

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  07/11/2024
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>47518</p> <p>Based on interview and record review, the facility failed to ensure issue and/or complete a Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNF ABN) and/or a Notice of Medicare Non-Coverage (NOMNC) was completed and issued timely, at least two calendar days before Medicare services ended, for 3 of 3 sampled residents (33, 49, &amp; 214) reviewed for SNF ABN and NOMNC notification. This failure placed residents and their representatives at risk for not having adequate information to make financial decisions related to a continued stay in the facility and a diminished quality of life.</p> <p>Findings included .</p> <p>1) Resident 33 had a Medicare Part A skilled services episode start date of 02/29/2024 and a last covered day of Part A service on 04/05/2024. Resident 33 remained as a resident in the facility.</p> <p>Record review of Resident 33's SNF ABN documented Resident 33 was provided and signed the SNF ABN on 04/05/2024, the same day as the last covered day of Part A services. The SNF ABN was not completed to show what Medicare may not pay for, the reason Medicare may not pay, estimated cost, and what option Resident 33 chose.</p> <p>Record review of Resident 33's NOMNC documented Resident 33 was provided and signed the NOMNC on 04/05/2024, the same day as the last covered day of Part A services.</p> <p>On 07/11/2024 at 8:43 AM, when asked about Resident 33's SNF ABN and NOMNC, Staff G, Social Service Director, said they were incorrect. Resident 33 was not given proper notice for the NOMNC and SNF ABN. Staff G said the SNF ABN should have been filled out and boxes checked.</p> <p>2) Resident 49 had a Medicare Part A skilled services episode start date of 01/22/2024 and a last covered day of Part A service on 03/20/2024. Resident 49 remained as a resident in the facility.</p> <p>Record review of Resident 49's SNF ABN did not document the date Resident 49 was provided the SNF ABN. The SNF ABN was not completed to show what care Medicare may not pay for, estimated cost, and what option Resident 49 chose.</p> <p>Record review of Resident 49's NOMNC did not document the date Resident 33 was provided the NOMNC.</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:  505331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/11/2024 at 8:43 AM, when asked about Resident 49's SNF ABN and NOMNC, Staff G said they were wrong. Staff G said they were not dated, and the SNF ABN was not filled out and completed properly.</p> <p>3) Resident 214 had a Medicare Part A skilled services episode start date of 05/30/2024 and a last covered day of Part A service on 06/10/2024. Resident 214 discharged from the facility on 06/11/2024.</p> <p>No documentation was provided showing Resident 214 was provided a NOMNC.</p> <p>On 07/11/2024 at 8:43 AM, when asked about Resident 214's NOMNC, Staff G stated, We can't find it. Staff G said it could have been scanned into the wrong chart and they didn't keep a hard copy.</p> <p>On 07/11/2024 at 8:43 AM, Staff G, Social Services Director, said when a resident had a last covered Medicare day coming up, they would provide the SNF ABN and NOMNC as soon as possible, at least 72 hours' notice. Staff G said the forms were scanned into the Electronic Health Record and stated there was some confusion as to whether we're keeping the originals after scanning in or not. It's not a fool proof system.</p> <p>At 10:11 AM, Staff A, Chief Executive Officer, said it was his expectation SNF ABNs and NOMNCs were filled out completely, signed, and dated with proper notice of at least 2 days prior to non-coverage.</p> <p>Reference WAC 388-97-0300 (1)(e)</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  07/11/2024
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50416</p> <p>Based on observation, interview, and record review, the facility failed to ensure grooming assistance was provided for 1 of 6 sampled residents (44) reviewed for activities of daily living (ADLs). This failure placed residents at risk for unmet care needs, poor hygiene, and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 44 was admitted to the facility on [DATE]. The annual Minimum Data Set assessment, dated 03/31/2024, documented Resident 44 was severely cognitively impaired.</p> <p>On 07/08/2024 at 11:23 AM, Resident 44 was observed with an unkempt beard around his chin and cheeks with brown colored substance on the left side of his face.</p> <p>At 12:23 PM, a certified nursing assistant (CNA) was observed assisting Resident 44 out of the shower. Resident 44 was observed to be unshaven.</p> <p>At 3:37 PM, Resident 44's son expressed his concern Resident 44 always had a dirty beard.</p> <p>On 07/09/2024, at 12:10 PM, Resident 44 was observed in the hallway in his wheelchair with unkempt facial hair.</p> <p>On 07/10/2024 at 10:35 AM, Staff F, Resident Care Manager and Licensed Practical Nurse, said Resident 44 was supposed to be shaved when he got a shower. Staff F said Resident 44 did not refuse care often.</p> <p>At 2:55 PM, Resident 44 was observed seated in his wheelchair in the dining room with unkempt facial hair.</p> <p>On 07/11/2024 at 11:08 AM, Resident 44 was observed lying in bed with unkempt facial hair.</p> <p>At 11:26 AM, Staff H, CNA, said Resident 44 would usually be shaved on his shower days. Staff H said Resident 44 did not refuse care.</p> <p>Reference WAC 388-97-1060 (2)(c)</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  07/11/2024
