

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Snohomish of Cascadia, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 800 10th Street Snohomish, WA 98290	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40998</p> <p>Based on interview, and record review, the facility failed to conduct a thorough investigation for 1 of 1 resident (Resident 1) reviewed for falls. Failure to conduct a thorough investigation to identify the root cause(s) and all contributing factors related to Resident 1's incident, placed residents at risk for unidentified abuse or neglect, risk for injury, and ineffective care planning.</p> <p>Findings included .</p> <p>According to the Washington State Reporting Guidelines for Nursing Homes (Purple Book), dated October 2015, showed A thorough investigation is a systemic collection and review of evidence/information that describes and explains an event or a series of events. It seeks to determine if abuse, neglect, abandonment, personal and/or financial exploitation or misappropriation of resident property occurred, and how to prevent further occurrences.</p> <p>Review of the facility policy titled, Accidents and Supervision to prevent accidents, revised on 10/15/2022, showed the facility provides an environment that is free from accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents. The facility monitors to verify interventions are in place and effective and is to ensure that interventions are implemented correctly and consistently.</p> <p>Resident 7 was admitted to the facility on [DATE] with diagnoses to include vascular dementia (a general term for problems with reasoning, planning, memory, and other thought processes cause by brain damage from impaired blood flow to the brain) with behavioral disturbance, history of stroke, atrial fibrillation (a fast irregular heart rate) with long term use of blood thinners and history of falls. The resident was readmitted to the facility on [DATE] with a diagnosis of a left femur fracture (broken bone).</p> <p>A review of the resident's Significant Change Minimum Data Set (MDS - an assessment tool) assessment, dated 03/07/2024, showed Resident 7 had severe cognitive impairment and required extensive two-person assistance with bed mobility and transfers and dressing, and was dependent for toileting and personal hygiene.</p> <p>Review of the facility incident reporting log showed on 03/17/2024 at 12:05 AM, Resident 7 sustained a fall in their room. The facility documented this resulted in injury (S1) which indicated fracture.</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: 505338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Snohomish of Cascadia, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 800 10th Street Snohomish, WA 98290	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's fall investigation dated 03/17/2024 at 12:05 AM, showed that staff found Resident 7 lying on the floor in room on their left side, bed in a high position. The investigation was not thorough and missed information such as statements from all staff that were working with the resident, contributing factors or root cause analysis, and was unable to determine how the facility ruled out abuse and/or neglect.</p> <p>During an interview on 04/10/2024 at 1:40 PM, Staff B, Registered Nurse (RN)/Director of Nursing (DNS), stated for unwitnessed falls staff should assess the environment, assess for injuries, gather statements from the staff, and initiate an investigation. Staff B reviewed the fall investigation for Resident 7, dated 03/17/2024, and stated there were no witness statements or interviews included in the investigation and there should have been to be able to tell when the resident was last seen, provided care, and why the bed was in the high position etc.</p> <p>During an interview on 05/01/2024 at 1:30 PM, Staff C, RN/Regional Nurse Consultant, stated when a resident was found on the floor the nurse on duty should be notified immediately, assessment completed to determine if that resident could be moved or not and call 911 if indicated. Staff C stated the nurse would initiate a Risk Management investigation in the computer and would expect that investigation to include witness statements from all staff to get to a conclusion on what happened. Staff C reviewed the investigation, dated 03/17/2024, for Resident 7 did not include any statements from staff. Staff C stated that when Resident 7 complained of pain in the left leg and unable to move that leg during assessment the nurse should have called 911 immediately and not have moved the resident back into bed.</p> <p>This is a repeat citation from surveys dated 08/17/2023 and 11/08/2023.</p> <p>Refer to WAC 388-97-0640 (6)(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Snohomish of Cascadia, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 800 10th Street Snohomish, WA 98290	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40998</p> <p>Based on observation, interview, and record review, the facility failed to ensure timely review and revise the care plan to accurately reflect the care needs for 1 of 1 resident (Resident 7), reviewed for timely care plan revision. This failure placed the residents at risk for unmet care needs and potential harm.</p> <p>Findings included .</p> <p>Resident 7 was admitted to the facility on [DATE] with diagnoses to include vascular dementia (a general term for problems with reasoning, planning, memory, and other thought processes cause by brain damage from impaired blood flow to the brain) with other behavioral disturbance, and major depressive disorder. On re-admission to the facility on [DATE], additional diagnoses to include left femur fracture.</p> <p>Review of Resident 7's care plan, dated 06/20/2022, showed a focus area of impaired mobility with risk for falls related to impaired mobility, and a history of falls. Interventions directed staff to keep the adjustable bed in position for safe transfers and lock bed brakes. An intervention of perimeter mattress to assist resident in clearly identifying the edge of their bed was initiated on 11/18/2024. There were no interventions for a fall mat to left side of bed and bed in low position on the care plan.</p> <p>In an observation on 4/10/2024 at 11:40 AM, Resident 7 was observed dressed and groomed, sitting in their wheelchair next to the bed. There was a standard mattress on his bed. There was a blue fall mat on the floor next to the left side of the resident's bed.