

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  09/27/2024
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47518</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure the Minimum Data Set (MDS) assessment accurately reflected residents' health status and/or care needs for 3 of 21 sampled residents (39, 41, &amp; 59) reviewed for assessment accuracy. This failure placed residents at risk for unidentified and/or unmet care needs and a diminished quality of life.</p> <p>Findings included .</p> <p>1) Resident 39 was admitted to the facility on [DATE]. The Significant Change MDS assessment, dated 07/14/2024, showed Resident 39 was moderately cognitively impaired and was not receiving hospice care.</p> <p>Review of Resident 39's physician orders, dated 07/09/2024, documented, Admit for Hospice End of Life Care.</p> <p>Review of Resident 39's care plan documented, The resident has a terminal prognosis r/t [related to] acute kidney failure with no further treatment wanted. Hospice/comfort care only . Date Initiated: 07/09/2024 .</p> <p>On 09/23/2024 at 3:55 PM, Resident 39 said she was on hospice.</p> <p>On 09/27/2024 at 10:08 AM, Staff C, Resident Care Manager (RCM) and Licensed Practical Nurse (LPN), said Resident 39 was on hospice. Staff C said hospice was not marked on the Significant Change MDS.</p> <p>At 10:36 AM, Staff C said hospice visited Resident 39 on 07/08/2024. Staff C stated, Hospice should have been marked on the MDS. That was incorrect.</p> <p>2) Resident 41 was admitted to the facility on [DATE]. The Quarterly MDS assessment, dated 08/07/2024, showed Resident 41 was alert and oriented, and received 7 days of insulin (a medication used to help regulate blood sugar levels and used to treat diabetes) injections during the last 7 days.</p> <p>Record review of Resident 41's Electronic Health Record (EHR) did not show a diagnosis of diabetes, a physician orders for insulin, or a care plan for diabetes or insulin.</p> <p>On 09/23/2024 at 3:14 PM, Resident 41 said she was not on insulin.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/27/2024 at 10:19 AM, Staff D, RCM and LPN, said she did not think Resident 41 was ever on insulin and would need to look at Resident 41's EHR.</p> <p>At 10:27 AM, after checking Resident 41's EHR, Staff D said Resident 41 was not on insulin and stated, The MDS was incorrect.</p> <p>3) Resident 59 was admitted to the facility on [DATE]. The Admission/Medicare - 5 day MDS assessment, dated 09/13/2024, documented Resident 59 was severely cognitively impaired and used bed rail physical restraints daily. The MDS assessment documented in the Care Area Assessment Summary, [Resident 59] currently has 1/4 rails for bed mobility independence .</p> <p>Record review of Resident 59's Admission Summary progress note, dated 09/07/2024, documented, .Bed side rails assist with bed mobility and aids in assisting during personal care .</p> <p>Record review of Resident 59's Informed Consent, dated 09/11/2024, documented, .1/4 mobility rail . increased independence with bed mobility . improved independence with ADLs [activities of daily living] .</p> <p>Record review of Resident 59's impaired functional mobility care plan, dated 09/11/2024, documented, .Bed Rails/Device: 1/4 rails to aid with bed mobility .</p> <p>On 09/24/2024 at 10:09 AM, Resident 59's bed was observed with quarter length padded rails on both upper sides of the bed.</p> <p>On 09/25/2024 at 2:23 PM, Resident 59 was observed lying in bed on his back with quarter length padded rails on both upper sides of the bed.</p> <p>On 09/26/2024 at 8:30 AM, when asked about the quarter length rails on his bed, Resident 59 said he used them to help move around in bed. Resident 59 said the rails do not get in his way or keep him from moving around or getting in or out of bed.</p> <p>At 1:47 PM, Staff D said Resident 59's quarter bed rails were used to aide with bed mobility and stated, [Resident 59's bed rails] are not considered a restraint.</p> <p>At 1:51 PM, Staff B, Director of Nursing Services and Registered Nurse, said if it was determined bed rails were used as enablers to assist with bed mobility, it should not be coded as a restraint on the MDS assessment stating the MDS .will need to be modified.