STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505315	A. Building B. Wing	02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mira Vista Care Center	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure the responsible party was immediately notified and failed to update the physician timely when there was a change in condition for 1 of 3 residents (Resident 1) reviewed for hospitalization. This failure placed the resident at risk of receiving less than optimum care.Findings included.Review of a facility policy titled, Change in Condition, revised date 04/2025, documented:There will be certain circumstances where immediate attention will be warrantedThe nurse will use clinical judgment and contact physician based on urgency of the situationThe resident representative will be notified of the change of condition.Resident 1 admitted to the facility on [DATE]. Review of the face sheet showed two emergency contacts.During an email interview on 02/04/2026 at 7:50 PM, Collateral Contact 1 (CC1), Resident 1's emergency contact, reported they had received a call from Resident 1's spouse reporting the resident had had a stroke (blood flow to brain impaired causing brain damage). CC1 reported Resident 1's spouse came to visit and discovered the resident with weakness and they could not speak. CC1 reported they did not have any notification from the facility regarding a change of condition for Resident 1 despite being one of Resident 1's emergency contacts.Review of a progress note, dated 01/04/2026 at 5:54 AM, documented there was a change of condition for Resident 1 that was identified at 5:30 AM. The note documented that the on-call doctor was notified and gave instructions to monitor the resident and if condition did not clear or condition worsened in the next 30 minutes to call back. There was no documentation that the responsible party was notified of a change of condition.Review of a progress note, dated 01/04/2026 at 10:11 AM, documented Resident 1 had an acute (new) neurological change (condition effecting nerves, nervous system, and brain). The progress note was written by Staff C, Registered Nurse. The note reflected Resident 1 had facial droop, slurred speech, left arm flaccidity (weakness) and visual problems. The note reflected that Resident 1's spouse arrived at 8:00 AM and they were notified of the change of condition. The note documented that the doctor was notified that the family was declining transfer to hospital. The note did not document that the doctor had been notified if no change within 30 minutes as instructed earlier. There was no documentation either responsible party had been immediately notified. The progress note documented CC1 arrived at 9:00 AM and agreed to transfer to hospital.Review of a local hospital emergency room note, dated 01/04/2026 at 9:40 AM, showed Resident 1 had an acute stroke.During an interview on 02/27/2026 at 10:30 AM, Staff D, Certified Nursing Assistant, stated they had observed Resident 1 at 6:00 AM. Staff D reported they noted Resident 1 had a change in condition and was leaning to the side and could not focus their gaze. Staff D reported they went and got Staff C to check on resident. Staff D stated Staff C checked on Resident 1 at 6:10 AM.During a phone interview on 02/27/2026 at 11:37 AM, Staff C reported if a resident was found with new onset arm weakness and visual problems, that would be a critical situation, and they would notify the doctor and family. Staff C reported when they checked on Resident (continued on next page)

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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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1 on 01/04/2026, resident already had acute neurological changes that had occurred on the night shift. Staff C could not remember why she had not called the family. Staff C reported they did contact the doctor.During an interview on 02/27/2026 at 1:01 PM, Staff A, Assistant Director of Nursing, stated acute neurological changes was an acute episode and would be a priority and the doctor and family should be notified at the same time. Staff A reviewed Staff C's progress note of 01/04/2026 and reported it was difficult to determine a timeline as there were no times when events or notifications occurred. Staff A stated they did not see documentation that the family had been immediately notified of Resident 1's change of condition and did not see documentation that the doctor was notified within 30 minutes per their earlier instructions.Refer to WAC 388-97-0320 (1)(b-d)