</p> <p>In an observation on 04/10/2024 at 12:45 PM, Resident 7 was sitting in their wheelchair with a lunch tray on bedside table in front of them. There was a standard mattress on the bed. There was no blue fall mat on the floor next to the left side of the bed and the bed was in a low position.</p> <p>In an observation and interview on 04/10/2024 at 1:56 PM, Staff F, Certified Nursing Assistant (CNA), observed the resident's mattress and stated that was the mattress that they have always seen on Resident 7's bed, and it was not a perimeter mattress. Staff F stated information about how to care for residents and safety interventions would be on the Kardex (a care guide to NAC's on how to provide care to residents). Staff F stated they thought fall interventions in place include a blue fall mat and low bed because those were in place currently in the room. Staff F stated that it was common for the Kardex not to be up to date and have incorrect information on them. Staff F stated if there was a concern about the Kardex being incorrect they would ask the nurse.</p> <p>In an observation and interview on 04/10/2024 at 2:25 PM, Staff E, Registered Nurse (RN), stated they did not know where to find information for fall interventions but would use common sense. Staff E observed the resident's mattress and stated, That is Resident 7's regular mattress, and it was not a perimeter mattress. Staff E stated I think the nurse managers were to update the care plans for residents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Snohomish of Cascadia, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 800 10th Street Snohomish, WA 98290	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an observation on 04/16/2024 at 9:22 AM, Resident 7 was lying in bed on a standard mattress. There was a blue fall mat in place at the left side of bed and the bed was in a low position.</p> <p>In an observation on 04/22/2024 at 7:35 AM, Resident 7 was lying in bed on a standard mattress with a breakfast tray on the bedside table over the bed. There was not a blue fall mat on the floor of the left side of the bed. The bed was three to four feet from the floor and was not in a low position.</p> <p>In an observation on 04/24/2024 at 9:39 AM, Resident 7 was lying in bed on a standard mattress. A blue fall mat was in place on the floor at the left side of bed and the bed was in a low position.</p> <p>In an observation on 04/24/2024 at 1:34 PM, Resident 7 was sitting in his wheelchair in his room. There was a standard mattress on the bed and there was not a blue fall mat on the floor at the left side of the bed.</p> <p>In an observation on 04/30/2024 at 1:26 PM, Resident 7 was observed in lying in bed, on a standard mattress, no perimeter mattress in place. A blue fall mat was folded up by the door, and the bed was positioned approximately three to four feet off the ground, not in a low position.</p> <p>In an observation on 05/01/2024 at 10:02 AM, Resident 7 was lying in bed sleeping on his back. There was a standard mattress on the bed, a blue fall mat on the floor at the left side of the bed and the bed was in a low position.</p> <p>In an observation on 05/01/2024 at 12:25 PM, Resident 7, was lying in bed on a standard mattress. There was a blue fall mat on the floor at the left side of the bed and the bed was in a low position.</p> <p>In an interview on 05/01/2024 at 12:11 PM, Staff G, CNA, stated Resident 7 was not physically able to independently adjust his bed using the bed controller, stating I do it for him. Staff G stated fall interventions would be found on the Kardex.</p> <p>In a joint interview/record review on 05/01/2024 at 1:30 PM, Staff C, RN/Regional Nurse Consultant, reviewed Resident 7's care plan and stated that the perimeter mattress was on the care plan as of 11/18/2023. They were unable to provide any additional information as to why there was no perimeter mattress on Resident 7's bed currently, but it was an intervention on the care plan.</p> <p>This is a repeat citation from survey dated 03/24/2024.</p> <p>Reference (WAC) 388-97-1020 (5)(b)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Snohomish of Cascadia, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 800 10th Street Snohomish, WA 98290	
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40998</p> <p>Based on observation, interview, and record review, the facility failed to comprehensively assess the increased risk for skin breakdown, follow written policy and procedures, develop, and implement timely interventions necessary to prevent the development of avoidable pressure ulcers (PUs) for 4 of 6 sampled residents (Resident 1, 2, 3 and 4), reviewed for PUs. These failures caused harm to Resident 1 who admitted to the facility with a Stage 2 PU which deteriorated into an unstageable PU with osteomyelitis (bone infection), debridement (removal of dead [necrotic] or infected skin tissue to try to help wound heal), and a hospital treatment. developed a facility acquired unstageable PU with osteomyelitis (bone infection) and Residents 2, 3, and 4 experienced harm when they developed facility acquired PU's with partial and full thickness skin loss, and pain. This failed practice placed other residents at risk for the development of PUs, serious harm, and diminished quality of life.</p> <p>Findings included .</p> <p>The National Pressure Ulcer Advisory Panel (NPUAP) Pressure Injury (PI- also known as a PU) definition and stages of PU's include:</p> <p>-A PI (PU) is localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as the result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate (the skin temperature, humidity, and airflow next to the skin's surface), nutrition, perfusion (measures how well the circulatory system is working), co-morbidities, and condition of the soft tissue.</p> <p>-Stage 2 PI (PU) is a partial-thickness skin loss with exposed dermis (the middle layer of the skin). The wound bed is viable, pink, or red, moist, and may also present as an intact or ruptured serum-filled blister. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel.</p> <p>Stage 3 PI (PU) is a Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining (occurs when significant erosion occurs underneath the outwardly visible wound margins resulting in more extensive damage beneath the skin surface) and tunneling (when a wound progresses to form passageways underneath the surface) may occur.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Snohomish of Cascadia, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 800 10th Street Snohomish, WA 98290	
