

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/25/2024
NAME OF PROVIDER OR SUPPLIER  Avamere Olympic Rehabilitation of Sequim		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 5th Avenue South Sequim, WA 98382	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45203</b></p> <p>Based on interview, and record review, the facility failed to ensure services provided met professional standards of practice for 1 of 3 sampled residents (Resident 1) reviewed for quality of care when the facility failed to clarify a medication order that was entered incorrectly. This failure placed residents at risk for receiving medication at a higher dose than ordered, potential medical complications, and a decreased quality of life.</p> <p>Findings included .</p> <p>Review of the facility policy titled, Medication Orders, revised November 2014, showed the purpose was to establish uniform guidelines to receive and record medication orders. Medications ordered for PRN (as needed) would include dosage and frequency of administration. Physicians would provide timely, accurate, and complete orders.</p> <p>Resident 1 was admitted to the facility on [DATE]. The quarterly minimum data set (MDS), an assessment tool, dated 06/03/2024, showed Resident 1 was cognitively intact, and required staff assistance for activities of daily living (ADL's).</p> <p>A SBAR form (communication from facility staff to provider to report concerns or changes in baseline of the resident), dated 06/17/2024, showed staff had reported the current order at that time for a muscle relaxer was ineffective in managing the resident's pain and requested a stronger muscle relaxer. The provider response was dated 06/17/2024 and included a written order for cyclobenzaprine (a muscle relaxer) 5 mg (milligrams) by mouth every eight hours as needed.</p> <p>A Provider note, dated 06/17/2024, showed Resident 1 was uncomfortable due to pain and muscle spasms, the provider discontinued the previous muscle relaxer and ordered a new one to be administered every eight hours as needed and read as, new order- cyclobenzaprine 5 mg p.o [by mouth] every 8 hours as needed.</p> <p>A Nursing Care note, dated 06/17/2024 at 3:09 PM, by Staff F, Licensed Practical Nurse, documented a new order was received for cyclobenzaprine 5 mg p.o TID (three times daily) as needed.</p> <p>Review of the June 2024 medication administration record (MAR) showed the order for cyclobenzaprine was administered to Resident 1 routinely three times daily and scheduled for administration at 9 PM, 3 PM, and 9 PM (not every 8 hours) beginning 06/17/2024 and until the resident's admission to the hospital on 06/30/2024.</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:  505327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/25/2024
NAME OF PROVIDER OR SUPPLIER  Avamere Olympic Rehabilitation of Sequim		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 5th Avenue South Sequim, WA 98382	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Provider note, dated 06/19/2024, documented, Continue- cyclobenzaprine 5 mg p.o. every 8 hours as needed.</p> <p>A Provider note, dated 06/24/2024, documented, Continue- cyclobenzaprine 5 mg p.o. every 8 hours as needed.</p> <p>A Provider note, dated 06/26/2024 documented, Continue- cyclobenzaprine 5 mg p.o. every 8 hours as needed.</p> <p>Review of Resident 1's electronic health record (EHR) from 06/17/2024 to 06/30/2024 did not show documentation of a change in the order from as needed to routine three times daily.</p> <p>On 07/18/2024, Resident 1's Power of Attorney said they were informed about the order for the new muscle relaxer and recalled that it was to be administered as needed.</p> <p>On 07/25/2024 at 1:44 PM, Staff G, Registered Nurse (RN) said when they received orders from the provider, they entered them into the EHR and then placed the hardcopy into the Resident Care manager box, and they would check the orders to make sure they were entered correctly.</p> <p>At 2:02 PM, Staff E, Medical Doctor/Provider said he changed the muscle relaxer to a stronger one because the previous one was not effective. The order was intended to be every eight hours as needed. Staff E said he thought a few days later he may have told staff to switch it to routinely every eight hours but, he would have to check. Staff E attempted to access the record but reported he no longer had access as the resident had discharged .</p> <p>At 2:15 PM, Staff D, RN, Resident Care Manager, said she reviewed the orders and checked to ensure they were entered correctly. Staff D reviewed the SBAR, dated 06/17/2024, and said the order was every eight hours as needed. Staff D reviewed the June 2024 MAR and said the order was entered as three times daily as needed, but there were times schedule to administer it. Staff D said she had reviewed and checked the order and believed the order was entered correctly but said she could see how it would be confusing. Staff D said the order should not have scheduled times entered. Staff D was not aware of any additional orders received related to the muscle relaxer being changed to routinely.</p> <p>At 2:56 PM, Staff C, RN, Assistant Director of Nursing, said staff entered orders and RCM's reviewed them to ensure for accuracy. Staff C read the 06/17/2024 SBAR and said the muscle relaxer was ordered every eight hours as needed. Staff C reviewed the June 2024 MAR and said the medication was entered three times daily with scheduled times. Staff C reviewed the order entry history, noting the order was entered by Staff E and confirmed by Staff F.</p> <p>At 3:18 PM, Staff B, RN Director of Nursing, via phone interview, said there was a discrepancy in the order versus what was on the MAR and there should have been a clarification of the order.</p> <p>Reference WAC 388-97-1620 (2)(b)(i)(ii)</p>		