

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 04/18/2025
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure residents were free from significant medication errors when medications were not administered in accordance with provider orders for 5 of 5 sampled residents (Residents 1, 2, 3, 4, & 5) reviewed for significant medication errors. This failure placed residents at risk of adverse medical conditions, a change in health condition, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility policy Medication Error Reporting, undated, noted, Medication error/variance shall be defined as any preventable event that may cause or lead to inappropriate medication use or resident harm while the medication is in the control of the health care professional .</p> <p>1) Resident 1 was admitted to the facility on [DATE] with diagnoses including multiple sclerosis (a chronic autoimmune disease affecting the central nervous system particularly the brain and spinal cord), sepsis (a life-threatening condition when the body's response to infection damages its own tissues and organs), and osteomyelitis (a bone infection when microorganisms invade and infect the bone). The quarterly Minimum Data Set (MDS) assessment, dated 03/28/2025, showed Resident 1 was cognitively intact.</p> <p>Review of Resident 1's March 2025 and April 2025 Medication Administration Record (MAR) and Treatment Administration Record (TAR), a comprehensive record of physicians' orders and medications or treatments administered to a resident, showed the following medications were administered at the wrong time or omitted/not administered:</p> <p>&lt;Medications Administered at the Wrong Time&gt;</p> <p>Tramadol 50 milligrams (mg), give 50 mg by mouth two times per day at 8:00 AM and 8:00 PM, for pain related to multiple sclerosis (Accepted nursing practice dictates medication can be administered within a range of one hour prior to the ordered time to one hour after the ordered time.) was administered at the following times:</p> <p>-04/01/2025 Tramadol 50 mg administered at 6:14 PM and 11:32 PM.</p> <p>-04/02/2025 Tramadol 50 mg administered at 10:10 AM.</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
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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-04/06/2025 Tramadol 50 mg administered at 11:16 PM.</p> <p>-04/07/2025 Tramadol 50 mg administered at 12:54 PM.</p> <p>Vancomycin 125 mg, give 125 mg by mouth four times per day at 1:00 AM, 7:00 AM, 1:00 PM, 7:00 PM, for c-difficile infection (Accepted nursing practice dictates medication can be administered within a range of one hour prior to the ordered time to one hour after the ordered time.) was administered at the following times:</p> <p>-04/02/2025 Vancomycin 125 mg administered at 10:14 AM.</p> <p>-04/03/2025 Vancomycin 125 mg administered at 8:18 PM.</p> <p>-04/04/2025 Vancomycin 125 mg administered at 8:18 PM.</p> <p>-04/05/2025 Vancomycin 125 mg administered at 8:16 AM.</p> <p>-04/06/2025 Vancomycin 125 mg administered at 10:08 PM.</p> <p>-04/07/2025 Vancomycin 125 mg administered at 2:04 AM and 12:46 PM.</p> <p>-04/09/2025 Vancomycin 125 mg administered at 8:10 AM and 2:33 PM.</p> <p>-04/10/2025 Vancomycin 125 mg administered at 2:35 AM.</p> <p>Ciprofloxacin 500 mg by mouth every 12 hours at 8:00 AM and 8:00 PM, for pyelonephritis (inflammation of the kidneys) (Accepted nursing practice dictates medication can be administered within a range of one hour prior to the ordered time to one hour after the ordered time.) was administered at the following times:</p> <p>-04/02/2025 Ciprofloxacin 500 mg administered at 10:09 AM and 7:39 PM.</p> <p>-04/03/2025 Ciprofloxacin 500 mg administered at 8:30 PM.</p> <p>-04/04/2025 Ciprofloxacin 500 mg administered at 10:24 PM.</p> <p>&lt;Treatments Not Administered&gt;</p> <p>The March 2025 and April 2025 TAR showed the following treatments were not administered on the following dates:</p> <p>-03/17/2025 - Clean peri wound area with NS (normal saline), pat dry, apply skin prep or Triad (bandage) every day shift for irritation.</p> <p>-03/29/2025 - Complete Skin Inspection eval weekly: evaluate skin impairments, skin health, nail and foot care. Document results on the evaluation scheduled, every night shift for skin integrity.</p> <p>-03/25/2025 - Ensure pressure relieving cushion on wheelchair every day shift every Tuesday.