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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50416</p> <p>Based on observation, interview and record review, the facility failed to ensure policies and procedures were in place to reflect resident's choices and facility procedures failed to ensure residents' preferences and physician orders were accurately addressed and communicated for 4 of 6 sampled residents (Residents 8, 10, 11 &amp; 36) reviewed for code status documentation and facility wide communication. This failure placed residents at risk for increased harm and decreased quality of life.</p> <p>Findings included .</p> <p>1) Review of Residents 10's electronic health record (EHR) showed a Physician Order for Life Sustaining Treatment (POLST) form signed in 2018 and uploaded to Resident 10's EHR, dated ,d+[DATE], indicated Resident 10's code status (instructions given to medical professionals about what to do in the event a person's heart or breathing stops) was Do Not Resuscitate (DNR, instructs healthcare providers not to perform cardiopulmonary resuscitation if the heart or breathing stops).</p> <p>A physician order in Residents 10's chart, dated [DATE], showed Resident 10 was a Full Code (medical personnel would do everything possible to save your life).</p> <p>On [DATE], [DATE]. [DATE] and [DATE], Resident 10's name outside the room was observed to have a sticker of a heart next to it. Resident 10's POLST indicated Resident 10 was a DNR.</p> <p>On [DATE] at 2:26 PM, Staff B, Chief Nursing Officer and Registered Nurse, said Resident 10 was a full code. When asked what Resident 10's code status was on the POLST form, Staff B said the POLST form showed Resident 10 was a DNR. When asked about the discrepancy between the physician orders and the POLST form, Staff B said he would check to make sure the POLST was the most recent one. When asked about stickers next to the resident names outside resident's rooms, Staff B said the stickers communicated the residents' code status to the staff. The stickers of a heart indicated the resident was a full code and the halo indicated the resident was a DNR. Staff B said Resident 10's name at her door had a sticker of a heart, showing Resident 10 was a full code.</p> <p>At 4:05 PM, Staff G, Social Services Director, said during a care conference, Resident 10's daughter signed off that Resident 10 was a Full Code and the physician order in the EHR reflected the same. When asked if the full code status was reflected on the POLST, Staff G said she did not check the POLST form.</p> <p>2) On [DATE], [DATE]. [DATE] and [DATE], Resident 11's name outside the room was observed to have a sticker of a heart next to it. Resident 11's POLST, signed [DATE], showed Resident 11 was a DNR.</p> <p>3) On [DATE], [DATE]. [DATE] and [DATE], Resident 36's name outside the room was observed to have a sticker of a heart next to it. Resident 36's POLST, signed [DATE], indicated Resident 36 was a DNR.</p> <p>4) On [DATE], [DATE]. [DATE] and [DATE], Resident 8's name outside the room was observed to have a sticker of a heart next to it. Resident 36's POLST, signed [DATE], indicated Resident 8 was a DNR.</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  07/11/2024
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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 9:10 AM, Staff J, Licensed Practical Nurse, said the sticker of the heart meant the resident is a full code and the halo meant DNR.</p> <p>At 9:18 AM, when asked about the stickers next to the resident names outside their room, Staff K, Certified Nurse's Assistant, said the halo meant DNR and the heart meant full code. Staff K said in the event the resident was found not breathing, she would start CPR if it was a heart, or would not start CPR if it was a halo.</p> <p>At 9:35 AM, when asked about the stickers next to the resident names outside their room, Staff L, Registered Nurse, said in the event the resident was found not breathing, the sticker next to the resident's name would indicate the resident's code status.</p> <p>At 10:40 AM, when asked about the stickers next to the resident names outside their room, Staff K said the sticker next to the resident's names was used as a guideline for the staff's response if a resident was found unresponsive and not breathing. Staff K said the heart meant full code and the halo meant DNR.</p> <p>Reference WAC [DATE] (1)</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  07/11/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47518</b></p> <p>Based on observation, interview, and record review, the facility failed to follow physician's orders and/or resident's care plan to label intravenous (IV, a way to give a drug through a needle or tube inserted into a vein) and tube feeding (TF) bags and/or tubing for 1 of 2 sampled residents (8) reviewed for TF and antibiotics, and failed to implement physician's orders when bowel protocol was not followed to address constipation for 2 of 5 sampled residents (10 &amp; 23) reviewed for unnecessary medications. These failures placed residents at risk for inaccurate physician treatment plan, unrelieved constipation, and a diminished quality of life.</p> <p>Findings included .</p> <p>&lt;Unlabeled IV and TF Bags and/or Tubing&gt;</p> <p>The facility's policy entitled, Enteral Nutrition, revised 10/30/2018, documented 15. When the resident is fed by tube: . c. Proper bag/formula labeling and dating consistent with manufacturer directives and/or daily.