

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/30/2024
NAME OF PROVIDER OR SUPPLIER  Columbia Crest Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1100 East Nelson Road Moses Lake, WA 98837	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45939</b></p> <p>Based on observation, interview, and record review, the facility failed to provide the necessary care and services to ensure residents dependent on staff received assistance with activities of daily living (ADLs), related to bathing and grooming, for 5 of 7 residents (Resident 1, 2, 3, 4, and 5) reviewed for ADLs. This deficient practice placed residents at risk for unmet care needs, impaired skin integrity, and embarrassment.</p> <p>Findings included .</p> <p>Review of the facility policy titled, Activities of Daily Living, revised on 05/01/2023, showed each resident would be assessed to identify the amount of assistance needed to complete their ADLs, and their care plan would address the manner in which the care and services would be provided.</p> <p>&lt;Resident 1&gt;</p> <p>Review of the medical record showed Resident 1 was admitted to the facility on [DATE] with diagnoses of heart disease, dementia (a group of neurological conditions that cause a person to lose the ability to think, remember, and reason to the point that it interferes with their daily life), and muscle weakness. Review of the comprehensive assessment, dated 08/09/2024, showed Resident 1 had moderate cognitive impairment and required the assistance of one to two people with dressing, grooming, bathing, and toileting.</p> <p>Review of Resident 1's bathing task for the last 30 days (10/01/2024 to 10/30/2024) showed bathing assistance was provided two times, on 10/15/2024 and 10/29/2024.</p> <p>During an observation, on 10/30/2024 at 11:04 AM, Resident 4 was laying in bed watching television. Resident 1 was dressed in a white T-shirt and incontinent brief, had 1/4-inch growth of facial hair, and their hair was uncombed, laying flat against the back of their head (bed head).</p> <p>&lt;Resident 2&gt;</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:  505320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/30/2024
NAME OF PROVIDER OR SUPPLIER  Columbia Crest Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1100 East Nelson Road Moses Lake, WA 98837	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the medical record showed Resident 2 was admitted to the facility on [DATE] with diagnoses of amputation of right great toe, cellulitis (a bacterial infection that affects the skin and underlying tissues) of left leg, and diabetes (a condition that happens when the body can't use glucose [a type of sugar] normally). Review of the comprehensive assessment, dated 07/31/2024, showed Resident 2 was cognitively intact and required supervision and partial assistance with dressing, grooming, bathing, and toileting.</p> <p>Review of Resident 2's bathing task for the last 30 days (10/01/2024 to 10/30/2024) showed bathing assistance was provided zero times.</p> <p>During a concurrent observation and interview, on 10/30/2024 at 12:15 PM, Resident 2 was observed eating their lunch at the bedside with notable bright red discoloration to their fingertips and around their fingernails (likely red dye from bedside snacks). Resident 2's appearance was overall disheveled-their hair was shoulder length, notably dirty with oil and multiple pieces of dandruff, and they had 1/2-inch (unit of measure) of facial hair growth to their cheeks and neck (their mustache was desired facial hair). Resident 2 stated they did not feel they received sufficient bathing or grooming assistance, and their preference was to bathe and shave every other day. Resident 2 stated they had a rash that itched to their arms and trunk, and they felt it was not getting better due to their lack of bathing.</p> <p>&lt;Resident 3&gt;</p> <p>Review of the medical record showed Resident 3 was admitted to the facility on [DATE] with diagnoses of heart disease, muscle weakness, difficulty breathing, and skin yeast (a type of fungal infection to the skin). Review of the comprehensive assessment, dated 09/26/2024, showed Resident 3 was cognitively intact and required the assistance of one person for dressing, grooming, bathing, and toileting.</p> <p>Review of Resident 3's bathing task for the last 30 days (10/01/2024 to 10/30/2024) showed bathing assistance was provided zero times.</p> <p>During an interview, on 10/30/2024 at 12:25 PM, Resident 3 stated they had not received an actual shower since their admission to the facility, and overall, they did not feel clean and groomed. Resident 3 stated there was not enough staff to get cares done.</p> <p>&lt;Resident 4&gt;</p> <p>Review of the medical record showed Resident 4 was admitted to the facility on [DATE] with diagnoses of aspiration pneumonia (a lung infection that occurs when food or liquid is breathed into the airways or lungs, instead of being swallowed), muscle weakness, and a history of falls. Review of the comprehensive assessment, dated 10/09/2024, showed Resident 4 had a moderately impaired cognition and required the assistance of one to two people for dressing, grooming, bathing, toileting, and transfers.</p> <p>Review of Resident 4's bathing task for the last 30 days (10/01/2024 to 10/30/2024) showed bathing assistance was provided one time, on 10/17/2024.</p> <p>&lt;Resident 5&gt;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/30/2024