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Stage 4 PI (PU) is a full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage, or bone in the ulcer. Slough (dead tissue that may appear yellow, tan, gray, green or brown in the wound bed) and/or eschar (dead tissue may be visible. Epibole (rolled edges), undermining occurs when significant erosion occurs underneath the outwardly visible wound margins resulting in more extensive damage beneath the skin surface), and/or tunneling (when a wound progresses to form passageways underneath the surface) often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable PI. Unstageable PI is an obscured full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 PI's will be revealed. Stable eschar (i.e. dry, adherent, and intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.</p> <p>Unstageable PI (PU) is an obscured full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, and intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.</p> <p>Deep Tissue Pressure Injury (DTPI) is a persistent non-blanchable deep red, maroon, or purple discoloration. Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration, or epidermal separation revealing a dark wound bed or blood-filled blister. Pain and temperature change often precede skin color changes. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle, or other underlying structures are visible, this indicates a full thickness PI.</p> <p>Review of the facility policy titled, Prevention and Treatment of Pressure Ulcer & Other Skin alterations, revision date of 07/13/2018, stated the facility has a system in place to promote skin integrity, prevent PU development/other skin alterations, promote healing of existing wounds consistent with professional standards of practice and prevent further development of additional skin alterations unless the individual's clinical condition demonstrates they were unavoidable to ensure that a resident who has a PU receives necessary treatment and services to promote healing, prevent infection and prevent new ulcers from developing. The policy stated with each dressing change or at least weekly (and more often when indicated by wound complications or changes in wound characteristics), an evaluation of the PU/PI or non-pressure skin alteration should be documented. At a minimum, documentation should include the date observed and location, staging if applicable; size; drainage description if present; pain if present; and wound bed description including evidence of healing or necrosis (tissue death). The interdisciplinary team, resident/family collaborate to establish goals and interventions to address resident specific risk factors for the prevention of skin alteration, promote the healing of wounds, and/or prevent further breakdown.</p> <p><RESIDENT 1></p> <p>Resident 1 admitted to the facility on [DATE] with diagnoses that included left femur fracture, anemia, and failure to thrive (when a resident has a loss of appetite, eats and drinks less than usual, loses weight, and is less active than normal).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Snohomish of Cascadia, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 800 10th Street Snohomish, WA 98290	
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the admission skin inspection form, completed by nursing dated 12/20/2023, showed Resident 1 has a PI on (did not state location) buttock measuring 2 centimeters (cm) by 1 cm. Will continue to monitor pressure injury [PU], have the wound nurse follow and attempt to alleviate pressure as resident allows. The body diagram on this form (Section B: Skin Impairments) that allowed for further description/location/measurements of the wound/s was left blank.</p> <p>Review of Resident 1's care plan, dated/created 12/22/2023, showed the resident has an actual Stage 2 PU to their coccyx (tailbone), was present on admission, and measured 1.08 cm x 0.48 cm. Interventions included to assess, record, and monitor the status of the wound, and to notify the physician for any improvements or decline of the PU.</p> <p>Review of form titled, Wound Evaluation, dated 12/25/2023, Staff I, Licensed Practical Nurse (LPN)/Wound Nurse, documented Resident 1 had a Stage 2 PU on the sacrococcygeal (a joint form between the oval surface at the lower part of the spine and the tailbone) area measured 1.08 centimeter (cm) long by 0.48 cm wide 1.08 cm long by 0.48 cm wide.</p> <p>A review of Resident 1's Admission Minimum Data Set (MDS- an assessment tool) assessment, dated 12/26/2023, showed Resident 1 was cognitively intact and they required maximum assistance with toileting and bed mobility. The MDS assessment identified the resident admitted with a Stage 2 PU and was at a high risk for developing a PU.</p> <p>Review of Resident 1's wound evaluation form, dated 01/02/2024, Staff I documented Resident 1 had a Stage 2 PU on the sacrococcygeal area measured 8.96 cm long by 0.87 cm wide, a deterioration in their PU.</p> <p>Review of Resident 1's weekly skin inspection, dated 01/10/2024 completed by nursing, documented Right buttock PI [PU] measuring 2 cm by 1 cm. The body diagram on this form (Section B: Skin Impairments) was blank. The comment section documented to continue to monitor, continue with current treatment, and wound nurse following PU to the resident's coccyx and right buttocks. The skin inspection stated the resident now had two PU's (the coccyx PU was not measured).</p> <p>Review of Resident 1's wound evaluation form, dated 01/15/2024, Staff I documented the resident had a Stage 2 PU on the sacrococcygeal area measured 1.97 cm long by 0.68 cm wide. There was no assessment of the right buttock PU.</p> <p>Review of weekly skin inspection form, dated 01/17/2024 completed by nursing, documented Has pressure injury on buttock, measuring 2 cm by 1 cm. The body diagram on this form (Section B: Skin Impairments) was blank. The comment section documented to continue to monitor, continue with current treatment, and wound nurse following PU to the resident's coccyx and right buttocks, no new skin issues.</p> <p>Review of a progress note, dated 01/22/2024 at 8:43 PM (five days after the licensed nurse assessed the PU), Collateral Contact (CC) 1, contracted wound company's Physician Assistant Certified (PAC), documented Initial Visit, Resident 1 admitted to facility with a possible Stage 2 on sacrum, staff were concerned because the wound had deteriorated. Physical exam of wound showed DTPI on the sacrum measured 8.98 cm x 4.67 cm x 0.1. CC1 recommended a new treatment orders and air mattress for the resident's bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Snohomish of Cascadia, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 800 10th Street Snohomish, WA 98290	
