

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  09/04/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on interview and record review, the facility failed to implement their abuse policy and procedure by not ensuring a background check was completed prior to the hire date for 1 out of 5 staff [Staff F] reviewed for background checks. In addition, the facility did not ensure reference checks were conducted prior to the hire date for 5 of 5 staff [Staff D, E, F, G, and H] reviewed for reference checks. This failure placed the residents at risk for abuse, neglect, exploitation, and misappropriation of property. Findings included. Review of the facility's policy titled, Abuse Prohibition Policy and Procedures, reviewed April 2021, showed,4. Conduct employee background checks and not knowingly or otherwise engage any individual who has:a. been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law;b. had a finding entered into the state nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; orc. a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. Background Checks Record review of employee records for Staff F, Licensed Nurse, showed a hire date of 04/15/2025. There was no evidence that a background check had been conducted by the facility prior to Staff F's employment. Reference Checks Record review of employee records for Staff D, Social Service Assistant, showed a hire date of 03/18/2025. There was no evidence that a reference check had been conducted by the facility prior to Staff D's employment.Record review of employee records for Staff E, Nursing Assistant Certified, showed a hire date of 08/06/2025. There was no evidence that a reference check had been conducted by the facility prior to Staff E's employment.Record review of employee records for Staff F, Licensed Nurse, showed a hire date of 04/15/2025. There was no evidence that a reference check had been conducted by the facility prior to Staff F's employment.Record review of employee records for Staff G, Staffing Coordinator and Central Supply, showed a hire date of 02/06/2025. There was no evidence that a reference check had been conducted by the facility prior to Staff G's employment.Record review of employee records for Staff H, Nursing Assistant Certified, showed a hire date of 03/18/2025. There was no evidence that a reference check had been conducted by the facility prior to Staff H's employment.In an interview on 09/04/2025 at 2:36 PM, Staff C, Human Resource Director, said that Staff F was hired and started on the floor prior to a background check being completed. Staff C said moving forward a background check would be completed prior to staff beginning floor assignments. In an interview on 09/04/2025 at 2:45 PM, Staff A, Administrator, said it was facility policy to conduct advance background checks in lieu of reference checks. Reference WAC 388-97-0640[2][a].</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>.Based on interview and record review, the facility failed to ensure nursing assistants were screened through the nurse aide registry [OBRA] prior to providing care to the residents for 2 of 2 staff [Staff E and H] reviewed for staff qualifications. This failure placed residents at risk for receiving care from unqualified staff. Findings included.Staff E, Nursing assistant certified, was hired on 08/06/2025. Staff H, Nursing assistant certified was hired on 10/06/2016.Record review of Staff E and H's personnel files did not include documentation from the nurse aide registry.On 09/04/2024 at 2:35 PM, Staff C, Human Resource Director, said he had not been able to locate OBRA checks for the 2 nursing assistants reviewed, however he has them now and going forward nursing assistants will have OBRA checks completed at least 72 hours prior to being hired and not less than every 2 years thereafter. Reference WAC 388-97-1660 [3][c]</p>		