

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  09/09/2024
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)
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44739</b></p> <p>Based on observation, interview, and record review, the facility failed to provide accurate medication administration for 1 of 5 sampled residents (Resident 1) reviewed for medication administration errors. This failure placed residents at risk for medical complications and diminished quality of life.</p> <p>Findings included .</p> <p>Resident 1 was admitted on [DATE] with diagnoses including chronic respiratory failure and chronic obstructive pulmonary disease (COPD), both of which make breathing difficult. The Minimum Data Set assessment, dated 05/02/2024, showed Resident 1 had moderate difficulty in making needs know and required maximum assistance for activities of daily living.</p> <p>&lt;Medication Error 1&gt;</p> <p>A physicians order, dated 04/26/2024, ordered predniSONE [a steroid that decreases inflammation] Oral Tablet 10 milligrams [mg] [Prednisone]</p> <p>Give 40 mg by mouth one time a day for COPD exacerbation [an acute increase in the severity] for 2 Days</p> <p>AND Give 20 mg by mouth one time a day for COPD exacerbation for 2 Days</p> <p>AND Give 10 mg by mouth one time a day for COPD exacerbation for 2 Days.</p> <p>The April 2024 and May 2024 Medication Administration Record (MAR) showed the administration dates for Prednisone 40 mg's were documented for administration to occur on 04/27/2024 and 04/28/2024. The administration dates for Prednisone 20 mg were documented for administration to occur on 04/29/2024 and 04/30/2024. The administration dates for Prednisone 10 mg would have been for administration to occur on 05/01/2024 and 05/02/2024.</p> <p>A nurses note, dated 04/30/2024 at 10:29 AM, showed Staff C, Registered Nurse (RN), documented in the Electronic Medical Record (EMT), the provider was notified of a medication error in relation to the Prednisone taper. The taper was started with the 10 mg instead of with the 40 mg. This error was found by Staff C when reviewing the medication card for the Prednisone.</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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A physician order, dated 04/30/2024, was received by Staff C with a new Prednisone taper as follows: predniSONE Oral Tablet 10 MG [Prednisone]</p> <p>Give 40 mg by mouth one time a day for COPD exacerbation for 3 Days</p> <p>AND Give 20 mg by mouth one time a day for COPD exacerbation for 3 Days</p> <p>AND Give 10 mg by mouth one time a day for COPD exacerbation for 3 Days.</p> <p>The April 2024 and May 2024 MAR showed the administration dates for Prednisone 40 mg's were documented to occur on 04/30/2024, 05/01/2024, and 05/02/2024. The administration dates for Prednisone 20 mg were documented for administration to occur on 05/03/2024, 05/04/2024, and 05/05/2024. The administration dates for Prednisone 10 mg were documented to occur on 05/06/2024, 05/07/2024, and 05/08/2024.</p> <p>An Incident Report, dated 05/01/2024, identified the Prednisone taper had been initiated backwards. Instead of initiating with the 40 mg leading dose of the taper and ending with the 10 mg dose, the taper was initiated starting with the 10 mg dose and would have ended with the 40 mg dose. The report showed Staff D, Licensed Practical Nurse (LPN), responsible for the error, was provided with education on the correct sequencing of Prednisone tapers.</p> <p>A nurses note, dated 05/03/2024 at 5:26 PM, showed Staff C documented in the EMR, Patient started new Prednisone taper on Wednesday, but it was not administered properly. Patient did not receive proper dosages at the beginning of the taper. Would you like to restart it?</p> <p>On 09/04/2024 at 12:19 PM, Staff B, Director of Nursing Services, said she had been notified by Staff C of the medication errors. Both errors were made by Staff D. Upon the first error, Staff D was educated on the correct way to administer a Prednisone taper. Upon the second error, Staff D was again re-educated and asked to schedule a time for medication pass observation. Staff D declined and their employment was discontinued.</p> <p>&lt;Medication Error 2&gt;</p> <p>A physicians order, dated 04/26/2024, ordered Fluticasone-Salmeterol Inhalation Aerosol 230-21 MCG/ACT, ADVAIR [an inhaler used to open airways]</p> <p>2 puff inhale orally two times a day for Chronic Obstructive Pulmonary Disease.</p> <p>On 07/23/2024 at 4:41 PM, Collateral Contact 1 (CC 1) provided a time stamped photograph, dated 05/10/2024 at 10:31 AM, of the ADVAIR inhaler used by Resident 1. The photograph showed the back of the inhaler with a dial that read 84. CC 1 indicated the number represented the number of doses left in the inhaler.</p> <p>Record review of Resident 1's April 2024 and May 2024 MAR showed documentation for the administration of the Fluticasone-Salmeterol Inhaler twice daily for 14 days. This was equal to 68 puffs of inhaled doses.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/19/2024 at 2:54 PM, Staff G, LPN, said some of the inhalers used have a countdown feature at the back of the inhaler and others do not. The ones that have the dosage count down at the back are reliable.</p> <p>On 09/05/2024 at 1:45 PM, Staff F, Pharmacist, said the number on the back of the ADVAIR inhaler indicates the number of doses that should be left for a month long supply of 120 doses. When asked if the inhaler was given as ordered for 14 days at two puffs twice a day with the inhaler reading 64 doses left, Staff F said yes. Staff F said if the resident did not receive the doses as ordered, this could mean they could experience exacerbated symptoms of COPD.</p> <p>On 09/09/2024 at 2:00 PM, after reviewing the discrepancy of the ADVAIR Inhaler, Staff B said education would be provided to nursing staff to prevent further errors.</p> <p>Reference WAC 388-97-1060 (3)(k)(iii)</p>		