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a progress note, dated 02/05/2024 at 7:47 PM, CC1 documented follow up assessment of a new wound that is deteriorating. CC1 documented Resident 1 had dementia, morbid obesity with impaired bed ability. Resident 1's wound was unstageable due to slough in lower left sacrum and coccyx that measured 8.98 cm by 4.67 cm by 0.02 cm. Treatment changes recommended included a low air loss mattress (the second time this was recommended by CC1) for pressure reduction.</p> <p>Review of Resident 1's wound evaluation form, dated 02/12/2024, Staff I documented the resident had an unstageable PU, present on admission, on the sacrococcygeal -middle measured 6.96 cm long by 3.06 cm wide (review of the picture taken there appears to be two separate PU's located on the resident's left buttock and coccyx). The PU was documented as a Stage 2 on admission and in fact had deteriorated to an unstageable PU.</p> <p>Review of the care plan, revised on 02/13/2024, to indicate the resident now has an actual unstageable PI (PU) to the coccyx that was present on admission and measured 1.08 cm by .48 cm (on 12/22/2023 the resident had a Stage 2 with the same exact measurements. The interventions were not updated, and the air mattress was not implemented on the care plan per CC1's recommendations on 01/22/2024 and 02/25/2024 (the resident was admitted with a Stage 2 PU on their coccyx not an unstageable PU).</p> <p>Review of the Significant Change in Status MDS Assessment 02/24/2024, showed Resident 1 had moderate cognitive impairment (a decline from their admission MDS), and they required maximum assistance with toileting and bed mobility. Review of the Care Area Assessment (CAA, a systematic process to interpret the triggered information from the MDS assessment to assess the potential problem and determine if the area should be care planned) 02/24/2024, showed Pressure Ulcer/Injury CAA was triggered related to Resident 1 needing increased assistance with activities of daily living including bed mobility, transfers, toileting, hygiene and having current skin issue and noted incontinence episodes- all increase the risk for pressure injury or exacerbation of current injury. CAA documented that Resident 1 needed a special mattress or seat cushion to reduce or relieve pressure and required regular schedule of turning, neither intervention was documented as implemented on the care plan.</p> <p>Review of a progress note dated 03/04/2024 at 4:36 PM, CC1 documented Resident 1 was seen for sacrum/coccyx PU. CC1 documented the resident had impaired bed mobility and was totally dependent for repositioning and offloading. Resident 1's wound was unstageable with most of the wound be covered in slough, measuring 6.67 cm by 2.44 cm by 0.0 cm. Further documentation showed that the resident needs a low air loss pressure reducing mattress (the third time the air mattress was recommended), as they were immobile and had poor bed mobility.</p> <p>In a late entry progress noted, dated 03/04/2024 at 2:36 PM, Staff I documented that Resident 1 was seen by CC1 today for an unstageable PU to their sacrum. Staff I documented the resident would be turned/repositioned while in bed with assistance from nursing staff and a low air loss mattress was started due to wound treatment.</p> <p>Review of Resident 1's wound evaluation form, dated 03/18/2024, Staff I documented the resident had an unstageable PU, present on admission, on the sacrococcygeal -middle measured 6.96 cm long by 3.06 cm wide (review of the picture taken by the facility show that the wound is one large wound now, with muscle and possible bone exposed).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Snohomish of Cascadia, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 800 10th Street Snohomish, WA 98290	
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a progress note dated 03/18/2024 at 8:21 PM, CC1 documented Resident 1 was seen for sacrum PU. Resident 1's wound was unstageable with most of the wound be covered in slough and eschar, measuring 8.4 cm by 4.7 cm by 5.4 cm. Further documentation showed that the resident required clinical debridement. Following debridement, the wound was staged as a Stage 4 on the sacrum with bone exposed.</p> <p>Review of a nursing progress note, dated 03/20/2024, showed Resident 1 was sent to the emergency room by facility after wound x-ray results indicated possible osteomyelitis. The resident did not return to the facility.</p> <p>Resident 1's diagnosis list was updated, dated 03/20/2024, to include a Stage 4 PU and osteomyelitis (infection of the bone) of the sacral region.</p> <p>In an interview on 04/30/2024 at 1:30 PM, Staff H, Maintenance Director, stated if residents need specialty equipment such as a lipped mattress (perimeter mattress), transfer pole, low air loss mattress etc., the maintenance department would be responsible to install those devices. Staff H stated they would not install anything unless directed by the proper person, such as an air mattress, nursing would need to assess the resident first and ensure that it was appropriate then maintenance would install it. Staff H stated there was a log maintained that tracked which residents have air mattresses. Staff H provided a copy of the log titled Equipment Rental, that showed an air mattress was placed for Resident 1 on 03/05/2024, 43 days after it was recommended by CC1.</p> <p>In an interview on 05/01/2024 at 1:30 PM, Staff C, Registered Nurse (RN)/Regional Nurse, stated they were familiar with Resident 1 and had reviewed their record recently. Staff C reviewed the progress notes of CC1 where they recommended an air mattress be placed on multiple occasions and stated they had recently spoke to the owner of the contracted wound company and were told by the owner that a low air loss mattress should not have been recommended for this resident but that the facility doctor should have been notified of the recommendation and given the opportunity to make a decision. Staff C then reviewed the log provided by maintenance showing that the air mattress for Resident 1 was not placed until 03/05/2024 and Staff C stated they had been asking for this log for a few days now and no one was able to give it to them.