

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER Brookfield Health and Rehab of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 510 North Parkway Battle Ground, WA 98604	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48392</p> <p>Based on interview and record review, the facility failed to ensure a resident's representative was notified of a significant change of condition for 1 of 3 sample residents (Resident 1) reviewed for notification of change. This failure placed residents and their representatives at risk of not being able to participate in resident care decisions and a diminished quality of life.</p> <p>Findings included .</p> <p>The facility policy entitled, Resident Change of Condition, dated 11/28/2017, showed the facility is to immediately notify . the resident representative(s) when there is . a significant change in the resident's physical, mental, or psychosocial status . and defined a significant change as a decline or improvement in a resident's status that will not normally resolve itself without intervention .</p> <p>Resident 1 was admitted to the facility on [DATE] with diagnoses including asthma, diabetes mellitus type 2, hypertension, and chronic heart failure. Resident 1's Minimum Data Set assessment, dated 07/17/2024, indicated the resident required maximum assistance to roll right and left and was dependent on staff to move from sitting on the side of the bed to lying flat on the bed.</p> <p>A Facility Investigation showed on 06/29/2024, at approximately 2:30 AM, Resident 1 was transported to the emergency room after falling from bed onto the floor. The Facility Investigation showed Staff C, Licensed Practical Nurse, providing care at the time of the incident, did not notify the family until after 7:00 AM.</p> <p>A Fall Report, completed by Staff C, showed the family member was notified on 06/29/2024 at 7:45 AM, approximately 5 hours and 15 minutes after Resident 1 was transported to the hospital.</p> <p>On 07/02/2024 at 4:30 PM, Staff B, Registered Nurse and Director of Nursing Services (DNS), said Staff C did not notify the Administrator, DNS, or family until later in the morning on 06/29/2024. Staff B said Staff C would no longer be working at the facility due to not properly informing the right parties in a timely fashion.</p> <p>Reference WAC 388-97- 0320</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48392</p> <p>Based on interview and record review, the facility failed to ensure residents were free from avoidable accidents during resident bed mobility assistance for 1 of 3 sampled residents (Resident 1) reviewed for accident hazards. Resident 1 experienced harm when the resident was found to have a fractured femur (thighbone) after a fall that required medical intervention when facility staff did not use two-person assistance with bed mobility as indicated as necessary by the comprehensive care plan. This failure placed residents at risk for injury and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 1 was admitted to the facility on [DATE] with diagnoses including asthma, diabetes mellitus type 2, hypertension, and chronic heart failure. Resident 1's Minimum Data Set assessment, dated 07/17/2024, indicated the resident required maximum assistance to roll right and left and was dependent on staff to move from sitting on the side of the bed to lying flat on the bed.</p> <p>Resident 1's care plan, initiated 04/01/2024, showed Resident 1 had an [Activities of Daily Living] Self Care Performance Deficit r/t [related to] impaired functional mobility . An intervention, initiated 04/01/2024, showed, BED MOBILITY: Dependent for repositioning with assist of 2 staff .</p> <p>A Facility Investigation showed on 06/29/2024 at approximately 2:00 AM, Resident 1 was being provided personal care, including bed mobility assistance, by one staff member when the resident fell from the bed onto the floor.</p> <p>Review of a hospital orthopedic surgery consult note, dated 06/29/2024, showed Resident 1 sustained a femur [thighbone] fracture as a result of the fall from bed onto the floor and noted, At best, surgery would restore her baseline functional status of being able to transfer with a Hoyer lift [assistive sling/device used to transfer residents between a bed and a chair], but with significant risk . and in the short would not provide pain relief. [Resident 1, a family member], and I [Orthopedic Surgeon] discussed what the non-operative treatment would look like, mainly focused on comfort care in terms of pain control. We discussed this is a major injury that carries a significant risk of 30-day and one year mortality, and that transition to palliative care/hospice may be appropriate.</p> <p>On 07/02/2024 at 4:30 PM, Staff B, Registered Nurse and Director of Nursing Services, said Resident 1 . requires two [person] assist for bed mobility. The staff member who was assisting [Resident 1] is no longer employed here due to not following the care plan, resulting in a resident injury.</p> <p>Reference WAC 388-87-1060 (3)(g)</p>		