

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 12/22/2025
NAME OF PROVIDER OR SUPPLIER Lacamas Creek Post Acute		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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** . Based on observations, interviews and record review, the facility failed to ensure that allegations of abuse were reported timely for 1 of 3 (Resident 1) sampled residents reviewed for abuse/neglect. This failure placed residents at risk for potential physical abuse, and a diminished quality of life. Findings included. Policy entitled Abuse, Neglect, Exploitation or Misappropriation- Reporting and Investigating, dated September 2022, showed All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported. Resident 1 was admitted to the facility on [DATE] for rehabilitation following hospitalization. The Quarterly Minimum Data Set (MDS), an assessment tool, dated 09/29/2025, indicated that Resident 1 was cognitively intact. Review of Resident 1's Electronic Health Record (EHR) dated 11/08/2025, at 6:49 PM, showed a facility Registered Nurse (RN) documented in the progress notes that Resident 1 had told the night shift Licensed Practical Nurse about someone entering her room in the middle of the night, and by the afternoon she was stating that a huge black man who looked like Urkel and sometimes [NAME] had been repeatedly raping her over the course of the previous nine months of being in the facility, including multiple times that day. Resident 1 called 911 to state this, and they called facility saying that she had called and was suicidal. In an interview on 11/25/2025 at 1:49 PM Staff C, Social Services Director said she was not aware of any allegations of sexual assault made in the facility. Staff C said she would generally hear this information in a morning meeting or directly by staff. In an interview on 11/25/2025 at 2:01 PM Staff D, RN and Resident Care Manager (RCM) said they were not aware of an allegation of sexual assault. Staff D said they would hear about this type of concern directly from staff, or during the managers' meeting. Staff D said Staff B, Registered Nurse and Director of Nursing (DNS) would generally investigate an allegation such as this. In an interview on 11/25/2025 at 2:15 PM, Staff B, DNS said the facility did not report this allegation of sexual assault by Resident 1. Staff B said the facility did not think this was a real allegation because no staff fits the description of the alleged perpetrator. In an interview on 11/25/2025 at 2:52 PM with Staff A, Administrator said she was not aware of an allegation of sexual assault, and the DNS would know more. Staff A said Resident 1 had a history of hallucinating and this would likely be why the allegation was not reported. Staff A said they were going to report it right now. Reference WAC 388-97-0640(2)(b)(6)(a)</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** .Based on observations, interviews and record review, the facility failed to ensure that trauma informed care was integrated into the care plan for 1 of 3 (Resident 1) sampled residents reviewed for trauma informed care. This failure placed residents at risk of not receiving mental health (MH) interventions that therapeutically supported the resident and could lead to a diminished quality of life.Findings included.Policy entitled Trauma Informed Care and Culturally Competent Care, dated August 2022, showed Trauma-informed care is an approach to delivering care that involves understanding, recognizing and responding to the effects of all types of trauma. A trauma-informed approach to care delivery recognizes the widespread impact and signs and symptoms of trauma in residents, and incorporates knowledge about trauma into care plans, policies, procedures and practices to avoid re-traumatization.Resident 1 was admitted to the facility on [DATE] for rehabilitation following hospitalization. The Quarterly Minimum Data Set, an assessment tool, dated 09/25/2025, indicated that Resident 1 was cognitively intact.Resident 1's Pre-admission Screening and Resident Review (PASRR), dated 09/24/2025, indicated Resident 1 should have been evaluated for mental health services based on a mood disorder.Review of a Mental Health assessment dated [DATE], showed Resident 1 had a history of trauma from adolescence into adulthood.Reviews of Resident 1's Electronic Health Record showed no care plan for trauma informed care.In an interview on 11/25/2025 at 1:49 PM Staff C, Social Services Director said she was not aware of a history of trauma for Resident 1. Staff C said she would think the Psychology provider would inform the facility if there were concerns noted during sessions with the mental health provider. Staff C said she was unsure how the communication occurs for mental health service coordination. Staff C said the Resident Care Managers (RCM)s would likely be notified directly. In an interview on 11/25/2025 at 2:01 PM Staff D, RN and Resident Care Manager said they were not aware of the history of trauma for Resident 1. Staff D said the mental health provider meets with them directly prior to seeing patients on each visit. Staff D said she was not aware of how information would be shared if discussed by mental health. Staff D was not aware of concerns with suicidality or childhood trauma for Resident 1.In an interview on 11/25/2025 at 2:15 PM, Staff B, Registered Nurse and Director of Nursing, was not aware of Resident 1's trauma or mental health notes regarding suicidality. Staff B said she was not sure how the MH provider communicates with the facility to ensure concerns were included in the residents' care plan.Reference WAC 388-97-1620(2)(b)(i)(ii)</p>		