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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505348 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/14/2025 |
| NAME OF PROVIDER OR SUPPLIER Good Samaritan Health Care Ctr | | STREET ADDRESS, CITY, STATE, ZIP CODE 702 North 16th Avenue Yakima, WA 98902 | |

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

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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 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. (continued on next page) |

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to accurately assess and manage the diagnosis of congestive heart failure (CHF, a weakened heart condition, in which the heart doesn't pump blood as effectively as it should, and causes fluid build-up in the feet, arms, lungs and other organs) according to physician orders for 1 of 3 sample residents (Resident 1) reviewed for the management of CHF. This failure placed the resident at risk for fluid overload, respiratory complications, and exacerbation of (worsening of) heart failure. Findings included. Resident 1 Resident record review showed Resident 1 was admitted to the facility on [DATE] with diagnoses including CHF, chronic obstructive pulmonary disease (COPD, is a lung condition caused by damage to the airways that limit airflow), and atrial fibrillation (A-fib, an irregular and often very rapid heart rhythm that can lead to blood clots in the heart.) Review of the 10/30/2025 comprehensive assessment showed Resident 1 was cognitively intact, had shortness of breath and received continuous oxygen therapy (a treatment that delivers extra oxygen to the lungs when the level of oxygen in the blood is too low.) Review of Resident 1's 10/24/2025 care plan showed the resident had altered cardiovascular status due to their A-fib and CHF with interventions for nursing to monitor as needed any changes to lung sounds, cough, edema (extra fluid trapped in the body's tissues often caused by conditions such as heart failure. The extra fluid/swelling can affect any part of the body but is more likely in the legs and feet), and changes in weight. Record review of a facility reported incident dated 11/03/2025 showed Resident 1's Representative (RR1) stated the facility staff were neglecting the resident's health needs and requested Resident 1 be transported to the hospital. Review of Staff C's, Registered Nurse (RN), 11/03/2025 witness statement showed RR1 stated they had concerns about Resident 1's weight gain and swelling and wanted Resident 1 sent to the hospital. During a telephone interview on 11/14/2025 at 1:15 PM, RR1 stated they were very concerned Resident 1 was having fluid overload due to swelling they noted to Resident 1's abdomen, ankles and feet. RR1 stated they reported their concerns to the nursing staff during visits leading up to 11/03/2025 and felt nothing was being done. Record review of a 10/24/2025 physician order on Resident 1's October 2025 and November 2025 Medication Administration Record (MAR) showed furosemide 20 milligram (mg) tablet (a diuretic/water pill used to treat fluid retention/edema associated with heart failure) was ordered as needed for CHF if Resident 1's weight increased by 2 pounds in one day or if leg swelling developed. Further review of the MARs showed the diuretic/water pill was not administered to Resident 1. Record review of a 10/24/2025 physician order on Resident 1's October 2025 and November 2025 MARs showed an order for daily weights and to notify clinician for weight gain of two or more pounds in one day or five pounds or more in five days. Resident 1's weight on 10/25/2025 was 184.2 pounds and their weight was 189.6 pounds on 11/03/2025 (an increase of 5.4 pounds since admission.) Review of Staff B's, Director of Nursing (DON), investigation conclusion dated 11/10/2024 showed staff obtained Resident 1's daily weight with no weights above two pounds in one day (1.8-pound increase was noted on October 29, 2025) as ordered by the physician. Staff B did not document the presence or absence of leg swelling as part of their review that staff followed the physician's orders. During an interview on 11/14/2025 at 2:20 PM, Staff D, Licensed Practical Nurse (LPN), stated they entered Resident 1's daily weight in the MAR and watched for a two pound or greater increase. They stated Resident 1's weight never went about two pounds in a day and the as needed furosemide was not given. When Staff D reviewed the furosemide order, they stated they were not aware the order also referred to the presence of leg swelling as an indication to give the as needed diuretic medication. They stated they had not specifically assessed or documented the presence or absence of Resident 1's leg/ankle/foot swelling during their stay. During an interview on 11/14/2025 at 2:35 PM, Staff E, RN, stated they were the nurse present when Resident 1 was transferred to the hospital on [DATE]. They stated they were aware RR1 had concerns about Resident 1's weight gain during their stay; however, they did not recall RR1 having concerns about any specific edema or swelling to Resident 1's legs. Staff E stated they did not monitor Resident 1's feet for edema and did not notice the resident's feet on 11/03/2025 prior to being sent to the hospital. During an interview on 11/14/2025 at 4:30 PM, Staff B, DON, stated the staff did not monitor and document Resident 1's legs and feet for swelling. Staff B stated they were not aware the resident's diuretic order also included leg swelling as an indication to give the medication and not just the weight gain. Reference: WAC 388-97-1060(1)-(3)</p> | | |