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	05/15/2026

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interview and record review, the facility failed to ensure that resident-identifiable information was not shared with the public for 1 of 1 sampled resident (Resident 3) reviewed for safeguarding a resident's Portable Orders for Life-Sustaining Treatment (POLST - a form designated a resident's code status and other treatment options). The facility failed to ensure Resident 3's POLST was not given to another resident's (Resident 1) family member when Resident 1 was discharged from the facility. This failure placed residents at risk for their privacy to be violated and their personal medical information being shared with an unauthorized person. Findings included.Resident 3 was discharged from the facility on 03/27/2026.Resident 1 was discharged from the facility on 03/27/2026. Review of an email communication from Collateral Contact 1 (CC1 - Resident 1's family member), dated 05/2/2026 at 4:16 PM, showed Resident 3's POLST had been sent home with Resident 1's discharge information. CC1 was concerned and wanted to ensure Resident 3's original POLST was returned to the facility. In an interview on 05/15/2026 at 12:13 PM, Staff B, Licensed Practical Nurse/Resident Care Manager, stated when a resident was discharged from the facility, their original POLST was included in their discharge paperwork. When asked what Health Insurance Portability and Accountability Act (HIPAA) meant, Staff C stated it was to protect a residents' healthcare information. Staff C was asked if sending a residents POLST home that was not theirs was a HIPPA violation, Staff C replied it was. In an interview on 05/15/2026 at 4:52 PM, Staff A, Registered Nurse/Director of Nursing Services, stated the facility placed the resident's original POLST with a resident's discharge paperwork upon discharging from the facility. Staff B stated Resident 3's POLST should not have been sent home with Resident 1. This is a repeat citation from 03/11/2026 and 06/06/2025.Reference WAC 388-97-1720 (1)(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