

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>46479</p> <p>Based on observation, interview, and record review the facility failed to provide care in a manner that promoted dignity for 6 (Residents 1, 52, 4, 17, 15, & 12) of 20 sample residents and 2 (26 & 29) supplemental residents reviewed. The facility staff failed to provide Residents 52 & 12 with a privacy bag for their catheter, sit while feeding Resident 4, completely cover Residents 12, 17, & 29 while transporting them to the shower room, knock on Resident 1's room prior to entering, and remove items from Resident 1, 26, 15, & 29's room with permission. These failures placed residents at risk for feelings of diminished self-worth and embarrassment.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>Review of the facility's 2024 Promoting/Maintaining Resident Dignity policy showed the facility would treat each resident with respect and dignity. The policy showed all staff members involved in providing care would provide care in a manner that promoted and maintained resident dignity.</p> <p><Catheter Bag></p> <p><Resident 52></p> <p>According to the 11/18/2024 Quarterly Minimum Data Set (MDS - an assessment tool), Resident 52 had some cognitive impairment. This MDS showed Resident 52 had an indwelling catheter (device that drained urine from the body to an external bag).</p> <p>Observation on 01/27/2025 at 12:27 PM showed Resident 52 on their bed. Their catheter bag contained urine and was hooked to the bed frame. The catheter bag was not covered with a privacy bag and the resident's urine filled bag was visible from the hallway. Similar observations were made on 01/28/2025 at 8:23 AM, 01/29/2025 at 8:26 AM, and 01/30/2025 at 10:18 AM.</p> <p>In an observation and interview on 01/30/2025 at 11:40 AM, Staff F (Resident Care Manager) confirmed the catheter bag was visible from the hallway and stated Resident 52 should have a privacy bag for their catheter bag.</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: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 01/31/2025 at 9:31 AM, Staff B (Director of Nursing) stated catheter bags should have privacy bags to ensure resident dignity.</p> <p><Shower Transportation></p> <p><Resident 12></p> <p>Observations on 01/28/2025 at 12:25 PM showed Staff W (Certified Nursing Assistant -Shower Aid) pushing Resident 12 in a reclined shower chair through the hallway. Resident 12 only had a couple of towels placed on top of their body to cover them. Resident 12's upper chest, sides of both thighs, and legs were exposed. Resident 12's buttocks was observed through the hole in the shower chair and their catheter bag, without a cover, was hanging in the front with urine collected inside. Staff W took Resident 12 to a weight scale in the dining area and raised them onto the ramp, allowing more visibility of Resident 12's buttocks to the residents waiting for their lunch and family sitting in the dining area. Staff W finished weighing Resident 12 and then pushed them in the chair to the shower room.</p> <p><Resident 17></p> <p>Observations on 01/30/2025 at 8:18 AM showed Staff W pushing Resident 17 in a reclined shower chair through the hallway. Resident 17's sides of both thighs were exposed, and their buttocks area was observed through the hole in the shower chair. Staff W took Resident 17 to a weight scale in the dining area and raised them onto the ramp, giving more visibility of Resident 17's buttocks. Another staff member quickly approached Staff W and Resident 17 and began trying to tuck some of the edges of the resident's bath blanket underneath them to help cover the exposed areas. Staff W then took Resident 17 into the shower room.</p> <p>In an interview on 01/31/2025 at 9:34 AM, Staff F stated it was their expectation catheter bags be covered for dignity and staff should ensure a resident is fully covered when being transported for showers or weights through the hallway. Staff F stated it could be, embarrassing for a resident if they were uncovered and exposed to others.</p> <p><Resident 29></p> <p>Observation on 01/28/2025 at 8:47 AM showed Resident 29 being transported by Staff W through the hallway in a shower chair. Resident 29's bare legs, arms, and both sides of their buttocks were exposed and not contained within the bath blanket.</p> <p>In an interview on 01/31/2025 at 1:49 PM, Staff B stated staff should make sure residents were covered when going to and from shower rooms to promote dignity.</p> <p>43642</p> <p><Standing While Feeding></p> <p><Resident 4></p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>According to an 11/26/2024 Significant Change MDS, Resident 4 had a functional limitation in range of motion to one side of their upper arms and required substantial assistance from staff for eating.</p> <p>Review of Resident 4's Self-Care care plan showed the resident required one person assistance with eating their meals.</p> <p>Observations on 01/28/2025 at 12:40 PM showed Staff C (Resident Care Manager) standing next to Resident 4 in the dining area. Staff C was assisting Resident 4 with their fluids during lunch by holding the cup while the resident would drink in between taking bites of food. Staff C continued to stand at Resident 4's side assisting with fluids until 1:05 PM, 25 minutes later, at which time Staff C grabbed a nearby chair.</p> <p>In an interview on 01/31/2025 at 1:06 PM, Staff F stated it was their expectation staff sit down next to a resident when assisting them with their meal. Staff F stated it would feel intimidating if staff stood while assisting a resident with eating or drinking.