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-03/25/2025 - Ensure resident is offered a shower or bed bath. If refused after multiple attempts, ensure a progress notes is written every day shift every Tues, Fri for hygiene.</p> <p>-03/28/2025 - Ensure resident is offered a shower or bed bath. If refused after multiple attempts, ensure a progress notes is written every day shift every Tues, Fri for hygiene.</p> <p>-03/17/2025 - Left ischium (pelvic bone): Clean with NS, apply collagen powder (powder that aides in wound healing) to wound bed, &frac12; packing strip moistened with Dakins solution (antiseptic) 0.125%, cover with ABD (abdominal) pad, secure with tape or patient undergarment, every day-shift.</p> <p>-03/19/2025 - Left ischium: Clean with NS, apply collagen powder to wound bed, &frac12; packing strip moistened with Dakins solution 0.125%, cover with ABD pad, secure with tape or patient undergarment, every day-shift.</p> <p>-03/17/2025 - Weight one time a day every Mon, Wed, Fri.</p> <p>-03/19/2025 - Weight one time a day every Mon, Wed, Fri.</p> <p>-03/17/2025 - Apply split gauze to suprapubic (area above pelvis) every shift.</p> <p>-03/19/2025 - Apply split gauze to suprapubic every shift.</p> <p>-03/17/2025 - Device: Specialty air mattress settings Check functioning and settings, adjust settings if needed, every shift for routine monitoring.</p> <p>-03/19/2025 - Device: Specialty air mattress settings Check functioning and settings, adjust settings if needed, every shift for routine monitoring.</p> <p>-03/17/2025 in the AM - Edema: Bilateral Lower Extremities (LLE, RLE): Monitor every shift. Edema Codes: 0, 1+, 2+, 3+, 4+ Evaluate changes/trending and notify the Provider and chart as needed. every shift for Heart Failure Monitoring.</p> <p>-03/19/2025 in the AM - Edema: Bilateral Lower Extremities: Monitor every shift. Edema Codes: 0, 1+, 2+, 3+, 4+ Evaluate changes/trending and notify the Provider and chart as needed. every shift for Heart Failure Monitoring</p> <p>-03/17/2025 in the AM - Keep as much pressure off of the wound as possible. Use pillows, wedges or other device to prop on to your side to keep the pressure off of the wound. every shift</p> <p>-03/17/2025 in the AM - Left arm to be elevated on pillow d/t (due to) shoulder pain every shift for pain</p> <p>-03/17/2025 in the AM - Left upper extremity (LUE) splint, on at HS (hour of sleep), off in AM. Ensure straps are aligned so fingers are flush with splint. LN (licensed nurse) to monitor skin every shift</p> <p>-03/19/2025 in the AM - LUE (left upper extremity) splint, on at HS, off in AM. Ensure straps are aligned so fingers are flush with splint. LN to monitor skin every shift</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-03/01/2025 in the AM - PROFO (orthotic pressure relief boot) boots to bilateral heels, LN to monitor skin every shift Start Date 02/21/2023.</p> <p>-03/01/2025 in the AM - Specialty Air Mattress with Bolster. Check function and adjust settings if needed. every shift for routine monitoring, Wound care -Start Date 03/28/2024.</p> <p>-03/19/2025 at HS - Does resident have difficulty swallowing food and/or medications, or request meds crushed for ease of swallow? every shift -Start Date 01/14/2025.</p> <p>-03/19/2025 at HS - Edema: Bilateral Lower Extremities (LLE, RLE): Monitor every shift. Edema Codes: 0, 1+, 2+, 3+, 4+ Evaluate changes/trending and notify the MD as needed. every shift for Heart Failure Monitoring -Start Date 08/10/2023.</p> <p>-03/19/2025 in the AM - Monitor BP (blood pressure) every shift and administer PRN hydralazine if SBP greater than 160 every shift -Start Date 12/15/2024.</p> <p>-03/19/2025 at HS</p> <p>- Monitor BP every shift and administer PRN hydralazine if SBP greater than 160 every shift -Start Date 12/15/2024.</p> <p>-03/19/2025 at HS</p> <p>- Monitor redness to left 4th digit. every shift for Skin integrity -Start Date 03/12/2025 -D/C Date 03/29/2025.</p> <p>-03/07/2025 at HS</p> <p>- Monitor Vital Signs Q Shift every shift Give Flu test -Start Date 12/30/2024.</p> <p>-03/19/2025 in the AM - Monitor Vital Signs Q Shift every shift Give Flu test -Start Date 12/30/2024.</p> <p>-03/19/2025 at HS</p> <p>- Monitor Vital Signs Q Shift every shift Give Flu test -Start Date 12/30/2024.