STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505331	A. Building B. Wing	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookfield Health and Rehab of Cascadia	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46751 Based on observation, interview and record review, the facility failed to ensure a resident's personal privacy was protected and maintained when a privacy curtain was not installed for 1 of 2 sampled residents (200) reviewed for resident rights. This failure placed residents at risk for diminished self-worth, self-esteem and overall well-being. Findings included . Resident 200 was admitted to the facility on [DATE]. The Admission Minimum Data Set assessment, dated 04/25/2025, documented the resident was alert and oriented. On 05/04/2025 at 12:14 PM, Resident 200's room was observed without having a privacy curtain installed. At 12:27 PM, Resident 200 said there had not been a privacy curtain in her room since she was admitted to the facility. The resident said the only way to maintain privacy during care was to keep the room door shut. Resident 200 stated, I can use my bed pan on my own, but I can't close the door on my own. Resident 200 said she had requested to have the privacy curtains installed, but it had not been done yet. Resident 200 said she had been concerned about her privacy for over two weeks; and stated, I am exposed, and I don't like it. On 05/05/2025 at 9:04 AM, Resident 200's room was observed without having a privacy curtain installed. At 10:13 AM, Staff L, Maintenance Manager, said a privacy curtain should be in installed for every resident prior to admitting. Staff L said he was not aware Resident 200 was missing her privacy curtain, and said he would see that it is installed. On 05/06/2025 at 8:57 AM, Staff B, Chief Nursing Officer and Registered Nurse, said she was not aware of the privacy curtain missing for Resident 200. Staff B said she would expect a privacy curtain installed in every room, including Resident 200's. See F-583 Reference WAC 388-97-0180 (1-4)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505331	A. Building B. Wing	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookfield Health and Rehab of Cascadia	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)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46751 Based on observation, interview and record review, the facility failed to ensure personal privacy was maintained by not having a privacy curtain installed for 1 of 2 sampled residents (200) reviewed for personal privacy. This failure placed residents at risk for loss of privacy during personal care, embarrassment and decreased quality of life. Findings included . Resident 200 was admitted to the facility on [DATE]. The Admission Minimum Data Set assessment, dated 04/25/2025, documented Resident 200 was alert and oriented. On 05/04/2025 at 12:14 PM, Resident 200's room was observed without a privacy curtain being installed. At 12:27 PM, Resident 200 said there had not been a privacy curtain in her room since she was admitted to the facility. The resident said the only way to maintain privacy during care was to keep the room door shut. Resident 200 stated, I can use my bed pan on my own, but I can't close the door on my own. Resident 200 said she had requested to have the privacy curtains installed, but it had not been done yet. On 05/05/2025 at 9:04 AM, a privacy curtain in Resident 200's room was not observed. At 10:13 AM, Staff L, Maintenance Manager, said a privacy curtain should be in installed for every resident prior to admitting. Staff L said he was not aware Resident 200 was missing her privacy curtain, and he would see that it was installed. On 05/06/2025 at 8:57 AM, Staff B, Chief Nursing Officer and Registered Nurse, said she was not aware of Resident 200's privacy curtain missing, and she would expect a privacy curtain installed in every room. Reference WAC 388-97-0360 (1)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505331	A. Building B. Wing	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookfield Health and Rehab of Cascadia	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)