</p> <p>Resident 1 no longer resided in the facility and was not able to be interviewed.</p> <p><RESIDENT 2></p> <p>Resident 2 admitted to the facility on [DATE] with diagnoses including anemia, right femur fracture, dysphagia (difficulty swallowing), protein- calorie malnutrition (the body lacks enough protein and energy to function properly), and cognitive impairment.</p> <p>A review of Resident 2's Admission MDS assessment, dated 02/18/2024, showed Resident 2 had severe cognitive impairment, required extensive assistance from two staff with transfers, toileting, and bed mobility. The MDS assessment showed the resident admitted to the facility without PU/PI's.</p> <p>Review of the admission skin inspection form dated 02/12/2024, Staff J, LPN/Nurse Manager documented Resident 2 had a surgical incision on the right hip with a bruise from above the knee to the hip. The section with the body diagram was left blank. The form did not indicate that Resident 2 had any PU's present on admission.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Snohomish of Cascadia, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 800 10th Street Snohomish, WA 98290	
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 2's care plan printed on 04/10/2024, showed a potential for alteration in skin/tissue integrity related to incontinence, created/initiated on 02/12/2024. On 03/14/2024 the care plan was revised to show Resident 2 had an actual skin alteration DTPI to the right heel. Interventions included to offload their heels or use Prevalon boots (a boot that provided continuous pressure relief) when in bed, created/initiated on 02/12/2024. Skin inspection done during CNA care opportunities, and to report changes to the Licensed Nurse (LN) created/initiated on 02/12/2024. The LN to perform weekly skin inspections to include review/check for footwear and report alterations as needed to the resident's provider, created/initiated on 02/12/2024. Right heel wound treatment orders (not specified), created/initiated on 03/14/2024 and Med pass (wound management/weight loss liquid supplement, created/initiated on 04/05/20204.</p> <p>Review of Resident 2's Skin Inspection Eval form, dated 03/11/2024, Staff J, LPN/Nurse Manager documented no new skin issues this week. The section with the body diagram was left blank. The form did not show that Resident 2 had any current PU's.</p> <p>Review Resident 2's Skin Inspection Eval form, dated 03/14/2024, Staff J, LPN/Nurse Manager documented Right heel worsening now deep purple in color. Family notified. Treatment in place. Off load heels while in bed. The section with the body diagram was left blank. The were no measurements of the PU on the form.</p> <p>During an observation on 04/08/2024 at 10:00 AM, Resident 2 was observed lying in bed on their back. The resident was noted to be on a standard mattress, heels resting directly on the mattress. The resident was not wearing foam boots. Attempted to interview this resident but they were unarousable at this time.</p> <p>Observation on 04/08/2024 at 1:40 PM, Resident 2 was in the same position as early in the day. There were no pressure relieving devices in place.</p> <p>Review of a Skin/Wound Eval form, dated 04/08/2024, documented Resident 2 had a DTPI on the right heel and was documented present on admission. The PU measured 4.2 cm long by 3.6 cm wide. The form had a section where the resident's physician and family were to be notified of the new skin alteration, this section was left blank.</p> <p>During an observation on 04/10/2024 at 9:40 AM, Resident 2 was observed lying in bed in the supine (on back) position, asleep unable to arouse. There were no pressure relieving devices in place at the time of this interview. At 11:45 AM, Resident 2 remained lying in bed, with the head of bed slightly elevated. The residents' feet/legs were positioned directly on the mattress with no pressure relieving devices in place. At 3:10 PM, returned to room for follow up observation and the resident remained in bed, asleep and was observed to be wearing light blue heel protector boots on bilateral feet.</p> <p>Review of Resident 2's clinical record on 04/11/2024, showed that on 04/10/2024 at 12:48 PM, during the facility skin sweep of all residents, Resident 2 was found to have additional wounds not identified during the skin inspection completed on 04/08/2024. Staff I identified a DTPI on the lateral (to the side of, or away from, the middle of the body) right foot, measuring 7.64 cm x 2.18 cm (in-house acquired) and a DTPI on the left heel, measuring 3.16 cm x 2.32 cm (in-house acquired).</p> <p><RESIDENT 3></p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Snohomish of Cascadia, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 800 10th Street Snohomish, WA 98290	
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Resident 3 admitted to the facility on [DATE] with diagnoses including bipolar disorder, diabetes mellitus, polyneuropathy (the simultaneous malfunction of many peripheral nerves throughout the body), and anemia.</p> <p>A review of Resident 3's Quarterly MDS assessment, dated 02/27/2024, showed Resident 3 was cognitively intact, required partial/moderate assistance from staff for bed mobility and had no PU/PI's present.</p> <p>Review of Resident 3's weekly skin inspection form, dated 03/25/2024, Staff K, RN, documented the resident had no skin issues/injuries noted on their arms/legs or feet.</p> <p>Review of the Skin & Wound evaluation, dated 04/01/2024, Staff I, documented Resident 3 had a DTPI on the right heel, was present on admission, and measured 2.4 cm x 1.3 cm, with 100% black eschar covering the wound. The evaluation form did not indicate if the resident physician and family had been notified.</p> <p>Review of weekly skin inspection form, dated 04/02/2024, showed Resident 3 had no skin issues present, arms/legs/feet were clear (this form was completed a day after the DTPI was noted on the resident's right heel).