, the facility failed to ensure food preferences were honored for 1 of 3 sample residents (114) reviewed for food preferences. This failure placed residents at risk for not having their food preferences honored and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 114 was admitted to the facility on [DATE]. The admissions Minimum Data Set assessment, dated 05/24/2024, indicated Resident 114 was cognitively intact.</p> <p>The Diet History & Preferences, dated 06/03/2024, indicated Resident 114 had cereal dislikes: Cream of Wheat, Grits, Malt-O-Meal and Oatmeal.</p> <p>On 06/03/2024 at 12:12 PM, Resident 114 was observed receiving her lunch and stated, Gross.</p> <p>At 3:27 PM, Resident 114 said her lunch had vegetables on it that she did not like. Resident 114 said she had spoken with the dietician, the dietary manager, and had told the aids; but they kept giving her food she disliked.</p> <p>On 06/07/2024 at 9:18 AM, Staff F, Dietary Manager, said they tried to serve residents their preferences but if they did not get a menu from the nursing staff for that resident, they would serve the resident the main meal. Resident 114 was observed showing Staff F the hot cereal. Staff F said it was oatmeal. After reviewing the resident's preferences, Staff F said she would be sure this did not happen again.</p> <p>Reference WAC 388-97-1120 (3)(a)</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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