

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/01/2024
NAME OF PROVIDER OR SUPPLIER  Clarkston Health and Rehab of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE  1242 Eleventh Street Clarkston, WA 99403	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>38527</p> <p>Based on interview and record review, the facility failed to implement their Abuse and Neglect Prohibition Policies and Procedures to include, not reporting allegations of abuse to the State Agency (SA) within the required timeframe and completing thorough investigations for 1 of 3 sampled residents (Resident 1), reviewed for abuse/misappropriation. This failure placed the resident and other residents at risk for abuse/misappropriation.</p> <p>Findings included .</p> <p>Review of the facility's policy titled Identification and Investigation of Abuse, Neglect, Misappropriation, and Injuries of Unknown Origin, revised 08/01/2023, showed staff were to report any form of alleged abuse to the SA immediately, but not later than two hours after the allegation is made if abuse was alleged and there was serious bodily injury. All other allegations were to be reported within 24 hours. Additionally, the facility would investigate the allegation and document evidence of the investigation.</p> <p>Review of the September and October 2024 facility incident logs showed no reported incidents for Resident 1.</p> <p>Review of the October 2024 Medication Administration Record showed Resident 1 had an order for a narcotic pain medication, hydrocodone-acetaminophen, to be given every 6 hours as needed. The resident could take 1 tablet for mild to moderate pain and 2 tablets for moderate to severe pain.</p> <p>In an interview on 11/01/2024 at 12:28 PM Resident 1 stated they took narcotic pain medications to treat their pain and on several occasions when Staff E, Licensed Practical Nurse, administered their medications they tasted differently and did not treat their pain effectively. Resident 1 stated on 10/08/2024 when Staff E administered their narcotic pain medications, they did not swallow the medications and instead spit them out after the staff member left the room. The resident stated they showed the nurse on the next shift, Staff D, Registered Nurse, the two pills they spit out and reported that one of the pills was not their prescribed medication.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/01/2024
NAME OF PROVIDER OR SUPPLIER  Clarkston Health and Rehab of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE  1242 Eleventh Street Clarkston, WA 99403	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview at 3:34 PM the same day Staff D confirmed Resident 1 reported to them that Staff E was giving them a medication they were not prescribed when they were documenting that they were administering the resident's narcotic pain medication. Staff D stated they asked the resident to keep monitoring the situation and then on 10/08/2024 the resident showed them two pills that were not the same at the beginning of their shift following Staff E. Staff D stated they reported the incident to Staff B, Assistant Director of Nursing, on 10/08/2024 and believed the facility administration had investigated and reported to the SA as required.</p> <p>At 4:40 PM the same day Staff B, Assistant Director of Nursing, confirmed Staff D reported the incident on 10/08/2024 to them and they immediately went to interview the resident. Staff B stated Resident 1 alleged Staff E was giving them an over-the-counter medication they were not prescribed instead of their prescribed narcotic pain medication. Staff B confirmed the resident reported misappropriation of their narcotic pain medication and stated they reported the concern to Staff A, Director of Nursing, who was responsible for investigating and reporting allegations of abuse/misappropriation.</p> <p>In an interview on 11/01/2024 at 4:51 PM Staff A stated they were aware of the report from 10/08/2024, though they were not aware the resident had reported it was a repeatedly ongoing issue. Staff A stated they did investigate the incident and did not substantiate abuse, but the investigation was undocumented, and they were unable to provide evidence of a completed investigation. Staff A stated because the investigation showed the allegation was not substantiated, the resident's allegation was not reported.</p> <p>Reference WAC 388-97-0640(2)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/01/2024
NAME OF PROVIDER OR SUPPLIER  Clarkston Health and Rehab of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE  1242 Eleventh Street Clarkston, WA 99403	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>38527</p> <p>Based on interview and record review, the facility failed to ensure 1 of 3 sample residents (Resident 1), reviewed for medication administration, received medications appropriately, in accordance with the physician's order. This failure resulted in a pattern of significant medication errors which placed the resident at risk for medical decline, discomfort, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Medication Errors, revised 08/01/2024, showed a medication error occurred when a medication was not administered in accordance with the prescriber's orders.</p> <p>Review of the September 2024 Medication Administration Record (MAR) showed Resident 1 had an order for a narcotic pain medication, hydrocodone-acetaminophen, to be given every 6 hours as needed. The resident could take 1 tablet for mild to moderate pain and 2 tablets for moderate to severe pain. The order included instructions not to administer more than four tablets every 24 hours. Further review showed the resident was administered more than 4 tablets on 15 occasions: 09/07/2024, 09/09/2024, 09/11/2024, 09/14/2024, 09/15/2024, 09/16/2024, 09/17/2024, 09/18/2024, 09/19/2024, 09/20/2024, 09/22/2024, 09/23/2024, 09/24/2024, 09/25/2024, and 09/27/2024.</p> <p>Review of the October 2024 MAR showed the resident received more than four tablets of their hydrocodone-acetaminophen in a 24-hour period on an additional four occasions: 10/07/2024, 10/17/2024, 10/18/2024, and 10/21/2024.</p> <p>In an interview on 11/01/2024 at 1:11 PM Staff F, Licensed Practical Nurse, stated Resident 1 would intermittently request medication for pain in their legs, hydrocodone-acetaminophen one or two tablets as needed. Staff F did not include the listed medication parameters of only four tablets in a 24-hour period. Staff F stated the resident's pain medication needed to be changed to something that did not affect the liver due to elevated liver enzymes identified on a recent laboratory report.</p> <p>In an interview at 4:51 PM the same day, Staff A, Director of Nursing, stated the entire nursing team was responsible for double checking that medications with parameters/restrictions on administration were administered correctly. Staff A stated Staff C, Resident Care Manager, reviewed a medication administration report daily.</p> <p>In an interview at 5:12 PM the same day, Staff C stated they were the nurse manager responsible for overseeing Resident 1's care. Staff C stated they were not aware of the special instructions not to exceed four tablets in 24 hours on Resident 1's pain medication because they did not administer the medications. Staff C stated the pharmacy also reviewed resident's medication regimens and made reports to Staff A.</p> <p>At 5:27 PM pharmacy audits for Resident 1 were requested; none were provided.</p> <p>Reference: (WAC) 388-97-1060 (3)(k)(iii)</p>