</p> <p>-03/19/2025 in the AM - Pain Monitor: Document pain rating scale at the start of each shift. Using verbal/non-verbal 0-10 scale. every shift for Pain monitoring If resident reports pain or has signs and symptoms of pain, encourage non-pharm interventions if ineffective use current pain medications to resolve pain. If symptoms don't resolve or pain doesn't lower to residents desired scale rating, notify MD. -Start Date 02/21/2023.</p> <p>-03/19/2025 at HS</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-03/07/2025 at HS</p> <p>- Blisters to thighs and groin: Cleanse with NS, pat dry, apply Lidocaine/prilocaine cream for pain management then apply Clobetasol (treats skin conditions) ointment to blisters followed by Vaseline and cover with superabsorbent pads Q shift and PRN every shift -Start Date 02/23/2025 1800 -D/C Date 03/14/2025.</p> <p>-03/17/2025 in the AM - Clean surrounding area of suprapubic catheter with NS, pat dry and apply split gauze every shift -Start Date 03/12/2025.</p> <p>-03/19/2025 in the AM - Clean surrounding area of suprapubic catheter with NS, pat dry and apply split gauze every shift -Start Date 03/12/2025.</p> <p>-03/11/2025 in the AM - Indwelling Urinary (Foley) Catheter: measure and record output every shift for Hydration management -Start Date 02/23/2025.</p> <p>-03/17/2025 in the AM - Indwelling Urinary (Foley) Catheter: measure and record output every shift for Hydration Management -Start Date 02/23/2025.</p> <p>-03/20/2025 in the AM - Indwelling Urinary (Foley) Catheter: measure and record output every shift for Hydration Management -Start Date 02/23/2025.</p> <p>-03/01/2025 at HS - Indwelling Urinary (Foley) Catheter: measure and record output every shift for Hydration Management -Start Date 02/23/2025.</p> <p>-03/05/2025 at HS</p> <p>- Indwelling Urinary (Foley) Catheter: measure and record output every shift for Hydration Management -Start Date 02/23/2025.</p> <p>-03/07/2025 at HS</p> <p>- Indwelling Urinary (Foley) Catheter: measure and record output every shift for Hydration Management -Start Date 02/23/2025.</p> <p>-03/08/2025 at HS - Indwelling Urinary (Foley) Catheter: measure and record output every shift for Hydration Management -Start Date 02/23/2025.</p> <p>-03/15/2025 at HS - Indwelling Urinary (Foley) Catheter: measure and record output every shift for Hydration Management -Start Date 02/23/2025.</p> <p>-03/19/2025 at HS - Indwelling Urinary (Foley) Catheter: measure and record output every shift for Hydration Management -Start Date 02/23/2025.</p> <p>-03/17/2025 in the AM - Monitor Vital Signs Q Shift every shift -Start Date 02/23/2025</p> <p>-03/19/2025 in the AM - Monitor Vital Signs Q Shift every shift -Start Date 02/23/2025</p> <p>(continued on next page)</p>		

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 04/18/2025
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-03/07/2025 at HS</p> <p>- Monitor Vital Signs Q Shift every shift -Start Date 02/23/2025</p> <p>-03/08/2025 at HS</p> <p>- Monitor Vital Signs Q Shift every shift -Start Date 02/23/2025</p> <p>-03/17/2025 in the AM - Oxygen at (SPECIFY: __2__LPM) continuously per (SPECIFY: nasal cannula, concentrator and/or tank. every shift for Chronic Respiratory Disease -Start Date 03/12/2025 1800 -D/C Date 03/26/2025.</p> <p>-03/19/2025 in the AM - Oxygen at (SPECIFY: __2__LPM) continuously per (SPECIFY: nasal cannula, concentrator and/or tank. every shift for Chronic Respiratory Disease -Start Date 03/12/2025 1800 -D/C Date 03/26/2025.</p> <p>-03/17/2025 in the AM - Oxygen at t 0-4 L/min by nasal cannula for a goal O2 Sat of 92%. every shift for O2 monitoring -Start Date 02/23/2025.</p> <p>-03/19/2025 in the AM - Oxygen at t 0-4 L/min by nasal cannula for a goal O2 Sat of 92%. every shift for O2 monitoring -Start Date 02/23/2025.</p> <p>-03/17/2025 in the AM - Pain Monitor: Document pain rating scale at the start of each shift. Using verbal/non-verbal 0-10 scale. every shift for Monitoring Level of Comfort If resident reports pain or has signs and symptoms of pain, encourage non pharm interventions if ineffective use current pain medications to resolve pain. If symptoms don't resolve or pain doesn't lower to residents desired scale rating, notify MD. -Start Date 02/23/2025.</p> <p>5) Resident 5 was admitted to the facility on [DATE] with diagnoses including hemiplegia (paralysis one side of the body), sepsis, and cellulitis (bacterial infection of the skin) left upper limb. The quarterly MDS, dated [DATE], showed Resident 5 was moderately cognitively impaired.