NAME OF PROVIDER OR SUPPLIER  Columbia Crest Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1100 East Nelson Road Moses Lake, WA 98837	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the medical record showed Resident 5 was admitted to the facility on [DATE] with diagnoses of right leg fracture, diabetes, and heart disease. Review of the comprehensive assessment, dated 10/08/2024, showed Resident 5 was cognitively intact and required the assistance of one person for dressing, grooming, bathing, and toileting. Further review of the medical record showed Resident 5 had a Resident Initiated discharge to an assisted living setting on 10/25/2024.</p> <p>Review of Resident 5's bathing task for the dates 10/01/2024 to 10/25/2024 showed bathing assistance was provided zero times.</p> <p>During an interview, on 10/30/2024 at 10:10 AM, Staff E, Registered Nurse (RN)/Wound Nurse Manager, stated the observations made by the Nursing Assistants (NAs) during cares were a key component in identifying signs of skin breakdown on the residents. Staff E stated that personal cares such as dressing and bathing were the best opportunities for the NAs to make good observations of the residents' skin, and bathing overall was important in maintaining skin health.</p> <p>During an interview, on 10/30/2024 at 10:45 AM, Staff H, NA, stated they primarily worked on the North and East Halls (short-term rehabilitation) and they rarely had enough staff to care for the residents. Staff H stated the residents on these halls required a lot of care, and many of them required the assistance of two people for those cares. Staff H stated it was extremely difficult to get basic cares done, especially showers.</p> <p>During an interview, on 10/30/2024 at 10:50 AM, Staff J, NA, stated they were understaffed most days, especially on the weekends. Staff J stated they tried hard to provide adequate care, but they did not feel the residents were getting showered often enough.</p> <p>During an interview, on 10/30/2024 at 3:25 PM, Staff D, RN/MDS Coordinator, stated the census on the short-term rehabilitation halls (North and East) had been increasing lately, and the heavier workload was likely affecting the NAs. Staff D stated residents should be offered bathing assistance .at least weekly, if not more. While reviewing the medical records for Resident 1, 2, 3, 4, and 5, Staff D stated it looked like staff was either not documenting or not giving showers, .either way is not good.</p> <p>Reference: WAC 388-97-1060 (2)(c)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/30/2024
NAME OF PROVIDER OR SUPPLIER  Columbia Crest Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1100 East Nelson Road Moses Lake, WA 98837	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45939</p> <p>Based on observation, interview and record review, the facility failed to thoroughly assess and monitor skin integrity concerns, in accordance with professional standards of practice, for 1 of 3 residents (Resident 2) reviewed for skin assessments. This deficient practice placed residents at risk for unmet care needs, discomfort, embarrassment, and the potential worsening of skin integrity conditions.</p> <p>Findings included .</p> <p>Review of the facility policy, titled Skin Integrity and Wound Management, revised on 10/15/2024, showed the facility's process for assessment of residents' skin health included documenting identified skin impairments in the residents' record, notifying the medical provider, and obtaining orders for treatment and monitoring.</p> <p>&lt;Resident 2&gt;</p> <p>Review of the medical record showed Resident 2 was admitted to the facility on [DATE] with diagnoses of amputation of right great toe, cellulitis (a bacterial infection that affects the skin and underlying tissues) of left leg, and diabetes (a condition that happens when the body can't use glucose [a type of sugar] normally). Review of the comprehensive assessment, dated 07/31/2024, showed Resident 2 was cognitively intact and required supervision and partial assistance with dressing, grooming, bathing, and toileting.</p> <p>Review of the medical provider note, dated 09/23/2024 at 10:07 AM, Resident 2 was seen for acute complaints of an itchy rash on trunk and arms and was started on an antihistamine (a medication that prevents or reduces the effects of histamine, a substance that causes symptoms related to an allergic reaction such as sneezing, itching, watery eyes, and fever) three times a day for itching.</p> <p>Review of the TARs for September 2024 and October 2024 showed no treatment or monitoring orders related to Resident 2's rash.