</p> <p>50511</p> <p><Privacy></p> <p><Resident 1></p> <p>According to the 01/22/2025 Admission MDS, Resident 1 had a diagnosis of an unhealed pressure wound, partial paralysis to one side of their body, and blindness in one eye. The MDS showed Resident 1 was dependent on staff for toileting hygiene and mobility assistance.</p> <p>Review of the revised 09/06/2024 Activities of daily living self-care performance deficits care plan showed Resident 1 had limited mobility, needed two-person assistance for toileting hygiene, and used incontinence briefs.</p> <p>In an interview on 01/28/2025 at 8:13 AM, Resident 1 stated staff did not knock on their door before coming into their room and stated they felt like they did not have any privacy.</p> <p>Observation on 01/28/2025 at 1:44 PM showed Staff L (Licensed Practical Nurse) provided wound care to Resident 1's left foot. Staff L did not close Resident 1's bedroom door and wound care treatment was visible from the hallway.</p> <p>In an interview on 01/29/2025 at 8:23 AM, Resident 1 stated the nursing aids come into their room and do not always knock on their door first before entering.</p> <p>In an interview on 01/31/2025 10:40 AM, Staff F stated their expectation was for staff to provide dignity and privacy. Staff should knock on residents' doors first, introducing themselves and not just going into resident's room as this was their home.</p> <p><Resident Supplies ></p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 01/28/2025 at 8:13 AM, Resident 1 stated the staff went through their closet and took their specially ordered incontinence bed pads without asking them. Resident 1 stated they could not use the blue bed pads the facility regularly used because it irritated their skin. Because of this the facility provided them with a special incontinent bed pad that did not irritate their skin.</p> <p>In an interview on 01/29/2025 at 8:49 AM, Resident 1 stated their incontinent bed pads should be kept at their bedside so staff could not take them. Resident 1 stated staff came into their room closet again last night to take their incontinence bed pads without Resident 1's consent. Resident 1 stated they needed this pad for their care and staff should not be taking items from their closet. Observed Resident 1 tell Staff N (Certified Nursing Aid) to hide their incontinence bed pads in the bottom of their closet or put the pads on their bed so other staff could not find them.</p> <p>In an interview on 01/30/2025 at 2:34 PM resident council members (Residents 26, 15, & 29) stated they reported to the facility that extra-large incontinent supplies were taken from their rooms and staff were going through their personal closets to obtain these supplies without their approval.</p> <p>In an interview on 01/31/2025 at 8:54 AM, Staff K (Staffing Coordinator/Supplies) stated they were aware Resident 1 had specially ordered bed pads that were missing and Staff K was aware other residents had reported incontinence supplies being taken from their room. Staff K stated there were enough supplies and staff should not be taking items from resident's room for other residents because of dignity and the potential of cross contamination.</p> <p>In an interview on 01/31/2025 at 10:40 AM Staff F stated staff should not be going into resident's rooms and taking anything for dignity reasons. Staff F stated this was the resident's home and things in their room were the resident's belongings.</p> <p>REFERENCE: WAC 388-97-0180(1-4).</p> <p>51791</p> <p>42203</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42203</p> <p>Based on observation, interview, and record review the facility failed to ensure residents were provided informed consent (ensuring an explanation of the risks and benefits was provided) for the use of a device for 1 (Resident 48) of 4 residents reviewed for positioning and failed to provide informed consent regarding high-risk medications for 3 (Residents 64, 44, & 33) of 5 sample residents and 1 (Resident 419) supplemental resident. These failures placed residents at risk for loss of autonomy and the opportunity for alternative treatment options.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>The facility's undated Restraint Free Environment Policy showed residents had the right to be treated with respect and dignity, including the right to be free from chemical restraints.</p> <p><Device Consent></p> <p><Resident 48></p> <p>According to the 11/26/2024 Quarterly Minimum Data Set (MDS - an assessment tool) Resident 48 was assessed to have modified independence for daily decision making and required substantial to maximal assistance with transfers, rolling left to right in bed, sitting to lying, and sitting to standing. The MDS showed Resident 48 used a manual wheelchair. The MDS showed Resident 38 had diagnoses including a history of stroke, dementia, and muscle wasting.</p> <p>Observation on 01/27/2025 at 10:46 AM showed Resident 48 used a tilt-in-space wheelchair (a type of specialty wheelchair that allowed the resident to be tilted while sitting and could potentially restrict a resident's ability to walk independently).</p> <p>According to the 07/13/2024 Safety Device: Tilt and Space Wheelchair . care plan, Resident 48's goal was to have no complications from using the wheelchair. The CP included an intervention instructing staff to monitor the resident for complications from use of the wheelchair.</p> <p>Record review showed a 09/14/2024 Consent - Safety Device form was completed related to Resident 48's tilt-in-space wheelchair. This form showed the wheelchair was needed to assist with locomotion (in or out of wheelchair) and was necessary due to Resident 48's weakness. The form did not identify any potential risks from the use of the tilt-in-space wheelchair for Resident 48 and increased ability for locomotion as the sole benefit.