

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  10/27/2025
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0686  Level of Harm - Actual harm  Residents Affected - Few	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to consistently assess, monitor, and provide wound care treatments as ordered to existing pressure ulcers for 1 of 3 residents [Resident 1] reviewed for pressure ulcers. Resident 1 experienced harm when the residents left heel wound became malodorous, excessive fluid discharge, developed a maggot (fly larvae) infestation that required hospitalization and antibiotic treatment and placed the resident at risk of decreased quality of life. Findings included. Record review of the National Library of Medicine article, titled, Maggot Infestation: Various Treatment Modalities, dated 03/30/2018, showed the invasion of the skin and subcutaneous (under the skin) tissue by larvae (maggot) was known as maggot infestation. Maggot infestation was a condition in which fly maggots feed off and develop in the tissues of a living person or animal. This results from flies laying eggs in or on the tissue. Female flies may visit wounds to feed or to lay eggs. They generally lay 50-300 eggs at a time that hatch and emerge as larvae (maggot) within eight to 12 hours. Infestation can cause infection, pain, and psychological distress associated with having a maggot infestation. Record review of the facility policy, titled, Skin at Risk/Skin Breakdown, dated June 2025, documented, Within 8 hours of admission a licensed nurse examines resident's entire body to determine if skin impairment is present. Upon admission, skin at risk and any actual skin impairment is identified and interventions are considered to prevent further breakdown. Resident 1 was admitted to the facility on [DATE] at 3:45 PM with diagnoses to include osteomyelitis [an infection of the bone occurring when bacteria or other microorganisms enter the bone tissue and cause inflammation and damage], chronic ulcers [wound or sore] to both heels, and vascular dementia [confusion due to reduced blood flow to the brain]. Review of the admission Minimum Data Set [MDS-an assessment tool] assessment, dated 09/06/2025, showed Resident 1 was cognitively impaired. Record review of a Resident 1's hospital note, dated 08/25/2025, showed Resident 1 had the following diagnoses: Acute on Chronic Bilateral Lower Extremity Heel Ulcerations with Osteomyelitis, Bilateral Lower Extremity Venous Insufficiency, Left heel was Unstageable and right heel was stage 3. Under the Musculoskeletal section, it showed Resident 1 had tenderness to bilateral heels with unstageable pressure injury of the left heel, and stage 3 on the right heel. Record review Resident 1's admission orders, dated 08/30/2025, showed Resident 1 admitted with no orders for antibiotics. Record review of Resident 1's admission assessment and skin evaluation, dated 08/30/2025 at 11:43 PM, and completed by Staff C, Licensed Practical Nurse (LPN), showed, Pressure wounds to the right and left heels. In section 1e. of the skin assessment, meant for description of wounds, Staff C's documentation showed, Dressings changed by [the hospital] on 08/30/25. Record Review of Resident 1's physicians orders, dated 08/31/2025, showed an order reading, Wound Care: Bilateral Heels; Every morning. Change dressings every morning. Use betadine [an antibacterial solution used to kill germs to prevent infection] moistened gauze and cover with a dry dressing daily. Keep heels offloaded [positioning to alleviate pressure] at all times. This order was to be completed once a day on the day shift until 09/03/2025 when it was switched to once a day on the evening shift. Record review of Resident 1's Treatment Administration Record [TAR], dated 08/31/2025, showed no signature for the administration of treatment to right and left heel wounds were completed. Record review of Resident 1's TAR, dated 09/04/2025, showed a nurse signature with code 2 indicating Resident 1's refusal of treatment to bilateral heels. Record review of Resident 1's TAR, dated 09/05/2025, showed a signature for Staff D, Registered Nurse (RN), for the administration of treatment to right and left heel wounds. Record review of Resident 1's progress notes, dated 09/07/2025 at 4:13 PM, showed Staff E, RN, documented, This LN found maggots on left heel pressure ulcer during dressing change, foul odor present, no c/o [complaint of] pain. On call provider notified, order to send out to hospital for evaluation. Picked up by ambulance at 4:24 pm, Resident Care Manager and family notified. Record review of Resident 1's hospital notes, dated 09/07/2025, showed Resident 1 admitted to the hospital due to chronic lower extremity wounds with concerns for maggots in the bilateral feet wounds. According to the emergency room provider, they had to remove maggots from Resident 1 upon arrival to the emergency department. While in the hospital, Resident 1 was prescribed oral and IV (intravenous) antibiotics for their bilateral lower extremity heel wounds with osteomyelitis. Record review of Resident 1's re-admission hospital notes titled Active Issues dated 09/08/2025, showed the following: Acute on Chronic Bilateral Lower Extremity Heel Ulcerations, Osteomyelitis, Bilateral Lower Extremity Venous Insufficiency. Patient was hospitalized 08/25/2025 through</p>		