

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 03/21/2024
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40916</p> <p>Based on interview and record review, the facility failed to ensure falls in the facility were comprehensively investigated including obtaining neurological checks (a physical examination to identify signs of disorders affecting the nervous system) for 2 of 5 sampled residents (53 & 56) reviewed for investigation of accidents and falls. This failure placed residents at risk of inadequate interventions, abuse, and a diminished quality of life.</p> <p>Findings included .</p> <p>1) Resident 53 was admitted to the facility on [DATE]. The quarterly Minimum Data Set (MDS) assessment, dated 02/19/2024, documented the resident was moderately cognitively impaired.</p> <p>A progress note, dated 01/31/2024, documented, Patient has had five plus mechanical falls within the last 180 days.</p> <p>A review of Resident 53's fall investigations, dated 12/13/2023, 12/29/2023, 01/02/2024, and 01/06/2024, did not show documentation of neurological checks being completed for these four unwitnessed falls.</p> <p>On 03/20/2024 at 10:38 AM, Staff E, Certified Nursing Assistant, said if a resident had an unwitnessed fall in the facility, she would call the nurse, begin vital signs, and help obtain neurological checks. Staff E said residents who had an unwitnessed fall should have neurological checks done.</p> <p>At 10:42 AM, Staff F, Licensed Practical Nurse, said if a resident had an unwitnessed fall in the facility, she would call a code glow worm, start neurological checks if the fall was unwitnessed, perform a range of motion (ROM) check, perform a skin evaluation and pain assessment, and initiate an incident report.</p> <p>At 10:47 AM, Staff G, Risk Management Nurse and Registered Nurse (RN), said if an unwitnessed fall occurred in the facility, she expected staff to assess the resident for injuries, call code glow worm over the intercom, perform ROM assessment, perform skin and pain assessments, obtain vital signs, and depending on resident transfer status, assist the resident back up and a fall risk evaluation completed. Staff G said residents should be put on alert charting and if unwitnessed, staff should perform neurological checks. Staff G said she was responsible for completing facility fall investigation, and said she needed neurological checks completed to ensure a comprehensive investigation of falls in the facility.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 1:36 PM, Staff D, Director of Quality Assurance and RN, said all residents who had an unwitnessed fall should have neuro checks completed on them.</p> <p>37934</p> <p>2) Resident 56 was admitted to the facility on [DATE]. The quarterly MDS, dated [DATE], documented the resident was moderately cognitively impaired.</p> <p>Resident 56's fall investigation, dated 11/27/2023, did not show documentation of a completed Neurological Assessment Flowsheet for the unwitnessed fall.</p> <p>Resident 56's fall investigation, dated 12/08/2023, did not show the facility initiated neurological checks for the unwitnessed fall.</p> <p>On 03/21/2024 at 9:17 AM, Staff H, Resident Care Manager and RN, said neuros included doing vital signs and range of motion. Staff H said the neuro assessment should be completed as specified by the Neurological Assessment Flowsheet (NAF). After reviewing Resident 56's 11/27/2023 NAF, Staff H said it was not completely done.</p> <p>At 9:17 AM, Staff D said the NAF was not completed for the 11/27/2023 unwitnessed fall.</p> <p>Reference WAC 388-97-0640 (6)(a)(b)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37934</p> <p>Based on interview and record review, the facility failed to initiate bowel interventions for 1 of 3 sampled residents (37) reviewed for constipation. This failure placed residents at risk for discomfort, experiencing health complications and diminished quality of life.</p> <p>Finding included .</p> <p>Resident 37 was admitted to the facility on [DATE]. The quarterly Minimum Data Set assessment, dated 01/26/2024, showed the resident was moderately cognitively impaired.</p> <p>The Bowel Movement (BM) Task sheet documented Resident 37 had a BM on 02/21/2024 at 3:27 PM. The BM Task sheet documented Resident 37 had his next BM on 02/28/2024 at 12:36 AM, over six days since his last documented BM.</p> <p>The February 2024 Medication Administration Record (MAR) did not show documentation Resident 37 received any interventions from 02/21/2024 until 5:52 PM on 02/27/2024.</p> <p>On 03/20/2024 at 1:59 PM, Staff D, Director of Quality Assurance and Registered Nurse, said the bowel protocol should be initiated if a resident did not have a BM after 72 hours. After reviewing Resident 37's February 2024 MAR, Staff D said the bowel protocol should have been started on 02/25/2024.</p> <p>Reference WAC 388-97-1060 (1)(3)(c)</p>		