</p> <p>Review of Resident 5's March 2025 and April 2025 MAR and TAR showed the following medications and treatments were omitted/not administered:</p> <p>-03/02/2025 in the AM - Behavior monitor: 1.) Unredirectable Anxiety 2.) Verbal Aggression 3.) Depressed Statements 4.) Accusatory Statements 5.) Reorganizing personal items in off hours A.) Assess and treat pain B.) Reduce environmental stimuli C.) Offer active listening D.) Offer reassurance E.) Leave and reapproach F.) Engage wife to assist PRN every shift.</p> <p>-03/03/2025 in the AM - Behavior monitor: 1.) Unredirectable Anxiety 2.) Verbal Aggression 3.) Depressed Statements 4.) Accusatory Statements 5.) Reorganizing personal items in off hours A.) Assess and treat pain B.) Reduce environmental stimuli C.) Offer active listening D.) Offer reassurance E.) Leave and reapproach F.) Engage wife to assist PRN every shift.</p> <p>(continued on next page)</p>		

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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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-03/04/2025 in the AM - Behavior monitor: 1.) Unredirectable Anxiety 2.) Verbal Aggression 3.) Depressed Statements 4.) Accusatory Statements 5.) Reorganizing personal items in off hours A.) Assess and treat pain B.) Reduce environmental stimuli C.) Offer active listening D.) Offer reassurance E.) Leave and reapproach F.) Engage wife to assist PRN every shift.</p> <p>-03/17/2025 in the AM - Behavior monitor: 1.) Unredirectable Anxiety 2.) Verbal Aggression 3.) Depressed Statements 4.) Accusatory Statements 5.) Reorganizing personal items in off hours A.) Assess and treat pain B.) Reduce environmental stimuli C.) Offer active listening D.) Offer reassurance E.) Leave and reapproach F.) Engage wife to assist PRN every shift.</p> <p>-03/02/2025 in the AM - Side Effect(s) Psych/Behavioral: Indicate code observed . 1 - OverSedation/Lethargy, 2 - Restless Agitation, 3 - Increased Confusion/Poor Concentration, 4 - Mental Status Change, 5 - Visual Disturbance, 6 - Change in Gait/EPS, 7 - Behavioral Changes, 8 - N/V, 0 - None every shift for Monitoring Psychotropic/Behavioral Medication Use Notify MD if significant side effected noted.</p> <p>-03/03/2025 in the AM - Side Effect(s) Psych/Behavioral: Indicate code observed . 1 - OverSedation/Lethargy, 2 - Restless Agitation, 3 - Increased Confusion/Poor Concentration, 4 - Mental Status Change, 5 - Visual Disturbance, 6 - Change in Gait/EPS, 7 - Behavioral Changes, 8 - N/V, 0 - None every shift for Monitoring Psychotropic/Behavioral Medication Use Notify MD if significant side effected noted.</p> <p>-03/04/2025 in the AM - Side Effect(s) Psych/Behavioral: Indicate code observed . 1 - OverSedation/Lethargy, 2 - Restless Agitation, 3 - Increased Confusion/Poor Concentration, 4 - Mental Status Change, 5 - Visual Disturbance, 6 - Change in Gait/EPS, 7 - Behavioral Changes, 8 - N/V, 0 - None every shift for Monitoring Psychotropic/Behavioral Medication Use Notify MD if significant side effected noted.</p> <p>-03/17/2025 in the AM - Side Effect(s) Psych/Behavioral: Indicate code observed . 1 - OverSedation/Lethargy, 2 - Restless Agitation, 3 - Increased Confusion/Poor Concentration, 4 - Mental Status Change, 5 - Visual Disturbance, 6 - Change in Gait/EPS, 7 - Behavioral Changes, 8 - N/V, 0 - None every shift for Monitoring Psychotropic/Behavioral Medication Use Notify MD if significant side effected noted.</p> <p>-03/12/2025 - Clean left arm with NS, pat dry and apply bacitracin ointment until resolved. every day shift for Skin impairment -Start Date 03/01/2025 at 6:00 AM -D/C Date 03/17/2025.</p> <p>-03/12/2025 - Ensure pressure relieving cushion on wheelchair every day shift every Wed -Start Date 06/19/2024.</p> <p>-03/12/2025 - Left stump chronic ulcer: Skin prep to previous ulcer and leave OTA (open to air) every day shift -Start Date 01/14/2024.</p> <p>-03/07/2025 - Right buttock Stage II Pressure Ulcer: Gently cleanse with NS and pat dry, apply anascept to wound bed and cover with foam dressing daily and PRN. every night shift for skin impairment -Start Date 03/06/2025 1800 -D/C Date 03/17/2025.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Brookfield Health and Rehab of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 510 North Parkway Battle Ground, WA 98604	