</p> <p>On 09/27/2024 at 12:09 PM, Staff A, Administrator, said it was her expectation the MDS assessment was coded to accurately reflect the resident.</p> <p>Reference WAC 388-97-1000 (1)(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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46751</p> <p>Based on interviews and record reviews, the facility failed to ensure bowel interventions were initiated for 2 of 6 sampled residents (5 &amp; 32) reviewed for quality of care. This failure placed residents at risk for discomfort, health complications and a diminished quality of life.</p> <p>Findings included .</p> <p>Per Facility Bowel Management Policy, entitled Bowel Protocol, updated 02/2019:</p> <ol style="list-style-type: none"> <li>At the beginning of each shift (based on an eight-hour shift), the Licensed Nurse will pull the Resident Bowel Management Report and identify residents that have not had a BM for 3 days. (please run the report for last 7 days and check the box Include residents regardless of Bowel Alert Status). The Licensed Nurse will review the residents MAR to determine if the PRN Bowel Protocol had been initiated by the previous shift. Bowel movements are charted every shift by CNA (Certified Nursing Assistant).</li> <li>Residents who have not had a bowel movement in three days will be given Milk of Magnesia.</li> <li>If no bowel movement by the following shift, a Dulcolax suppository is given.</li> <li>If resident continues without bowel movement by the next shift a Fleets enema will be given.</li> </ol> <p>1) Resident 5 was admitted to the facility on [DATE]. The Quarterly Minimum Data Set (MDS) assessment, dated 08/12/2024, documented the resident was alert and oriented.</p> <p>The Bowel and Bladder Elimination task sheet showed Resident 5 had a Bowel Movement (BM) on 08/29/2024 at 9:59 PM, and did not show another BM until 09/14/2024 at 1:59 PM, over 15 days since his last documented BM.</p> <p>The Bowel and Bladder Elimination task sheet showed Resident 5 had a BM on 09/19/2024 at 8:04 PM, but did not document another BM (as of 09/24/2024 during the survey process).</p> <p>Review of Resident 5's August 2024 and September 2024 Medication Administration Record (MAR) showed the bowel protocol was not initiated.</p> <p>2) Resident 32 was admitted to the facility on [DATE]. The Annual MDS assessment, dated 07/23/2024, documented the resident was alert and oriented.</p> <p>The Bowel and Bladder Elimination task sheet documented Resident 32 had a BM on 09/08/2024 at 9:59 PM, and did not have another BM until the evening of 09/12/2024, over 90 hours since his last BM.</p> <p>Review of Resident 32's September 2024 MAR showed the bowel protocol was not initiated.</p> <p>(continued on next page)</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>On 09/27/2024 at 2:29 PM, Staff K, Registered Nurse (RN), said after three days of no BM, the resident is to be started on either Miralax (a laxative) or Senna (a laxative), and if not effective, a suppository. Staff K was unable to provide documentation of BM protocol being initiated for both Residents 5 and Resident 32. Staff K stated, I am not seeing alert charts for them. We would document this on the MAR.</p> <p>At 12:14 PM, Staff B, Director of Nursing Services and RN, said the BM protocol should have been triggered per policy. Staff B was unable to provide documentation of bowel interventions being initiated for Residents 5 and Resident 32.</p> <p>Reference WAC 388-97-1060 (1), (3)(c)</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>37934</p> <p>Based on interview and record review, the facility failed to complete performance reviews for 1 of 2 sampled Nursing Assistants (NA) (Staff G) whose personnel and training record were reviewed. These failures placed residents at risk for receiving care from unskilled staff.</p> <p>Finding included .</p> <p>Staff G, NA, was hired on 03/29/2014. Staff G's personnel records did not have a Performance Evaluation for the previous year.</p> <p>On 09/26/2024 at 3:40 PM, Staff A, Administrator, said she was not able to locate a performance evaluation for Staff G. Staff A said performance evaluations should be completed annually.</p> <p>Reference WAC 388-97-1680 (2)(b)(i)</p>		

