STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505269	A. Building B. Wing	12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vancouver Specialty and Rehab Care	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure timely notification of the resident's representative of a significant change in condition for 1 of 3 residents (Resident 1) reviewed for change-of-condition. This failure placed the resident at risk of the representative being uninformed of the resident's change in condition and unable to participate in care decisions.Findings included .Resident 1 admitted to the facility on [DATE] with diagnoses to include dementia (a decline in mental ability severe enough to interfere with daily life, involving memory loss, thinking problems, and changes in personality or behavior.)Record review of Resident 1's face sheet, undated, showed Resident 1 had a Power of Attorney (POA) responsible for Resident 1's health care decisions. Record review of Resident 1's progress note, dated 09/08/2025 at 6:13 a.m., showed Resident 1 sustained a new skin injury. Facility documentation showed the injury was assessed and treated by staff; however, there was no documentation verifying that the resident's representative or physician were notified as required.In an interview on 10/09/2025 at 12:10 PM, Staff B, Resident Care Manager, stated there was was no documentation to show that Resident 1's responsible party/POA was notified of the skin tear. In an interview on 10/09/2025 at 12:00 PM Staff A, Director of Nursing, acknowledged that notification was required and that there was no documentation showing it had occurred.Reference WAC 388-97-0320 (1)(a)(b)(c).

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