

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505269	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2025
NAME OF PROVIDER OR SUPPLIER Vancouver Specialty and Rehab Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1015 North Garrison Road 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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36368</p> <p>Based on interview and record review, the facility failed to provide activities of daily living (ADLs) for resident's dependent on staff assistance related to bathing for one of three sampled residents (1) reviewed for ADLs. This failure placed residents at risk for poor hygiene and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 1 was admitted to the facility on [DATE] with diagnosis including cerebral infarction (blood flow to the brain is blocked causing brain tissue to die), hemiplegia (paralysis on one side of the body) and hemiparesis (severe weakness to one side of the body). The Minimum Data Set (MDS), a comprehensive assessment tool, dated 01/27/2025 documented the resident required substantial/maximal assistance with bathing.</p> <p>Resident 1's Care Plan, dated 02/24/2025, documented Resident 1 required 1 person assist with bathing/showering twice per week and as necessary.</p> <p>The facility bathing report documented Resident 1 had received four of eight scheduled baths or showers from 03/19/2025 to 04/18/2025.</p> <p>On 04/10/2025 at 1:10 PM Resident 1 said, I don't get showers twice a week. I go an entire week without a shower for some weeks.</p> <p>On 04/24/2025 at 12:44 PM, Staff B, Nursing Assistant, day shift, said caregivers go into the computer system and find what showers they were assigned to do that day. NA B stated that about once a week she was unable to get to all the assigned showers she was assigned to during her shift, but if she was not able to, it fell on to the next shift to complete and adds on to their assigned showers they have for the shift.</p> <p>On 04/24/2024 at 1:02 PM, Staff C, Nursing Assistant, day shift stated that caregivers struggle to get their assigned showers done during their shift. About three of the five days I work, I am unable to get all my showers done and have to pass them onto the following shift to catch up on. If it's on the weekend it's even less likely because there is less staff.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/24/2025 at 3:03 PM, Staff D, Nursing Assistant, evening shift, stated that about once a week they were unable to get all of their assigned showers done. They then let the licensed nurse and the oncoming caregiving staff know which residents they were unable to get to.</p> <p>On 04/24/2025 at 3:03 PM, Staff E, Nursing Assistant, Day and evening shift, stated that about once a month they were unable to get to all their assigned showers. They let the licensed staff and oncoming caregivers know which residents they were unable to get to. Staff E said that they had heard that there was a shower aid during the week but had never seen them.</p> <p>On 04/29/2025 at 11:47 AM, Staff A, the Director of Nursing, stated the facility had recently hired three nursing assistants and were in the process of hiring for more shower aids. Staff A stated that around mid-March to mid-April the facility had difficulty with staffing for nursing assistants due to nursing assistants quitting or not showing up for their shifts.</p> <p>Reference WAC 388-97-1060(1)</p>		