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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>37934</p> <p>Based on interview and record review, the facility failed to explain the arbitration agreement in a manner that residents understood for 2 of 3 sampled residents (28 &amp; 46) reviewed for arbitration agreement. This failure placed residents at risk of forfeiting their right to a trial without consent, lack of adequate resolution of violation of rights and a diminished quality of life.</p> <p>Findings included .</p> <p>1) Resident 28 signed the Alternative Dispute Resolution Agreement on 02/16/2024.</p> <p>On 09/27/2024 at 1:51 PM, Resident 28 said she did not recall signing the arbitration agreement document. Resident 28 said her daughter handled that kind of stuff.</p> <p>2) Resident 46 signed the Alternative Dispute Resolution Agreement on 09/10/2024.</p> <p>On 09/27/2024 at 1:38 PM, Resident 46 said she did not recall signing such a document and said her sister was her Power of Attorney (POA).</p> <p>At 1:58 PM, Collateral Contact 1 (CC1), POA, said Resident 46 should not be signing legal documents because she did not know what she was signing. CC1 said Resident 46 had gotten herself into trouble because people had taken advantage of her.</p> <p>At 2:22 PM, Staff F, Marketing Director, said the arbitration agreement was the last thing she covered during the admission's paperwork. Staff F said she went over the arbitration agreement with the resident or their POA before having them sign the paperwork. When asked about the revocation clause, Staff F said she was not aware of what it was.</p> <p>No Reference WAC</p>

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<p>F 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37934</p> <p>Based on observation, interview and record review, the facility failed to ensure bed rails were securely fastened to the bed and without gaps between the mattress and bed rails for 1 of 3 sampled residents (22) reviewed resident beds. This failure placed residents at risk for injury.</p> <p>Findings included .</p> <p>Resident 22 was admitted to the facility on [DATE]. The admission Minimum Data Set assessment, dated 07/28/2024, indicated Resident 22 was moderately cognitively impaired.</p> <p>The bed rail care plan, revised 08/29/2024, indicated, bilateral 1/4 side rails to aid in bed mobility and to increase independence.</p> <p>On 09/23/2024 at 2:46 PM, Resident 22's left side bed rail was observed to be loose. The bed rail had approximately 9 to 10 inches of movement.</p> <p>On 09/27/2024 at 8:50 AM, Resident 22's left side bed rail was observed to be loose. The bed rail had approximately 9 to 10 inches of movement.</p> <p>At 8:57 AM, Staff I, Resident Care Manager and Registered Nurse, said the nursing assistants and floor nurses were supposed to monitor bed rails and report to maintenance if there were issues.</p> <p>At 9:16 AM, Staff J, Maintenance Director, said he tried to audit bed rail every other week. Staff J said the clip had popped out causing the bed rail to be loose.</p> <p>Reference WAC 388-97-2100</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>37934</p> <p>Based on interview and record review, the facility failed to ensure facility staff received Dementia training for 1 of 5 sampled staff (F) reviewed for staff in-service trainings. This failure placed residents at risk for receiving necessary care from unskilled staff.</p> <p>Findings included .</p> <p>Staff G, Nursing Assistant, was hired on 03/29/2014. Provided training or in-service training records did not show Dementia training was completed over the past year.</p> <p>On 09/26/2024 at 2:51 PM, Staff H, Staff Training Coordinator, said dementia training was covered in the new employee orientation and then annually.</p> <p>An email from Staff A, Administrator, dated 09/30/2024 at 9:49 AM, noted, Staff G should've had it [dementia training] as she's been a long standing employee so that is an error on us.</p> <p>Reference WAC 388-97-1680(2)(b)</p>