F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47518 Based on observation, interview, and record review, the facility failed to ensure bed placement and bed side rails were assessed, physician ordered and had an informed consent for 3 of 8 sampled residents (29, 47 & 250) reviewed for physical restraints. This failure placed residents at risk for injury, unmet care needs, and a diminished quality of life. Findings included . Review of the facility's policy entitled, Restraints, revised 03/01/2024, documented, .Procedure 3. Appropriate assessment, care planning by the interdisciplinary team, and documentation of the medical symptoms are documented in the resident medical record . 5. Obtain a time limited physician's order for the use of a restraints. 6. Facility explains to the resident and/or resident advocate the medical symptoms the restraint addresses, potential risks and benefits of any option under consideration, and potential negative outcomes of restraint use to assist the resident in attaining or maintaining his/her highest practicable level of physical or psychological well-being . Bedrails/Side Rails . 3. If the bedrail/side rail is used, the facility ensures correct installation, use, and maintenance of the rail(s), including to but not limited to: a. Obtaining a physician's order with medical rationale. b. Explain potential risks and benefits, noting consent as indicated. c. Assessing the resident for risk of entrapment from bedrail/side rail prior to installation . 1) Resident 29 was admitted to the facility on [DATE]. The Significant Change Minimum Data Set (MDS) assessment, dated 04/07/2025, documented, in the staff assessment for mental status, Resident 29 was moderately cognitively impaired. On 05/04/2025 at 11:37 AM, Resident 29's bed was observed with a quarter rail on the middle right side of the bed. On 05/05/2025 at 8:22 AM, Resident 29's bed was observed with a quarter rail on the middle right side of the bed. At 12:13 PM, Resident 29's bed was observed with a quarter rail on the middle right side of the bed. On 05/06/2025 at 9:26 AM, Resident 29 was observed lying on his back in bed with a quarter rail on the middle right side of the bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505331	A. Building B. Wing	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookfield Health and Rehab of Cascadia	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)
F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident 29's Electronic Health Record (EHR) showed no evaluation assessment, consent, or physician's order related to bed rails. 2) Resident 47 was admitted to the facility on [DATE] with diagnoses including hemiplegia and hemiparesis (paralysis and muscle weakness on one side of the body) following cerebral infarction (a stroke) affecting right dominant side. The Admission MDS assessment, dated 04/08/2025, documented, in the staff assessment for mental status, Resident 47 was moderately cognitively impaired. On 05/04/2025 at 4:12 PM, Resident 47 was observed lying in bed with the left side of the bed against the wall. On 05/05/2025 at 8:33 AM, Resident 47 was observed lying in bed with the left side of the bed against the wall. At 12:19 PM, Resident 47's bed was observed with the left side of the bed against the wall. Resident 47 was not in the room. On 05/06/2025 at 8:26 AM, Resident 47 was observed lying in bed with the left side of the bed against the wall. Record review of Resident 47's EHR showed no evaluation assessment, consent, or physician's order related to the bed against the wall. 3) Resident 250 was admitted to the facility on [DATE]. The Annual MDS assessment, dated 02/13/2025, showed Resident 250 was moderately cognitively impaired. On 05/04/2025 at 11:12 am, Resident 250 was observed lying in bed with the left side of the bed against the wall. At 11:27 AM, when asked about why the resident's bed was against the wall, Resident 250 said he did not know. Resident 250 stated, They keep it up against the wall, but it's not supposed to be . Record review of Resident 250's EHR showed no evaluation assessment, consent, or physician's order related to the bed against the wall. On 05/07/2025 at 8:32 AM, Staff I, Resident Care Manager and Licensed Practical Nurse, said if a resident had bed rails, mobility bars, or a bed against the wall, there should be an evaluation, consent, physician's order, and it should be care planned. Staff I was unable to locate an evaluation, consent, physician's order, and care plan for Resident 29's bed rail, and said there should have been. Staff I was unable to locate an evaluation, consent, physician's order, and care plan for Resident 47's and Resident 250's bed against the wall, and said there should have been. At 10:15 AM, Staff B, Chief Nursing Officer and Registered Nurse, said it was her expectation residents had evaluation assessments, consents, physician orders, and care plans in place for bed rails and/or a bed against the wall. Reference WAC 388-97-0620 (4)(a)(b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505331	A. Building B. Wing	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookfield Health and Rehab of Cascadia	