</p> <p>Resident 8 was admitted to the facility on [DATE]. The admission Minimum Data Set (MDS) assessment, dated 06/30/2024, showed Resident 20 was moderately cognitively impaired, and had a TF and IV medications.</p> <p>A physician's order, dated 06/28/2024, documented Resident 8 was prescribed vancomycin (an antibiotic medication to treat infections) IV two times a day.</p> <p>The June 2024 Electronic Medication Administration Record (EMAR) showed Resident 8 was receiving vancomycin IV two times a day.</p> <p>A physician's order, dated 06/28/2024, documented Resident 8 was prescribed Change Administration Set: Every 24 hours for intermittent Infusions. Every day shift for IV Maintenance Label with Date/Time/Initials.</p> <p>A physician's order, dated 06/28/2024, documented Resident 8 was prescribed Jevity (a liquid nutritional formula) enteral nutrition (a method of supplying nutrients directly into the gastrointestinal tract) via pump per peg tube (a tube inserted through the skin into the stomach).</p> <p>The June 2024 EMAR showed Resident 8 was receiving Jevity via pump, start time 4:00 PM and end time 6:00 AM.</p> <p>A physician's order, dated 06/28/2024, documented Resident 8 was prescribed Enteral Feed Order . change enteral irrigation syringe, graduated cylinder, and administration tubing set daily. Initial and date.</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  07/11/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident 8's PICC (a type of catheter inserted through a peripheral vein used when IV treatment is required over a long period) care plan, dated 06/28/2024, revised 07/02/2024, documented Complete drug label identification on bag to include . date, time and signature of the nurse hanging the solution.</p> <p>On 07/08/2024 at 11:43 AM, Resident 8's TF bag and tubing was observed without a label, date, or initials on them. An empty IV antibiotic bag was observed hanging from an IV pole with no date, time, or initials on the IV antibiotic bag or tubing.</p> <p>On 07/09/2024 at 8:37 AM, Resident 8's TF bag and tubing was observed with no label, date, or initials on them. An IV bag with tubing was observed hanging from an IV pole with no date, time, or initials on the IV antibiotic bag or tubing.</p> <p>At 9:14 AM, Resident 8's IV vancomycin medication bag with tubing was observed with no date, time, or initials on tubing or bag.</p> <p>At 1:37 PM, Staff I, Registered Nurse (RN), after looking at Resident 8's physician orders, said there was an order to change the IV tubing every twenty four hours and to initial, time and date it. Staff I said the TF bag and tubing should be initialed and dated. After observing Resident 8's IV and TF bag and tubing without labeling of initials, date and time, Staff I nodded her head and stated, Yes, when asked if the IV and TF bag and tubing should have been labeled with initials, date and time.</p> <p>On 07/10/2024 at 3:27 PM, Staff F, Resident Care Manager (RCM) and Licensed Practical Nurse (LPN), said IV and TF tubing was changed every day. Staff F said IV and TF bags and tubing should have been initialed, dated, and timed when they were changed, and stated, That way we know they have been changed.</p> <p>At 3:45 PM, Staff B, Chief Nursing Officer and RN, said it was his expectation IV and TF bags and tubing were labeled with initials, date, and time following physician orders and care plans.</p> <p>50416</p> <p>&lt;Bowel Protocol&gt;</p> <p>1) Record review of Resident 10's bowel function task in the electronic health record (EHR), showed Resident 10 was incontinent of bowel.</p> <p>Review of Resident 10's bowel record documented Resident 10 did not have a bowel movement (BM) from 06/20/2024 to 06/24/2024, 5 days.</p> <p>Review of Resident 10's June 2024 EMAR did not show PRN (as needed) bowel medications were administered for constipation per physician orders.</p> <p>Review of Resident 10's physician orders, dated 01/14/2023, included:</p> <p>--Miralax (a laxative) as needed for Bowel Management.</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  07/11/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>--MOM (milk of magnesia, a liquid laxative) to be given as needed for constipation if the resident did not have a bowel movement for 2 days.</p> <p>--Dulcolax Suppository (a laxative) to be given as needed if no results from MOM in 24 hours. If no results in 24 hours, see Fleets Enema order.</p> <p>--Fleet Enema rectally as needed for Constipation. Give if no results from MOM and subsequent Dulcolax suppository.</p> <p>--Complete bowel assessment and notify physician if no results.</p> <p>On 07/10/2024 at 8:59 AM, Staff F said the bowel protocol was after 3 days of no bowel movement to offer milk of magnesia, then a suppository, then an enema per physician orders. When asked if the bowel protocol was initiated for Resident 10, Staff F stated, I am not seeing one.</p> <p>2) Record review of Resident 23's bowel function task in the EHR showed Resident 10 was incontinent of bowel.</p> <p>Review of Resident 23's bowel record documented Resident 23 did not have a BM from 06/14/2024 to 06/19/2024, 6 days.</p> <p>Review of Residents 23's bowel management orders documented if no BM for 2 days, give MOM as needed for constipation. If no results within 24 hours, give Dulcolax Suppository.</p> <p>Review of Resident 23's June 2024 EMAR showed MOM was administered on 06/16/2024 at 5:16 AM. Dulcolax suppository was administered on 06/20/2024 at 2:06 AM, 4 days later (not within 24 hours of administering MOM if no results per physician orders).</p> <p>Reference WAC 388-97-1060 (1)(3)(ii)</p>		