</p> <p>Review of the medical record showed late entry nursing Progress Notes (PNs), dated 10/09/2024 at 10:05 AM and 10/16/2024 at 10:07 AM, showed skin checks documenting continues with rash to trunk and legs. Review of the late entry nursing PN, dated 10/22/2024 at 12:36 PM, showed Resident 2 had been to an appointment with a provider outside of the facility when they were sent to a local emergency room for evaluation and treatment of the rash. The PN showed the emergency room staff contacted the facility to obtain history regarding Resident 2's rash onset and cause.</p> <p>Review of the emergency room discharge document, dated 10/22/2024 (30 days after the initial onset of the rash), showed Resident 2 was evaluated for rash to trunk, arms and legs, and recommended to be evaluated by facility medical provider for the need of a referral to a skin specialist such as a dermatologist. No other orders were noted</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/30/2024
NAME OF PROVIDER OR SUPPLIER  Columbia Crest Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1100 East Nelson Road Moses Lake, WA 98837	
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>During a concurrent observation and interview, on 10/30/2024 at 12:15 PM, Resident 2 was observed eating their lunch at the bedside with notable pink rash to bilateral forearms. Resident 2 lifted their shirt to show a pink rash to their stomach and chest, and stated the rash continued to itch and they felt it was not getting better due to their lack of bathing. Resident 2 stated staff was not applying a topical treatment or lotion to the rash.</p> <p>During an interview, on 10/30/2024 at 12:30 PM, Staff G, LPN-Unit Manager, stated the expectation was to monitor residents for signs of adverse side effects and overall effectiveness when a new medication was ordered. Staff G stated in reference to Resident 2's rash, a reassessment and communication to the medical provider should have been completed when it was noted the rash was not responding to the antihistamine medication. Staff G stated Resident 2's medical record showed no documentation of a follow-up visit with a facility medical provider, and confirmed Resident 2 should have been evaluated by a facility medical provider as recommended by the emergency room provider.</p> <p>During an interview, on 10/30/2024 at 2:15 PM, Staff B, Interim Administrator, stated the follow-up regarding identified skin concerns was not happening the way it should.</p> <p>During an interview, on 10/30/2024 at 3:25 PM, Staff H, RN-MDS Coordinator, stated Resident 2 should have been evaluated by a facility medical provider, and 38 days of antihistamine medication with little to no resolution was too long.</p> <p>Reference: WAC 388-97-1060 (1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/30/2024
NAME OF PROVIDER OR SUPPLIER  Columbia Crest Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1100 East Nelson Road Moses Lake, WA 98837	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45939</p> <p>Based on interview and record review, the facility failed to thoroughly and accurately assess pressure related skin impairments, in accordance with professional standards of practice, for 1 of 3 residents (Resident 4) reviewed for pressure injuries. This deficient practice placed residents at risk for discomfort and potential worsening of pressure injuries.</p> <p>Findings included .</p> <p>Review of the National Pressure Injury Advisory Panel's (NPIAP, the leading expert in PIs/wounds) guidelines and definitions, dated September 2016, defined pressure injury stages as follows:</p> <p>Stage 1 PI has intact skin with a localized area of non-blanchable erythema (redness).</p> <p>Stage 2 PI is a partial thickness skin loss with exposed dermis (the top inner layers of skin).</p> <p>Stage 3 PI is a full thickness loss of skin, in which adipose (fat) tissue is visible in the ulcer. Slough (dead tissue) and or eschar (dried blood and tissue) may be visible, granulation tissue and epibole (rolled or curled under edges) may include with undermining (a pocket of dead space under the visible wound edges) and tunneling (a passageway under the wounds surface which may be shallow or deep and impairs wound closure).</p> <p>Stage 4 PI is a full thickness loss of skin and tissue with exposed or directly palpable fascia (a layer of connective tissue), muscle, tendon, ligament, cartilage, or bone in the ulcer. Epibole undermining and tunneling often occur.</p> <p>Unstageable PI is a full thickness skin and tissue loss to which the extent of the tissue damage cannot be seen</p> <p>Review of the facility policy, titled Skin Integrity and Wound Management, revised on 10/15/2024, showed the facility's process for assessment of residents' skin health included reviewing available pre-admission information and completing a comprehensive skin assessment upon admission/re-admission. In addition, the policy showed identified skin impairments were to be documented in the record, reported to the medical provider, and orders for treatment and monitoring were to be obtained.</p> <p>&lt;Resident 4&gt;</p> <p>Review of the medical record showed Resident 4 was admitted to the facility on [DATE] with diagnoses of aspiration pneumonia (a lung infection that occurs when food or liquid is breathed into the airways or lungs, instead of being swallowed), muscle weakness, and a history of falls. Review of the comprehensive assessment, dated 10/09/2024, showed Resident 4 had a moderately impaired cognition and required the assistance of one to two people for dressing, grooming, bathing, toileting, and transfers.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/30/2024