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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-03/01/2025 - R (right) buttock Stage III PU (pressure ulcer): Gently cleanse with NS and pat dry, apply collagen hydrogel and cover with foam dressing daily and PRN. Encourage and educate patient on importance of completing treatment, document refusals. every night shift for skin impairment -Start Date 02/20/2025 -D/C Date 03/05/2025.</p> <p>-03/12/2025 - Resident to be out of bed and in wheelchair between 9:00 AM and 10:00 AM to work with therapies. every day shift every Wed, Fri for therapies -Start Date 06/19/2024.</p> <p>-03/12/2025 - Check AV (atrioventricular) fistula (opening that connects an organ to the skin) on LUE (left upper extremity) for signs/symptoms of infection (INF) and if bruit or thrill present (BR/TR - A rumbling you can hear and feel). Enter + if present and - if not present. Enter NA if not applicable. every shift for dialysis monitoring. -Start Date 01/28/2024 at 6:00 AM-D/C Date 03/31/2025.</p> <p>-03/01/2025 at HS</p> <p>- Desitin External Cream 13 % (Zinc Oxide (Topical)) Apply to coccyx topically every shift for redness -Start Date 12/10/2024</p> <p>-03/07/2025 at HS</p> <p>- Desitin External Cream 13 % (Zinc Oxide (Topical)) Apply to coccyx topically every shift for redness -Start Date 12/10/2024.</p> <p>-03/08/2025 at HS</p> <p>- Desitin External Cream 13 % (Zinc Oxide (Topical)) Apply to coccyx topically every shift for redness -Start Date 12/10/2024.</p> <p>-03/12/2025 - Edema: Left Lower Extremity (LLE) Monitor every shift. Rate edema 0, 1+, 2+, 3+, 4+. Evaluate changes/trending and notify MD as needed. every shift for Heart Failure Monitoring -Start Date 02/25/2024.</p> <p>-03/12/2025 - Enhanced barrier precautions for Central line and wounds. Gown and gloves required for high contact patient care (dressing, bathing, transferring, incontinence or toileting care, dressing, changing linens, or device or wound care. Gown and gloves are not required when not performing high-contact care. Resident may leave room. every shift for Infection Prevention -Start Date 05/15/2024.</p> <p>-03/12/2025 in the AM - Monitor port site to right chest for s/s of infection. Notify provider if signs of infection noted. (Warmth, erythema, increased pain, swelling, drainage.) every shift for Infection Monitoring -Start Date 01/28/2024.</p> <p>-03/07/2025 in the AM - Monitor Vital Signs Q Shift every shift Administer Flu test if one has not been completed -Start Date 12/30/2024.</p> <p>-03/08/2025 in the AM - Monitor Vital Signs Q Shift every shift Administer Flu test if one has not been completed -Start Date 12/30/2024.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Brookfield Health and Rehab of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 510 North Parkway Battle Ground, WA 98604	

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-03/07/2025 in the AM - Levothyroxine Sodium Oral Tablet 50 MCG (Levothyroxine Sodium) Give 75 mcg by mouth one time a day related to HYPOTHYROIDISM, UNSPECIFIED (E03.9) -Start Date 03/23/2024.</p> <p>-03/03/2025 MID - Creon Oral Capsule Delayed Release Particles 36000-114000 UNIT (Pancre lipase (Lipase-Protease Amylase)) Give 3 capsule by mouth three times a day related to END STAGE RENAL DISEASE (N18.6) -Start Date 04/01/2024.</p> <p>On 04/16/2024 at 2:00 PM, Staff A, Resident Care Manager and Licensed Practical Nurse, said when there was a blank space on the MAR, where there should have been a check and a nurses' initials, that means that the task was incomplete and/or, the medication was not administered or the resident was out of the facility. If the MAR says a medication was supposed to be administered at 8:00 AM, the nurses can administer that medication between 7:00 AM and 9:00 AM, any [clock] time listed on the MAR means the nurse should administer that medication between one hour prior [to the time listed] until one hour after [the time listed]. Staff A stated, We also use flex times here, so when the MAR says DAY, the task should be completed or the medication should be administered sometime between 6:00 AM and 10:00 AM. If it says HS, the task should be completed or the medication should be administered between 6:00 PM and 10:00 PM.</p> <p>Reference WAC 388-97-1260 (3)(k)(iii)</p>