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37934 Based on interview and record review, the facility failed to ensure a thorough investigation was conducted for 1 of 3 sampled residents (35) reviewed for accident and incident investigations. This failure placed residents at risk for identified abuse and neglect, inappropriate corrective actions, recurrent falls, and a diminished quality of life. Findings included . Resident 35 was admitted to the facility on [DATE]. The annual Minimum Data Set assessment, dated 04/01/2025, indicated Resident 35 was severely cognitively impaired. A progress note, dated 03/02/2025 at 3:51 PM, documented, Pt. [Resident 35] found fallen in room face down prone, head between bedside table and bed, bed low to floor and call light within reach at time, floor mat for fall risk precautions . The Incident Investigation Directives Post Fall/Skin Alteration, dated 03/02/2025, did not have a root cause analysis and/or indication if additional intervention were necessary. On 05/06/2025 at 1:24 PM, Staff B, Chief Nursing Officer and Registered Nurse, said the incident investigation should rule out abuse/neglect and prevent future issues. Staff B said the investigation should address the root cause of the fall. Reference WAC 388-97-0640 (6)(a)(b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505331	A. Building B. Wing	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookfield Health and Rehab of Cascadia	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47518 . Based on observation, interview and record review, the facility failed to ensure resident care plans were revised to accurately reflect care needs for 1 of 8 sampled residents (29) reviewed for care plan revisions. This failure placed residents at risk for unidentified and unmet care needs and a diminished quality of life. Findings included . Resident 29 was admitted to the facility on [DATE]. The Significant Change Minimum Data Set assessment, dated 04/07/2025, documented, in the staff assessment for mental status, Resident 29 was moderately cognitively impaired. Review of Resident 29's impaired mobility and self-care deficit care plan, revised 02/01/2024, documented Resident 29 had the bed against the wall for increased living space, initiated 01/20/2024. Review of Resident 29's at risk for falls care plan, revised 02/01/2024, documented Resident 29 had full side railing for ease of mobility and transfers, initiated 01/03/2025. On 05/04/2025 at 11:37 AM, Resident 29's bed was observed with a quarter rail on the middle right side of the bed. Resident 29's bed was not placed against the wall. On 05/05/2025 at 8:22 AM, Resident 29's bed was observed with a quarter rail on the middle right side of the bed. Resident 29's bed was not placed against the wall. At 12:13 PM, Resident 29's bed was observed with a quarter rail on the middle right side of the bed. Resident 29's bed was not placed against the wall. On 05/06/2025 at 9:26 AM, Resident 29 was observed lying on his back in bed with a quarter rail on the middle right side of the bed. Resident 29's bed was not placed against the wall. Record review of Resident 29's care plan did not document a quarter rail on the right side of the bed. On 05/07/2025 at 8:40 AM, Staff I, Resident Care Manager and Licensed Practical Nurse, said Resident 29 had a care plan in place for a full side rail and a bed against the wall. Staff I said Resident 29's bed was not against the wall and he did not have a full side rail. Staff I stated, The care plan was not updated, and it should have been. Staff I said there was not a care plan in place for the quarter rail on the right side of the bed and indicated there should have been. At 10:15 AM, Staff B, Chief Nursing Officer and Registered Nurse, said it was her expectation Resident 29's care plan was updated to reflect current care needs. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505331	A. Building B. Wing	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookfield Health and Rehab of Cascadia	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reference WAC 388-97-1020 (1)(2)(c)(d)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505331	A. Building B. Wing	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookfield Health and Rehab of Cascadia	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37934 Based on observation, interview and record review, the facility failed to ensure physician orders were followed to obtain weights for 1 of 5 sampled residents (35), and failed to follow physician orders and resident's care plan to label intravenous (IV, a way to give a drug through a needle or tube inserted into a vein) bag and/or tubing for 1 of 1 sampled residents (250) reviewed for quality of care related to following physician orders and/or resident's care plan. This failure placed residents at risk for medical complications, inaccurate physician treatment plan and a diminished quality of life. Findings included . 