

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 12/24/2025
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)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. (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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<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to establish a valid basis for discharge for 2 or 3 residents (Resident 1 and 2) who were not permitted to return to the facility after hospitalization and/or therapeutic leave. This deficient practice displaced residents from a safe home and placed them at risk for unmet care needs. Findings included. Review of the facility policy, Discharge and Transfer, revised on 06/11/2025, showed residents transferred to a hospital for unplanned, acute reasons must be permitted to return to the Center. Review of the facility policy Leave of Absence/Therapeutic Leave: Patient, revised on 07/15/2025, showed therapeutic leave was described as absences from the facility other than hospitalizations and cannot be a means of involuntarily discharging the patient. Resident 1 Review of the medical record showed Resident 1 admitted to the facility, on 12/22/2023, with diagnoses of Chronic Obstructive Pulmonary Disease [(COPD) a progressive lung disease that blocks airflow, making it hard to breathe due to damaged airways], stroke, and polyneuropathy (damage to multiple nerves causing pain and numbness to hands and feet). Review of the comprehensive assessment, dated 08/26/2025, showed Resident 1 had moderate cognitive impairment, required the assistance of two people for dressing, bathing, incontinent care, bed mobility and transfers, and was administered supplemental oxygen continuously due to chronic shortness of breath. Review of the medical record showed Resident 1 was issued a 30-Day Notice to discharge on [DATE] for non-payment of room, board, and care costs. The medical record showed a request for an Appeal Hearing was submitted to the State Department on behalf of Resident 1 on 07/10/2025, the hearing took place on 07/28/2025, and the decision was for the facility to not proceed with the discharge. Review of the nursing Progress Note (PN), dated 11/11/2025 at 9:30 PM, showed Resident 1 experienced nausea/vomiting, respiratory distress (difficulty breathing) with abnormal vital signs and was sent to the local hospital for evaluation and treatment. Review of the medical record showed the Minimum Data Set [(MDS) a standardized assessment for nursing home residents, capturing health data (functional, cognitive, psychosocial) for care planning, quality reporting, and payment] discharge assessment, dated 11/11/2025, indicated Resident 1 was anticipated to return. Review of the medical record showed scanned e-mails, dated 11/17/2025 at 8:32 AM, of Staff C, Admissions Coordinator, confirming the facility's decision to red flag (Resident 1) as no readmission for non payment, and stated they would communicate that to the hospital. Review of the medical record showed scanned e-mails, dated 12/09/2025 at 3:24 PM, where Staff D, Paralegal-Regulatory Matters, communicated with Staff A, Administrator, and Staff C that (Resident 1) is still our patient at this time until we find an appropriate and safe discharge location. (The facility) can only refuse (Resident 1's) return from the hospital if (their) needs have changed and (the facility) can no longer meet them. Resident 2 Review of the medical record showed Resident 2 admitted to the facility, on 07/09/2025, with diagnoses of diabetes (a disease that impairs the body's ability to process sugar), right below the knee amputation, and COPD. Review of the comprehensive assessment, dated 10/14/2025, showed Resident 2 was cognitively intact, required the assistance of one person for toileting, incontinent care, dressing, personal hygiene, and bathing, and was independent with their mobility by using an electric wheelchair. Review of the Weekly Interdisciplinary Discharge Planning Assessment, dated 08/14/2025, showed Resident 2 planned to stay at the facility as a long-term care resident once skilled therapy was completed. Review of the care plan, dated 10/13/2025, showed Resident 2 was able to go out in the community unsupervised and staff were to assist Resident 2 with appropriate preparations such as verifying the battery of their electric wheelchair was charged. Review of the nursing PN, dated 11/11/2025 at 10:51 AM, showed Resident 2 informed facility staff that they were incontinent of bowel and bladder during their outings from the facility, and they were aware this caused skin breakdown to their coccyx (tailbone). Resident 2 stated they preferred to be assisted with incontinent care and application of sav (skin healing ointment) upon their return. Review of the nursing PN, dated 12/10/2025 at 12:54 PM, showed Resident 2 signed themselves out of the facility for a Therapeutic Leave of Absence (LOA) on 12/07/2025 with the plan to return to the facility on [DATE]. Review of the nursing PN, dated 12/12/2025 at 4:19 PM, showed Resident 2 contacted the facility stating they wanted to return to the facility and had experienced a fall while they were out of the facility. The PN showed Staff B, Director of Nursing, advised Resident 2 they would need evaluated by ER (emergency room) physician before (the facility) can accept them back. Review of the nursing PN, dated 12/12/2025 at 7:55 PM, showed the facility was contacted by the local hospital ER on behalf of Resident 2, inquiring about their return to the facility. The ER</p>		