</p> <p>In an interview on 04/08/2024 at 8:32 AM, CC2, Resident 3's family member, stated they were at the facility on 03/31/2024 to visit with the resident for Easter. CC2 stated they went a little early to the facility to help the resident get ready before other family members showed up. CC2 stated when they were helping Resident 3 put their socks on and asked for Neosporin (an ointment). CC2 asked what they needed that for, and the resident stated, For my foot and showed CC2 their right heel. CC2 stated there was a huge black sore on their heel that they had never seen before, stating What the h*ll is that? CC2 went out to the nurse on duty and told the nurse they needed a bandage on Resident 3's foot, and the nurse tried to hand them a Band-Aid. CC2 stated that they laughed and asked, What is that going to cover, [Resident 3] has a huge wound on her foot, you need to come look at it. CC2 was very upset at finding the sore stating These people get paid a lot of money to care for people, they get one shower a week and then they don't even know she has this huge sore on her foot, it's just not right. I don't want them to just sit in this place, keep getting sores because they aren't getting care, then die there, I am trying to get her moved out of there to an adult family home.</p> <p>During an interview/observation on 04/08/2024 at 9:35 AM, Resident 3 was lying in bed in a supine position. The resident was not observed to have any pressure relieving devices in place. The resident's feet were noted to be bare, with a gauze type dressing wrapped around the right foot. The resident stated they have a sore on their right foot and was unsure for how long they had the sore, stating it really hurts sometimes and thought the nurse changed the dressing three times a week. Resident 3 stated they do not have any kind of boots they wear on their feet, usually they wore just socks.</p> <p>Observation on 04/09/2024 at 1:50 PM, Resident 3 was observed self-propelling their wheelchair and wearing socks. The resident returned to their room, got into their bed, and there no pressure relieving devices present on their bed or in the room.</p> <p>Review of the current care plan, printed on 04/10/2024, showed a focus area of potential for alteration in skin/tissue integrity related to a scabbed area right knee, and history of moisture associated dermatitis. Interventions in place as of 11/21/2023 included:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Snohomish of Cascadia, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 800 10th Street Snohomish, WA 98290	

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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - Needs assistance to apply protective garments (specify: geri-sleeves, a protects sensitive thin skin on the resident's arms, Tubigrip (fabric that provides continuous support) legs, Prevalon boots, etc.). - Offload heels or use Prevalon boots when in bed. - Skin inspection during NAC care opportunities, report changes to LN. - Weekly LN skin inspections to include review/check footwear. Report alterations as indicated. <p>On 04/10/2024, Resident 3's alteration in skin/tissue care plan was updated to include an actual alteration in skin integrity regarding a PU to the right heel. Interventions included to off load the resident's heels when in bed, Registered Dietitian would monitor and evaluate the resident's nutritional intake and condition of their wound and make recommendations as indicated. On 4/11/2024, an intervention was added to encourage Resident 3 to float their heels when in bed, assist the resident when they need help, and the resident required consistent reminding to continue to float their heels.</p> <p>Observation on 04/10/2024 at 9:15 AM, Resident 3 was observed lying in bed, sleeping in the fetal position. The resident was observed with a dressing in place on the right foot, and there was no pressure relieving devices observed on their feet or in their room.</p> <p>During an interview and observation on 04/10/2024 at 9:30 AM, Staff K, RN, stated they were the nurse for Resident 3 today. Staff K stated the resident currently had a PU on their right heel and the interventions in place included dressing changes and offloading their heels. Staff K stated they thought they had tried to have the resident wear pressure relieving boots at one point but stated There's no way they would wear those. Staff K stated the resident did not have Prevalon boots in the room and doesn't remember ever seeing those type of boots in this facility. At 9:40 AM, Staff K was observed to change the resident's dressing to their right heel. Resident 3 complained of pain in the right foot during the dressing change, that went unaddressed by Staff K. Staff K stated the facility had a wound nurse and that was how wounds were assessed to determine progression or deterioration of the wound, stating we just change the dressings, do the treatments, and were not responsible to measure anything. The wound appeared to be the approximate size of a golf ball and was solid black/brown in color. The edges around the wound were noted to be red in color and appeared irritated. Staff K stated that the wound looked the same the last time they saw it.</p> <p>In an interview on 04/10/2024 at 12:25 PM, Staff B, RN/Director of Nursing (DNS), stated that the expectation for staff who find new skin alterations is to complete a Skin alteration incident investigation (Risk Management). Staff B was asked to provide the investigations for Resident's 2, and 3's in house skin issues and they stated that they had not been completed. Staff B stated that they would be completing investigations now for both residents and would get them to me tomorrow. Staff B was asked if a resident admitted with a skin issue that deteriorated while in the facility would they expect an investigation and they stated Yes. Staff B reviewed the completed skin inspections from 04/01/2024 and 04/02/2024 and was unable to provide any information regarding the skin check on 04/02/2024, completed by Staff L, documented the resident did not have any skin issues/PI on their feet, stating, They [Staff L] are going to be upset that they missed that, referring to Staff L completing a skin check and not documenting that Resident 3 had a PU on the right heel.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Snohomish of Cascadia, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 800 10th Street Snohomish, WA 98290	