1) Resident 35 was admitted to the facility on [DATE]. The annual Minimum Data Set (MDS) assessment, dated 04/01/2025, indicated Resident 35 was severely cognitively impaired. The care plan, dated 04/14/2023, indicated weights as order per facility protocol. The physician's order, dated 03/09/2025, was to weigh weekly every day shift every Wednesday for Routine Monitoring. The electronic health records (EHR), dated 03/12/2025, documented Resident 35 refused. The EHR, dated 03/19/2025, documented Resident 35 weighed 132.2 lbs. (pounds). The EHR, dated 04/02/2025, documented Resident 35 weight was incorrect documentation. No other documentation regarding his weight was found. The EHR showed no weights were taken on 04/09/2025. The EHR, dated 04/16/2025, documented Resident 35 weighed 141 lbs. The EHR, dated 04/23/2025, documented Resident 35 weight was incorrect documentation. No other documentation regarding his weight was found. On 05/07/2025 at 9:41 AM, Staff O, Nursing Assistant, said weights were done monthly unless the nurse told them to do one. At 10:10 AM, Staff I, Resident Care Manager and Licensed Practical Nurse, said incorrect documentation meant the weight was incorrect. Staff I said we should have done another to get an accurate weight. Staff I said a re-do should be done by the next day. At 10:19 AM, Staff B, Chief Nursing Officer and Registered Nurse (RN), said if there was an order for weights we should follow it. 47518 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505331	A. Building B. Wing	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookfield Health and Rehab of Cascadia	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2) Resident 250 was admitted to the facility on [DATE], discharged to the hospital with return anticipated on 05/04/2025, and readmitted to the facility on [DATE]. The Annual MDS assessment, dated 02/13/2025, showed Resident 250 was moderately cognitively impaired. A physician's order, dated 04/29/2025 and 05/06/2025, documented Resident 250 was prescribed Piperacillin Sodium-Tazobactam Sodium (an antibiotic medication used to treat infections) IV every eight hours. The April 2025 and May 2025 Medication Administration Record showed Resident 8 was receiving Piperacillin Sodium-Tazobactam Sodium IV every eight hours. A physician's order, dated 04/29/2025 and 05/06/2025, documented Resident 250 was prescribed, Change Administration Set: Every 24 hours for Intermittent Infusions. - every day shift for IV Maintenance Label with date, time, and initials one time a day. Resident 250's PICC (a type of catheter inserted through a peripheral vein used when IV treatment is required over a long period) for administration of IV medications care plan, revised 04/30/2025, documented, Complete drug label identification on bag to include .date, time and signature of the nurse hanging the solution. On 05/04/2025 at 11:12 AM, Resident 250 was observed lying in bed. An empty IV antibiotic bag and/or bottle and tubing was observed hanging from an IV pole with no date, time, or initials on the IV antibiotic bag and/or bottle and tubing. On 05/07/2025 at 8:19 AM, Resident 250 was observed lying in bed. An empty IV antibiotic bag and/or bottle and tubing was observed hanging from an IV pole with no date, time, or initials on the IV antibiotic bag and/or bottle and tubing. At 8:59 AM, Staff I said IV administration sets were supposed to be labeled with the date and time. At 9:10 AM, Staff J, RN, said when she took down the empty IV bag and tubing at 8:30 AM before hanging a new one, the empty IV medication bag and tubing she took down did not have any initials, date, or time on it. At 10:21 AM, Staff B said it was her expectation the IV administration sets and bags were labeled with the date, time, and initials per physician orders. Reference WAC 388-97-1060 (1)(3)(ii)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505331	A. Building B. Wing	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookfield Health and Rehab of Cascadia	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47518 Based on observation, interview, and record review, the facility failed to ensure a safe environment was maintained and free from hazards related to a bed and/or linens against a baseboard heater on the wall for 1 of 8 beds reviewed for accident hazards. This failure placed residents at risk for avoidable accidents