

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505341	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER Bridge Crest Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5220 Northeast Hazel Dell Avenue Vancouver, WA 98663	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36368</p> <p>Based on interview and record review, the facility failed to ensure residents were free from significant medication errors for 1 of 1 sampled residents (Resident 1) reviewed for significant medication errors. Resident 1 experienced harm when they received two doses, of 10 times the ordered amount, of a blood thinner medication that resulted in hospitalization with three hematomas (bleeding within a muscle group) and transfusion of one unit of packed red blood cells. This failure placed residents at risk for a significant medication error, medication side effects and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 1 was admitted to the facility on [DATE] with diagnoses including hemiplegia (paralysis affecting one side of the body) and transient ischemic attack (temporary interruption of blood flow to the brain).</p> <p>A review of the hospital discharge orders, dated 01/24/2025, showed Resident 1 to receive Enoxaparin (also called Lovenox, an injectable blood thinner that prevents and treats blood clots) 30 milligram (mg)/0.3 milliliter (ml) syringe give 0.3 ml subcutaneously (sq--under the skin) once daily in the evening for deep vein thrombosis (clot) prevention.</p> <p>Resident 1's January 2025 Medication Administration Record (MAR), dated 01/24/2025, showed the resident was to receive Enoxaparin Sodium Injection Solution 300mg/3ml inject 3ml sq in the evening for deep vein thrombosis prevention. The MAR showed Resident 1 was administered 3ml (10 times the amount ordered) of Enoxparin Sodium Injection Solution subcutaneously on 01/25/2025 and 01/26/2025.</p> <p>A review of the hospital records, dated 01/27/2025, documented Resident 1 received 10 times the dose of Lovenox on 01/25/2025 and 01/26/2025. Resident 1 had a right gluteal (buttock) IM (intramuscular) hematoma (bleeding within a muscle group) 12 x 4.5 cm with extension across right hemipelvis (half of the pelvis), right posterior chest wall IM hematoma 5.3 x 2.4 cm and left posterior (toward the back of the body) wall IM hematoma 9.1 x 2.9 cm. Resident 1 had gradual anemia (body losing blood cells) requiring 1 unit of packed red blood cells.</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: 505341	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER Bridge Crest Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5220 Northeast Hazel Dell Avenue Vancouver, WA 98663	
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 0760 Level of Harm - Actual harm Residents Affected - Few	<p>On 02/24/2025 at 1:25 PM, Staff A, Director of Nursing Services, said the order from the hospital showed to give 0.3ml of Lovenox sq, but the order was entered in by medical records as 3ml of Lovenox sq. Staff A stated, It [med error] was missed by everyone, including pharmacy. Medical records missed it. The nurse checking the orders, after they were put in, missed it. The Resident Care Manager (RCM) missed it. And then two nurses ended up giving it before it was discovered by another nurse coming in . Pharmacy sent a multi dose vial and the nurses drew up 3ml instead of 0.3ml syringes of Lovenox.</p> <p>On 03/06/2025 at 12:56 PM, Staff B, Medical Records, said when placing Hospital orders into the computer, she goes down the list of medication orders and enters them into the facility system. If she has any questions or concerns regarding any of the orders, she will not put those orders in and will place a note for nursing. Staff B said she was familiar with some common medications and dosages, but was not familiar with Lovenox. Staff B said she could not tell that 3ml, as opposed to 0.3ml, of Lovenox was an uncommon dosage so she did not leave a note for nursing to review.</p> <p>At 12:56 PM, Staff C, Licensed Practical Nurse, said normally she would check the ordered one by one and check it with the orders from the hospital. Staff C stated, I was really busy that day. I messed up and I just activated all the orders.</p> <p>At 3:24 PM, Staff D, RCM, said he was still in training and had no experience as an RCM. Staff D said he did not believe he had checked the orders until the day they had already found the medication error.</p> <p>Reference WAC 388-97-1060 (3)(k)(iii)</p>		