STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505276	A. Building B. Wing	04/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Frontier Rehab & Extended Care	1500 3rd Avenue Longview, WA 98632

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46751 Based on observation, interview, and record review, the facility failed to develop a comprehensive care plan for oxygen use for 1 of 2 sampled residents (39) reviewed for comprehensive care plans. This failure placed residents at risk for having unmet care needs and a diminished quality of life. Findings included . Resident 39 was admitted to the facility on [DATE]. The quarterly Minimum Data Set (MDS), an assessment tool, dated 03/05/2024, showed the resident was cognitively intact. On 04/15/24, at 2:45 PM, Resident 39 was observed sitting in a chair with his oxygen mask on and concentrator turned on. Resident 39 was unable to provide information regarding his oxygen use. Review of Resident 39's electronic health record did not show the use of oxygen was addressed in the resident's comprehensive care plan. Resident 39's physician orders, dated 11/09/2023, documented, oxygen 1-4 L (liters) keep oxygen above 90% as needed. No additional documentation for the use of oxygen was provided. On 04/19/2024 at 8:54 AM, Staff D, Registered Nurse (RN), said a physician's order was required for the use of oxygen, and the order was typically put in the care plan. Staff D was unable to find documentation of Resident 39's oxygen use in the comprehensive care plan. Staff D stated, I feel like it should be care planned. At 9:01 AM, Staff E, Resident Care Manager and Licensed Practical Nurse, said oxygen was to be included in the care plan. Staff E said she would expect Resident 39 to have his oxygen use care planned. Staff E stated, I do not see it on the care plan. At 9:09 AM, Staff B, Director of Nursing Services and RN, said Resident 39's care plan should have been updated for oxygen use. Staff B stated, I would expect the orders to be on the care plan. Reference WAC 388-97-1020 (1)(2)(a)(b)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505276	A. Building B. Wing	04/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Frontier Rehab & Extended Care	1500 3rd Avenue Longview, WA 98632

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 47518 Based on interview and record review, the facility failed to ensure nursing hours were accurately posted and updated daily for 14 of 42 shifts reviewed for nurse staff postings. This failure placed residents, resident representatives, and visitors at risk of not being fully informed of the current staffing levels and census information. Findings included . Review of the nursing home daily staff postings showed they had not been updated for 14 shifts, dated 04/01/2024 through 04/14/2024, to accurately reflect the number of nurses and/or nursing assistants working per shift. For 04/01/2024-- The posting showed .5 registered nurse (RN) for the day (6:00 AM - 2:30 PM) shift. The actual day shift schedule showed zero RNs worked. For 04/04/2024-- The posting showed 14 nursing assistants (NA) for the day shift. The actual day shift schedule showed 12.5 NAs worked. The posting showed 9.5 NAs for the evening (2:00 PM - 10:00 PM) shift. The actual evening shift schedule showed 9 NAs worked. The posting showed 7 NAs for the Noc (10:00 PM - 6:00 AM) shift. The actual schedule showed 6 NAs worked. For 04/05/2024-- The posting showed 5.5 licensed practical nurses (LPN) for the evening shift. The actual evening shift matrix schedule showed 3.5 LPNs worked. The posting showed 7 NAs for the Noc shift. The actual schedule matrix showed 6 NAs worked. For 04/06/2024-- The posting showed 4.5 LPNs for the evening shift. The actual evening shift matrix schedule showed 3.5 LPNs worked. For 04/08/2024-- The posting showed 1 RN for day shift. The actual day shift matrix schedule showed zero RNs worked. The posting showed 7 NAs for Noc shift. The actual Noc shift matrix schedule showed 6 NAs worked. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505276	A. Building B. Wing	04/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Frontier Rehab & Extended Care	1500 3rd Avenue Longview, WA 98632

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	For 04/10/2024-- The posting showed 1 RN for day shift. The actual day shift matrix schedule showed zero RNs worked. For 04/11/2024-- The posting showed 6.5 LPNs for day shift. The actual day shift matrix schedule showed 5.5 LPNs worked. The posting showed 12 NAs for evening shift. The actual evening shift matrix schedule showed 10 NAs worked. The posting showed 8 NAs for Noc shift. The actual Noc shift matrix schedule showed 7 NAs worked. For 04/12/2024-- The posting showed 4.5 LPNs for evening shift. The actual evening shift matrix schedule showed 3.5 LPNs worked. On 04/19/2024 at 11:02 AM, after reviewing the daily staff postings, Staff C, Staff Coordinator, indicated many of the daily staff postings were incorrect. Staff C said she would post the daily staff postings every morning. Staff C said no one updated them throughout the day when they changed. Staff C said she was not aware they should have been updated. At 11:05 AM, Staff B, Director of Nursing Services and Registered Nurse, said she expected the daily staff postings were updated throughout the day to be accurate. No WAC reference