and injuries, negative health outcomes, and a diminished quality of life. Findings included . Resident 250 was admitted to the facility on [DATE]. The Annual Minimum Data Set assessment, dated 02/13/2025, showed Resident 250 was moderately cognitively impaired. On 05/04/2025 at 11:27 AM, Resident 250 was observed lying in his bed. The left side of Resident 250's bed was observed against the wall. A baseboard heater was on the wall along side the bed. Blankets on the bed were observed hanging down the left side of the bed touching the baseboard heater. A plastic tub was under the bed near the heater. Red tape was on the floor boxing an area of about 12 inches out from where the baseboard heater was. The wheels on the left side of the bed were observed near the wall inside of the red tape. A sign was posted on the wall, above and to the right of the baseboard heater, that showed, No items within 12-inches of base board heaters WARNING FIRE RISK. The heater was observed to be off. When asked why the resident's bed was against the wall, Resident 250 said he did not know. Resident 250 stated, They keep it up against the wall, but it's not supposed to be . It's a fire hazard. Resident 250 said the baseboard heater was off and had not been on with the bed against the wall. At 12:02 PM, Staff K, Housekeeper, said the temperature in a resident room was turned on and adjusted by a knob on the baseboard heater. When asked about the bed against the wall in front of the baseboard heater for Resident 250, Staff K said they cannot reach the controller to turn on the heater in his room. The bed was blocking it. The controller was observed on the baseboard heater near the head of the bed. When asked if the bed should be against the heater on the wall, Staff K said she did not know. At 12:08 PM, Staff E, Licensed Practical Nurse, said the temperature in a resident's room was adjusted by a thermostat on the heater where you could turn it on. Staff E said there were regulations they had to follow, and stated, The beds have to be so far away from the heaters. After going to Resident 250's room to look at the baseboard heater, Staff E immediately moved the bed away from the wall and said she had to move the bed. It should not be against the wall by the heater. Staff E said they could not reach the thermostat, it was behind the head of the bed. The thermostat was observed to be off when Staff E checked it. At 12:38 PM, Staff B, Chief Nursing Officer and Registered Nurse, said there should not be anything within a 12-inch radius in front of a baseboard heater. Staff B said Resident 250's bed should not have been against the heater. Reference WAC 388-97-3240 (1), -3220

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505331	A. Building B. Wing	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookfield Health and Rehab of Cascadia	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47518 Based on observation, interview and record review, the facility failed to ensure supplemental oxygen use was accurately documented in the Electronic Health Record (EHR) and oxygen tubing was changed for 1 of 2 sampled residents (47) reviewed for respiratory care. This failure placed residents at risk of not receiving accurate assessments, worsening health complications, and a decreased quality of life. Findings included . Resident 47 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD, a progressive lung disease that makes it difficult to breathe) and acute respiratory failure with hypoxia (a low level of oxygen in the blood). The Admission Minimum Data Set assessment, dated 04/08/2025, documented in the staff assessment for mental status, Resident 47 was moderately cognitively impaired. A physician's order, dated 04/27/2025, showed Resident 47 was prescribed a Supplemental oxygen of 1-4L [liter/s] for SPO2 [oxygen saturation, measurement of how much oxygen is in your blood] <90. (less than 90) as needed. On 05/04/2025 at 4:12 PM, Resident 47 was observed lying in bed with oxygen on per nasal cannula running at 1 lpm (liter per minute). The oxygen tubing was observed to be undated. On 05/05/2025 at 8:33 AM, Resident 47 was observed lying in bed. Resident 47's wheelchair was observed sitting in the hallway outside of her room. A portable oxygen tank was hanging on the back of the wheelchair with undated oxygen nasal cannula tubing wrapped around the tank. At 12:19 PM, the oxygen concentrator in Resident 47's room was observed to be running at 1.5 lpm. The oxygen tubing was undated. Resident 47 was not in her room. At 1:20 PM, Resident 47 was observed sitting in her wheelchair in the dining room with oxygen on per nasal cannula running at 3 