

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/18/2026
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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure wound care practices were maintained in accordance with professional standards of nursing practice for 1 of 2 residents (Resident 1) reviewed for wound care. This deficient practice placed residents at risk of receiving inadequate wound care, delays in healing or potential worsening of wounds. Findings included. Revised Code of [NAME] (RCW) 18.79.040 (1)(e), Registered nursing practice means the performance of acts requiring substantial specialized knowledge, judgment, and skill based on the principles of the biological, physiological, behavioral, and sociological sciences in either: The executing of medical regimen as prescribed by a licensed physician and surgeon, dentist, osteopathic physician and surgeon, podiatric physician and surgeon, physician assistant, or advanced registered nurse practitioner. Review of the facility policy, Skin Integrity and Wound Management revised on 09/15/2025 showed Licensed Nurses (LNs) were to follow specific orders from the surgeon regarding care of surgical wounds and to notify physician to obtain orders. Review of the facility policy, Change in Condition: Notification of revised on 07/01/2024, showed the facility must consult with the physician when there was a need to alter treatment significantly (that is, a need to discontinue or change an existing form of treatment or to commence a new form of treatment). Resident 1 Review of the medical record showed Resident 1 admitted to the facility, on 06/05/2026, with diagnoses of left ankle surgical incision and drainage of an abscess (a localized, enclosed pocket of pus that forms in the body's tissues in response to an infection), cellulitis (a common, potentially serious bacterial infection of the skin and underlying tissues) to the left ankle and sepsis (the body's extreme, life-threatening response to an infection). Review of Resident 1's admission physician's orders, dated 06/05/2026, showed surgical incision wound care to the left ankle included washing with soap and water and covering with dry dressing twice daily. Review of the medical record showed a new wound care order was input by Staff C, Registered Nurse/Skin Lead, on 06/05/2026 at 2:58 PM, changing the type of treatment to the wound bed and decreased the frequency to once daily. Review of the medical record showed a new wound care order was input by Staff C, on 06/06/2026 at 1:22 PM, changing the frequency of the wound care to three times weekly on Monday, Wednesday, and Friday. Review of the nursing progress notes (PNs) showed no documentation of communication with a medical provider regarding the wound care order changes or notification of change in condition to prompt the change. During an interview, on 06/18/2026 at 12:10 PM, Staff D, Resident Care Manager, stated they received a phone call from Resident 1's surgeon's office clarifying the wound care orders were to return to the admission orders of cleansing the left ankle surgical incision with soap and water and applying a dry dressing twice daily. During an interview, on 06/18/2026 at 1:30 PM, Staff C stated they changed the wound care orders for Resident 1 based on their judgment to reduce the risk of exposing the incision to infection and to make it easier on the floor nurses. Staff C stated they did not speak directly with a medical provider when changing the orders because the medical director trusts my judgment, and they felt it was within their scope of practice to change wound care orders because of their training. Review of personnel records, on 06/18/2026, showed Staff C was hired on 04/01/2026 in the capacity of Skin Health Team Lead, and had no records of certifications or competencies related specifically to (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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	advanced wound care.During an interview, on 06/18/2026, Staff B, Director of Nursing, stated LNs were to obtain all orders from a medical provider, and it was not in their scope of practice to create or change existing orders. Staff B stated Staff C did not perform within their scope of practice when changing the wound care orders for Resident 1.Reference: WAC 388-97-1620 (2)(b)(i)(ii)		