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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505273 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/29/2024 |
| NAME OF PROVIDER OR SUPPLIER Prestige Care & Rehabilitation - Camas | | STREET ADDRESS, CITY, STATE, ZIP CODE 740 NE Dallas Street Camas, WA 98607 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48392</p> <p>Based on interview and record review, the facility failed to ensure residents were free from significant medication errors when medications were not administered in accordance with provider orders for 2 of 6 sampled residents (Residents 1 & 2) reviewed for significant medication errors. This failure placed residents at risk of adverse medical conditions, a change in health condition and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility policy Medication Administration-Errors, dated 11/2004 and revised 02/2019, noted, Policy: It is the policy of this facility that practices will be in place to ensure . 2. Residents are free of any significant medication errors . Medications will be prepared and administered in accordance with: 1. Physicians orders . 3. Accepted professional standards and principles which apply to professionals providing services .</p> <p>1) Resident 1 was admitted to the facility on [DATE] with diagnoses including atrial fibrillation (an irregular and often very rapid heart rhythm leading to blood clots in the heart and increases risk of stroke and heart failure) and hypertension (elevated blood pressure which increases the risk of heart attack and stroke).</p> <p>Review of Resident 1's April 2024 Medication Administration Record (MAR), a comprehensive record of medication orders and the medications administered to a resident, showed on 04/09/2024 at 10:00 PM, the following medications were omitted/not administered:</p> <p>-Apixaban, 5 milligram (mg), ordered to address atrial fibrillation.</p> <p>-Metoprolol 12.5 mg, ordered to address atrial fibrillation and hypertension.</p> <p>2) Resident 2 was admitted to the facility on [DATE] with diagnoses including malignant neoplasm of the prostate and bone (prostate cancer and bone cancer), neoplasm related pain (pain from cancer), benign prostatic hyperplasia (enlarged prostate gland resulting in urinary frequency), hypertension (elevated blood pressure increasing the risk of heart attack and stroke), and gastro-esophageal reflux (occurs when stomach acid repeatedly flows into the esophagus irritating the lining of the esophagus).</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.

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| 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>Review of Resident 2's March 2024 MAR showed on 03/06/2024 at 6:00 AM, the following medications were omitted/not administered:</p> <ul style="list-style-type: none"> -Amlodipine 10 mg, ordered to address hypertension. -Methadone HCl 5 mg, 2 tablets, ordered to address pain. -Omeprazole 20 mg, ordered to address gastro-esophageal reflux disease. -Tamsulosin HCl 0.4 mg, ordered to address benign prostatic hyperplasia. -Tizanidine HCl 2 mg, 2 tablets, ordered to address muscle spasms and pain. -MiraLAX 17 grams, ordered to address bowel health. <p>On 04/29/2024 at 3:15 PM, Staff B, Director of Nursing Services, said if there was a valid reason a resident had not been administered their medication, there would be a progress note written. When asked about Resident 1's medication omissions per the MAR on 04/09/2024 for Apixaban and Metoprolol, Staff B said she could not locate any progress notes explaining why the medications were not administered. When asked about Resident 2's medication omissions per the MAR on 03/06/2024 for Amlodipine, Methadone, Omeprazole, Tamsulosin, Tizanidine, and MiraLAX, Staff B said she could not locate any progress notes explaining why the medications were not administered.</p> <p>At 3:15 PM, Staff A, Administrator, said these medication errors are a practice we need to correct. We need to do right by the residents.</p> <p>Reference WAC 388-97-1260 (3)(k)(iii)</p> |