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's skin investigation dated 04/10/2024 at 12:39 PM, Staff B documented the report was completed due to worsening of Resident 3's right heel wound, initially not completed on 04/01/2024 when staff noted a deterioration in wound status.</p> <p>< RESIDENT 4 ></p> <p>Resident 4 admitted to the facility on [DATE] with diagnoses including protein-calorie malnutrition, dementia (a mental disorder in which a person loses the ability to think, remember, learn, make decisions, and solve problems) without behaviors, Alzheimer's disease, and dysphagia. Review of the Admission MDS assessment, dated 02/23/2024, showed Resident 4 had severe cognitive impairment and had no PU/Pis on admission.</p> <p>Review of Resident 4's weekly skin inspection forms showed the following:</p> <ul style="list-style-type: none"> -On 02/18/2024 (admission to the facility), both of the resident's feet were purple, blanchable, and were that the resident's baseline. - On 03/21/2024 and 03/28/2024, there were no skin issues noted. - On 04/05/2024 and 04/11/2024, showed a right heel wound was identified, there was a treatment in place, and there were no measurements of the wound (the section with the body diagram was left blank). <p>Review of Skin & Wound Evaluation, dated 04/08/2024, showed Resident 4 had a Stage 3 right heel PU. The evaluation showed the PU was present on admission (per the weekly skin inspections the PU developed on 04/05/2024 after the resident admitted to the facility) to facility and measured 2.3 cm x 2.3 cm x 1.3 cm.</p> <p>Observation on 04/16/2024 at 12:50 PM, Resident 4 was observed sitting up in their wheelchair, wearing only non-skid socks on their feet.</p> <p>Observation on 04/16/2024 at 3:10 PM, Resident 4 was noted to be lying in bed with their heels lying directly on the mattress. There was a blue boot and two pillows on the chair in their room, but no pressure relieving devices were observed in place.</p> <p>Observation on 04/19/2024 at 2:14 PM, Resident 4 was lying in bed watching TV. The resident's heels were lying directly on the mattress, and no pressure relieving devices were in place.</p> <p>Observation on 04/22/2024 at 7:44 AM, Resident 4 sitting in their bed, with their legs extended out directly on the mattress, wearing non-skid socks on both feet, no pressure relieving devices were observed in place.</p> <p>Observation on 04/22/2024 at 9:30 AM, Resident 4 was sitting up in their wheelchair in their room, there were no protective heel boots observed on the resident feet or in the room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Snohomish of Cascadia, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 800 10th Street Snohomish, WA 98290	
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation/interview on 04/22/2024 at 11:25 AM, CC1 stated Resident 4 currently had a PU on their right heel but was unsure if they admitted with it or if it was acquired in the facility. CC1 removed an undated dressing on the right heel. The wound appeared as red tissue, no yellow tissue noted. At the time of the observation the measurements were 2.4 cm long by 1.7 cm wide and 0.2 cm deep. CC1 stated interventions in place currently for Resident 4 included heel prep to the right heel and foam boots on both of their feet when up in a chair or in bed. CC1 asked Staff M, RN/Nurse Manager, if the resident had protective boots available and Staff M opened the residents closet and stated, there are some in the closet and closed the door. Staff M was asked if Resident 4 refused to wear the boots and they stated, not that I have seen. After CC1 and Staff M completed the residents wound treatment, they exited the room and did not attempt to place the protective boots on the resident.</p> <p>During a joint record review/interview on 04/22/2024 at 12:43 PM, Staff B reviewed the current care plan for Resident 4 and stated interventions in place currently included to check the resident's footwear and complete weekly skin inspections. Staff B reviewed the physician orders and stated an intervention in place included to elevate the resident's heels when in bed, started on 03/17/2024. Staff B stated their expectation for Resident 4's protective boots were that Staff M should have removed them from the closet and placed them on the resident before leaving the room.</p> <p>Refer to WAC 388-97-1060 (3)(b)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Snohomish of Cascadia, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 800 10th Street Snohomish, WA 98290	
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 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** 40998</p> <p>Based on observation, interview, and record review, the facility failed to consistently implement care plan interventions related to bed height and mattress type to prevent accidents/falls for 1 of 1 sample resident (Resident 7) reviewed for falls and accident hazards. Resident 7 experienced harm when they fell out of bed and sustained a left hip fracture (broken bone), pain, and required hospitalization . These failures placed residents at risk for potential falls, injuries, and a decreased quality of life.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Fall Response & Management, revised on 05/17/2021, showed for a fall with injury, staff should avoid moving the resident their status is fully evaluated to prevent further injury if an injury occurred as a result of the fall. Staff were to evaluate the resident's limb strength and motion. Don't perform range of motion (ROM) exercises if a fracture is suspected or if the resident complains of any odd sensations or limited movement.</p> <p>Review of the facility policy titled, Accidents and Supervision to prevent accidents, revised on 10/15/2022, showed the facility provides an environment that is free from accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents. The facility monitors to verify interventions are in place and effective and is to ensure that interventions are implemented correctly and consistently.</p> <p>Resident 7 was admitted to the facility on [DATE] with diagnoses to include vascular dementia (a general term for problems with reasoning, planning, memory, and other thought processes cause by brain damage from impaired blood flow to the brain) with behavioral disturbance, history of stroke, atrial fibrillation (a fast irregular heart rate) with long term use of blood thinners and history of falls. The resident was readmitted to the facility on [DATE] with a diagnosis of a left femur fracture.