

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505315 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/06/2025 |
| NAME OF PROVIDER OR SUPPLIER Mira Vista Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 300 South 18th Street Mount Vernon, WA 98274 | |

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47047</p> <p>Bush, Kally L.</p> <p>Based on interview and record review, the facility failed to coordinate, and schedule ordered/recommended medical appointments and a procedure for 1 of 4 residents (Resident 1) reviewed for coordination of care. This failure to implement recommendations/orders placed residents at risk for discomfort, experiencing health complications and diminished quality of life.</p> <p>Findings included .</p> <p>Resident 1 readmitted to the facility on [DATE] after hospitalization for diagnoses that included antibiotic resistance urinary tract infection and deep venous thrombosis (DVT- blood clot in a deep vein) in both legs.</p> <p>Review of Resident 1's Urology After Visit Summary, dated 01/13/2025 showed the physician recommended/ordered the resident to have a Cystoscopy (a procedure in which there is a surgical creation of an opening into the bladder) evaluation to investigate the underlying causes of their frequent urinary tract infections. A referral to infectious disease provider was initiated.</p> <p>Review of Resident 1's provider note dated 02/21/2025 showed they had not been scheduled for either an infectious disease consults or the cystoscopy procedure, 39 days after it had been recommended/ordered. The provider noted they were addressing Resident 1's ongoing complaints of burning when urinating.</p> <p>In an interview on 03/06/2025 at 2:35 PM Staff B, Licensed Practical Nurse (LPN)/Supervisor stated the procedure for scheduling appointments for recommended follow ups and procedures was part of Staff C's, Nursing Assistant Certified (NAC), duties. Staff B stated when a resident returned from an appointment, the after-visit summary would be reviewed and noted by the nurse and nurse manager and then placed in Staff C's box to review and coordinate any recommendations/ordered appointments and/or procedures.</p> <p>Review of Resident 1's progress notes dated 01/13/2025 showed Staff B had noted the recommendations/orders from urologist and were unable to schedule the cystostomy at that time due to a saline shortage. The progress notes also indicated a need, per urology recommendation, for Resident 1 to have an appointment with infectious disease to establish care and manage multi-drug-resistant organisms in their urine.</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: 505315 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/06/2025 |
| NAME OF PROVIDER OR SUPPLIER Mira Vista Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 300 South 18th Street Mount Vernon, WA 98274 | |
| 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of Urology clinic notes dated 1/28/2025 showed a telephone encounter by a nurse from the urology clinic. The note showed they were transferred to Staff C and had to leave a voicemail message, requested a call back to speak with them regarding scheduling procedure in operating room due Resident 1 requiring the use of a Hoyer lift (a machine used to lift a person from one surface to another) transfer. Review of urology clinic notes dated 1/29/2025 and 1/31/2025 showed telephone encounters in which voicemails were left for Staff C.</p> <p>In an interview on 03/06/2025 at 3:40 PM Staff C stated they did not know what had happened to the printed after visit summary to coordinate/schedule Resident 1's procedure and infectious disease appointment. Staff C stated they looked in every folder they had and was not able to locate the information. Staff C stated they were alerted to the missed appointments and procedure when they had discussed it with the nurse practitioner, on 02/21/2025, who had inquired as to why the appointments had not been scheduled . Staff C stated once they were made aware of the need, they scheduled the appointments/procedure as quickly as possible. Staff C stated they had not received any calls from the urology clinic, and they had just gotten a new phone.</p> <p>In an interview on 03/06/2025 at 4:00 PM with Staff A, Administrator, stated the process for scheduling follow up appointments/procedures included the nurses reviewing after visit summary notes and leaving them for Staff C in their folder and then Staff C would follow up. Staff A stated there was no formal facility policy regarding coordination/scheduling appointments/procedures.</p> <p>Refer to WAC 388-97-1060 (1)</p> | | |