lpm. The oxygen tubing was observed to be undated. Record review of Resident 47's EMAR (electronic medication administration record) and/or ETAR (electronic treatment administration record) did not document the use of supplemental oxygen on 05/04/2025 or 05/05/2025. Record review of Resident 47's Electronic Health Record (EHR) did not document the SPO2 measurement for Resident 47 without the use of oxygen 05/04/2025 or 05/05/2025. Record review of Resident 47's EHR did not document oxygen tubing had been changed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505331	A. Building B. Wing	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookfield Health and Rehab of Cascadia	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	At 1:38 PM, Staff I, Resident Care Manager and Licensed Practical Nurse, said to determine the liters per minute of oxygen needed for supplemental oxygen, it should be in the physician's order to determine how much oxygen a resident needed based on their SPO2 with the oxygen off. After looking at Resident 47's EHR, Staff I said the resident's oxygen use for 05/04/2025 or 05/05/2025 was not documented in the EMAR and it should have been. Staff I was unable to find documentation Resident 47's SPO2 was checked without oxygen on 05/04/2025 or 05/05/2025. Staff I said for residents that used oxygen, they changed oxygen tubing weekly and documented it on the ETAR. Staff I was unable to find physician orders and/or documentation for changing Resident 47's oxygen tubing. At 2:08 PM, Staff B, Chief Nursing Officer and Registered Nurse, said she expected there would be documentation the SPO2 was assessed to be below 90 for the need of supplemental oxygen and reassessed after administering oxygen to see if it was effective. After looking at Resident 47's EHR, Staff B said it was not done. Staff B said the standard for changing oxygen tubing was weekly. Reference WAC 388-97-1060 (1)(3)(vi)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505331	A. Building B. Wing	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookfield Health and Rehab of Cascadia	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 37934 Based on observations and interviews, the facility failed to ensure medication carts were locked when without supervision for 3 of 4 medication carts (on 200 Hall and 300 Hall) reviewed for medication storage. This failure placed residents at risk of having access to medications, and/or misappropriation of narcotic medications. Findings included . On 05/04/2025 at 10:04 AM, two medication carts in the 200 Hall were observed to be unlocked and no staff were in the hallway. On both carts, drawers were able to be pulled open. On 300 Hall, one medication cart was unlocked and drawers were able to be pulled open. At 10:07 AM, Staff M, Registered Nurse, came around the corner from the activity/dining room and locked the two carts on the 200 Hall. Staff M said he was supposed to lock the medication cart when he walked away. This surveyor told Staff M about the cart on the 300 Hall being unlocked as well. At 10:11 AM, This surveyor told Staff M the 300 Hall cart was still unlocked. Staff M was observed going over to the cart on 300 Hall and locking it. At 10:23 AM, Staff N, Licensed Practical Nurse (LPN), said she was supposed to lock the medication cart when she walked away. At 10:56 AM, Staff I, Resident Care Manager and LPN, said when staff walk away from the medication carts, they were supposed to lock them. Reference WAC 388-97-1300 (2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505331	A. Building B. Wing	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookfield Health and Rehab of Cascadia	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47518 Based on observation, interview, and record review, the facility failed to ensure staff properly donned (putting on) personal protective equipment for 1 of 2 sampled residents (37) reviewed for infection prevention and control. This failure placed residents at risk for the spread of infection transmission in the facility and a diminished quality of life. Findings included . Resident 37 was admitted to the facility on [DATE]. The Quarterly Minimum Data Set assessment, dated 03/25/2025, documented Resident 37 was severely cognitively impaired. Record review of Resident 37's physician orders, dated 04/30/2025, showed Resident 37 was prescribed Ofloxacin Opthalmic Solution (an antibiotic used to treat bacterial infection of the eye) to both eyes for seven days for conjunctivitis. A physician's order, dated 04/30/2025, documented, Contact Isolation precautions every shift for Conjunctivitis until 05/07/2025. On 05/04/2025 at 10:46 