</p> <p>A review of Resident 7's activity of daily living (ADL - includes activities such as dressing, transfers, bed mobility, walking/locomotion, bathing personal hygiene, toileting and eating) care plan, dated 06/20/2022, showed Resident 7 was a two-person extensive assist for bed mobility, transfers, dressing, and toileting.</p> <p>Review of Resident 7's care plan, printed on 04/10/2024, showed a focus of impaired mobility with risk for falls, and actual fall with fracture on 03/17/2024. Interventions included to keep the bed in a position (care plan did not specify the position) for safe transfers and lock bed brakes, initiated on 06/20/2022. A perimeter mattress (a type of mattress to create a raised edge and defines the perimeter for enhanced fall prevention without using restraints) to assist resident in clearly identifying the edge of their bed, initiated on 11/18/2023. The care plan did not show updates/changes being done after Resident 7 sustained a fall with fracture on 03/17/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Snohomish of Cascadia, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 800 10th Street Snohomish, WA 98290	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility incident reporting log, dated 03/17/2024 at 12:05 AM, showed Resident 7 sustained an unwitnessed fall in their room. The facility documented in the reporting log the fall resulted in a fracture.</p> <p>Review of the facility's investigation for Resident 7's fall on 03/17/2024, showed Staff D, Registered Nurse (RN), documented the resident was found lying on the floor on their left side and the bed was in the high position. Staff D documented Resident 7 stated I fell out of bed. Staff D documented Resident 7 was unable to move their left leg, complained of left groin pain, and had a skin tear to their left elbow. Staff D documented Resident 7 was assisted into bed with a Hoyer (a type of mechanical lift device) lift, the provider was contacted, and gave orders to send the resident to the emergency room to rule out a possible fracture. Staff D documented that 911 was called and Resident 7 was sent to the hospital.</p> <p>Review of Resident 7's clinical record showed a form titled Acknowledgement of Physical Restraint Use, a consent for the use of a scoop (perimeter) mattress dated 11/21/2023.</p> <p>Review of a nursing progress note, dated 03/18/2024 at 10:04 AM, showed the Interdisciplinary Team (IDT) met to review Resident 7's recent fall with injury that occurred on 03/17/2024. The progress note showed Resident 7 reported they were self-transferring when they fell .</p> <p>Observation on 4/10/2024 at 11:40 AM, Resident 7 was observed sitting in their wheelchair next to the bed. A standard mattress was observed on the bed. There was a blue fall mat (a safety feature that is placed on the floor along the side of the bed) on the floor next to the left side of the resident's bed.</p> <p>In a joint observation/interview on 04/10/2024 at 1:56 PM, Staff F, Certified Nursing Assistant (CNA), stated they found specific resident information on the Kardex (care plan for nursing assistants). Staff F entered Resident 7's room and observed the mattress in place stating, This is the mattress that has always been on their bed. Staff F stated the mattress in place was a standard mattress not a perimeter mattress. Staff F stated they thought Resident 7's fall interventions in place included a fall mat at the bedside and low bed (a bed that was able to go to the floor) because that's what was in their room currently.</p> <p>Review of Resident 7's Kardex, dated 03/22/2024, showed under the section Safety/Falls to keep the adjustable bed in position for safe transfers, and lock the brakes. The Kardex did not indicate that a perimeter mattress was on the bed, the bed should be kept in the low position, or fall mat was in use.</p> <p>In an interview on 04/10/2024 at 2:25 PM, Staff E, RN, stated they were aware that Resident 7 had fell and sustained a left hip fracture. Staff E stated they were unsure where to find resident's fall intervention information but I would just use common sense. Staff E observed the resident's mattress and stated, That is a regular mattress, not a perimeter mattress.</p> <p>In an observation on 04/22/2024 at 7:35 AM and on 04/24/2024 at 9:39 AM, Resident 7 was observed lying in bed, with a standard mattress in place, a blue fall mat on the left side of the bed and the bed was in the low position.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Snohomish of Cascadia, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 800 10th Street Snohomish, WA 98290	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>In an observation on 04/30/2024 at 1:26 PM, Resident 7 was observed in lying in bed with no perimeter mattress in place. A blue fall mat was folded up by the door, the bed was positioned approximately three to four feet off the ground, and not in a low position.</p> <p>In an interview on 04/30/2024 at 1:35 PM, Staff H, Maintenance Director, stated the facility owns their own perimeter mattresses, but they do not maintain a log for them. Staff H was unable to state if Resident 7 had a perimeter mattress in place but did not think they did. Staff H stated the maintenance department was notified verbally by nursing when a perimeter mattress needed to be placed for a resident.</p> <p>In an interview on 05/01/2024 at 11:57 AM, Staff E stated if a resident had a fall, complained of pain, and unable to move during assessment, they would not move the resident, and would call 911. Staff E stated that Resident 7 was physically unable to operate their bed controller, staff assist them with raising and lowering their bed.</p> <p>In an interview on 05/01/2024 at 12:11 PM, Staff G, CNA, stated the resident was not physically able to independently adjust their bed using the bed controller, stating I do it for them. Staff G stated resident specific fall interventions would be listed on the Kardex.</p> <p>In an interview on 05/01/2024 at 1:30 PM, Staff C, RN/Regional Nurse Consultant, stated if a resident complained of pain in the left lower extremity and groin during an assessment after a fall, the resident should not have been moved and 911 should have been called.</p> <p>This is a repeat citation from survey dated 05/24/2023.</p> <p>Refer to WAC 388-97-1060 (3)(g)</p>		