NAME OF PROVIDER OR SUPPLIER  Columbia Crest Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1100 East Nelson Road Moses Lake, WA 98837	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the pre-admission medical history and hospital transfer orders, dated 10/04/2024, showed Resident 4 had experienced an unwitnessed ground level fall at home and was lying on their back for an unknown amount of time before Emergency Medical Services (EMS) arrived resulting in the diagnosis of rhabdomyolysis (the breakdown of muscle tissue that leads to the release of muscle fiber contents into the blood). The medical history showed the rhabdomyolysis was the likely cause of Resident 4's documented skin impairments:</p> <ol style="list-style-type: none"> <li>1.) Deep Tissue Injury ([DTI] a serious condition that occurs when the tissues beneath the skin are damaged, usually due to sustained pressure or shear forces)--Right heel measuring 0.5 centimeters ([cm] unit of measure) by 0.5 cm</li> <li>2.) Unstageable PI-Left Lower Back (near buttocks) measuring 7 cm by 6 cm</li> <li>3.) Unstageable PI-Right Upper Back measuring 8 cm by 4.5 cm</li> </ol> <p>Review of the facility admission assessment, dated 10/04/2024, showed Resident 4 had a dime sized scab to their right heel and an unstageable pressure injury to their left lower back measuring 6 cm by 3.5 cm. Further review of the facility admission assessment from 10/04/2024 showed no documentation of the skin impairment to Resident 4's right upper back.</p> <p>Review of Resident 4's Treatment Administration Records (TARs) for October 2024 showed no treatment and/or monitoring orders for the identified skin impairments documented on 10/04/2024. Further review of the TARs showed treatment and monitor orders were initiated beginning on 10/16/2024 (12 days after admission) for an unstageable pressure injury to the left lower back and right upper back.</p> <p>Review of the skin assessments dated 10/12/2024, 10/19/2024, and 10/26/2024 showed Resident 4 had a dime sized scab to their right heel and an unstageable pressure injury to their left lower back measuring 6 cm by 3.5 cm; no documentation regarding a second wound to the right upper back area.</p> <p>Review of the initial consultation note by a contracted wound provider, dated 10/28/2024, showed Resident 4 had two wounds to be treated: Wound 1-Thoracic Spine Stage 4 Pressure Injury measuring 5.2 cm by 4.1 cm; and Wound 2-Left Lumbar Spine Unstageable Pressure Injury measuring 4.1 cm by 4.5 cm.</p> <p>During an interview, on 10/23/2024 at 10:10 AM, Staff E, Registered Nurse (RN)-Wound Nurse Manager, stated their process for managing skin integrity issues included assessing the wounds, communicating with providers, obtaining orders for treatments, monitoring, and equipment. Staff E stated they usually made rounds with contracted and facility medical providers to address wounds and other skin integrity concerns, but they were only one part of the team responsible for overall wound management. Staff E stated they returned to work from personal leave around October 15, 2024, and initiated the wound management process for newly identified wounds, including Resident 4. Staff E stated the wound management process was not initiated for Resident 4 upon admission, and they were unsure of who was responsible for wounds during their absence.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/30/2024
NAME OF PROVIDER OR SUPPLIER  Columbia Crest Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1100 East Nelson Road Moses Lake, WA 98837	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 10/23/2024 at 11:50 AM, Staff F, Licensed Practical Nurse (LPN)-Unit Manager, stated the admission process was split into steps, and the LNs completed the bedside components such as consents and head to toe assessments. Staff F stated the expectation was a complete and accurate skin assessment to be completed on day of admission, all skin impairments were measured and documented, and treatment and/or monitoring orders were obtained. Staff F stated they were responsible to follow-up on concerns identified with new admissions and was unaware of any concerns regarding Resident 4.</p> <p>During an interview, on 10/30/2024 at 3:25 PM, Staff H, RN-MDS Coordinator, stated skin assessments on admission should be completed thoroughly and accurately, and all identified areas need to be documented to trigger appropriate follow-up and follow through.</p> <p>Reference: WAC 388-09-1060 (3)(b)</p>