AM, a sign was observed posted on the wall by the door of Resident 37, room [ROOM NUMBER], that showed, Contact Precautions [infection control measures used to prevent the spread of infections that are transmitted through direct contact with an infected person or their environment] .Doctors and staff must gown and glove at door . Staff E, Licensed Practical Nurse, said Resident 37 was on contact precautions due to pink eye (conjunctivitis, inflammation of the white part of the eye that can be extremely contagious and spread by contact from someone who is infected). At 12:26 PM, Staff G, Certified Nursing Assistant (CNA), and Staff D, Staffing Coordinator and CNA, were observed entering room [ROOM NUMBER], Resident 37's room. Staff G and Staff D did not don gloves or gowns prior to entering room [ROOM NUMBER]. Staff G and Staff D went to each side of Resident 37's bed and boosted him up in the bed, without gloves or gowns donned. After exiting Resident 37's room, Staff G and Staff D were asked about the process for contact precautions. Staff G said she only needed to gown and glove up when she did personal care for the resident. Staff G said she was told Resident 37 was on contact precautions for urine and she only needed to gown and glove up if she was doing a urine change. Staff D said she was told she only needed to gown and glove up when she did personal care. At 12:33 PM, Staff E said for contact precautions, staff only had to gown and glove up when they treated the specific problem. At 12:42 PM, Staff B, Chief Nursing Officer and Registered Nurse, said she expected staff to don gloves and gowns at the door prior to entering a room for a resident on contact precautions. Reference WAC 388-97-1320 (1)(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505331	A. Building B. Wing	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookfield Health and Rehab of Cascadia	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)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47518 Based on interview and record review, the facility failed to ensure the pneumococcal vaccine was administered for 1 of 5 sampled residents (8) reviewed for immunizations. This failure placed residents at risk for developing pneumonia with potential negative outcomes and a diminished quality of life. Findings included . Record review of the facility's policy entitled, Pneumococcal Program, revised 11/22/2024, documented, . Residents are offered and given the pneumococcal vaccine in accordance with physicians' orders unless: a. Medically contraindicated, b. The resident has already received the immunization or c. The resident or resident advocate refuses. Resident 8 was admitted to the facility on [DATE]. The Admission Minimum Data Set assessment, dated 04/22/2025, documented Resident 8 was alert and oriented and the pneumococcal vaccination was not up to date. Review of Resident 8's Vaccine Information Acknowledgement, signed by Resident 8 on 04/16/2025, showed Resident 8 received the Pneumococcal Vaccine Information Sheet and would like to receive any needed vaccines. Review of Resident 8's physician's order, dated 04/16/2025, documented, May have Pneumococcal shot if in season. Injected IM (intramuscular) as prophylaxis for pneumonia. Review of Resident 8's Electronic Health Record (EHR) Immunization Details showed the Pneumococcal PCV20 (a type of pneumococcal vaccine) status was pending immunization. It showed a consent was confirmed by Staff C, Infection Preventionist and Licensed Practical Nurse, on 04/16/2025. Resident 8's EHR did not show documentation of the administration of a pneumococcal vaccination. On 05/06/2025 at 8:32 AM, Staff C, Infection Preventionist, said upon admission, she reviewed hospital records to see if any vaccines were documented and would review vaccines with residents to see what vaccine they wanted. Staff C said Resident 8 had consented to any vaccine he had not received. Staff C said they did not have any record of Resident 8 receiving a pneumococcal vaccine. Staff C said she could not find the pneumococcal vaccine was put on the Medication Administration Record to be given and it should have been. Staff C stated, It was just missed. At 11:06 AM, Staff B, Chief Nursing Officer and Registered Nurse, said she expected vaccinations were administered to residents after orders and consents were obtained. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505331	A. Building B. Wing	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookfield Health and Rehab of Cascadia	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)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reference WAC 388-97-1340 (2)