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 01/31/2025 at 1:34 PM, Staff B (Director of Nursing) stated Resident 48 benefited from the tilt-in-space wheelchair as it reduced their fall risk. Staff B stated the 07/13/2024 consent form was inaccurate by showing the wheelchair assisted Resident 48 with walking as a standard wheelchair provided the same benefit. Staff B stated the form did not address the risk of restraint from the chair. Staff B stated there was no risk of restraint as Resident 48 could not walk themselves independently regardless of their positioning in a wheelchair, and this should be reflected on the consent form.</p> <p>51791</p> <p><Medication Consent></p> <p><Resident 64></p> <p>According to the 01/09/2025 Admission MDS, Resident 64 was assessed with progressive neurological conditions and care needs that included dementia, depression, impaired memory, and the use of antipsychotic and antidepressant medications.</p> <p>Review of Resident 64's January 2025 Medication Administration Record (MAR) showed physician orders for three psychotropic medications. The MAR showed all three medications were started the day after admission and administered as ordered thereafter.</p> <p>Review of Resident 64's record showed no documentation indicating the resident or their representative were provided with the risks and benefits or consented to the use of the antipsychotic and antidepressant medications.</p> <p>In an interview on 01/31/2025 2:03 PM, Staff F (Resident Care Manager) stated consents for the use of psychotropic medications should be signed by either residents or their representatives prior to administration, and included in the resident's record. Staff F was unable to locate Resident 64's consent for the use of the psychotropic medications ordered. Staff F stated that this failure placed Resident 64 at risk for loss of the resident's right to be informed of medication use, adverse side effects, and the right to refuse.</p> <p><Resident 419></p> <p>Record review of the 01/21/2025 Admission MDS showed Resident 419 was assessed with neurological conditions and care needs including stroke, dementia, seizures, impaired memory, and had a history of mental and behavior disorders. The MDS showed Resident 419 used psychotropic medications.</p> <p>Review of Resident 419's January 2025 MAR showed physician orders for three psychotropic medications. The MAR showed all three medications were started on the date of admission and administered as ordered thereafter.</p> <p>Review of Resident 419's record showed no documentation demonstrating Resident 419's representative were provided with an explanation of the risks and benefits or consented to the use of the psychotropic medications prior to administration.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 01/31/2025 at 2:05 PM, Staff F was unable to locate Resident 419's consents for the use of the psychotropic medications ordered. Staff F stated that this failure placed Resident 419 at risk for loss of resident's right to be informed of medication use, adverse side effects, and the right to refuse.</p> <p>43642</p> <p><Resident 44></p> <p>According to a 12/17/2024 Quarterly MDS, Resident 44 admitted to the facility on [DATE], had multiple medically complex diagnoses including anxiety, depression, and schizophrenia (a serious mental health condition affecting how people think, feel, and behave), and required the use of an antidepressant and antipsychotic medication during the assessment period.</p> <p>Review of the January 2025 MAR showed Resident 44 was receiving an antidepressant, an antianxiety, and an antipsychotic medication daily.</p> <p>Review of three 07/06/2024 Psychotropic Medication Therapy consents for the antidepressant, antianxiety, and antipsychotic medication showed each form had a section, Responsible Party Informed that was left blank by staff. There was no resident signature from the resident and/or a representative to show they reviewed the form and were informed of the risks and benefits for the use of the psychotropic medications.</p> <p>In an interview on 01/31/2025 at 9:34 AM, Staff F stated consents were important to show staff communicated the risks and benefits with the resident and/or representative prior to the use of any psychotropic medications. Staff F stated the consents gave the opportunity for the resident to acknowledge they have been informed and accept or decline the use of the medications. Staff F stated the psychotropic medication consents should be signed by the resident and/or the representative.</p> <p>46479</p> <p><Resident 33></p> <p>According to the 10/30/2024 Quarterly MDS, Resident 33 had severe cognitive impairment. The MDS showed Resident 33 had diagnoses including brain dysfunction, anxiety, depression, and a mood disorder. The MDS showed Resident 33 was administered an antidepressant medication during the assessment period.</p> <p>Review of a 01/28/2025 Order Summary showed Resident 33 was receiving an antidepressant medication twice daily.</p> <p>Review of a 09/20/2024 Psychotropic Medication Therapy consent showed the resident was being treated with an antidepressant medication. Section D of this form showed two check boxes, one checkbox indicating the resident consented to the medication and the other checkbox indicating the resident did not consent to the use of the medication. Both boxes were blank and unchecked. Section D also included a space indicating Responsible Party Informed. This box was blank and did not show the resident and/or their responsible party were informed of the medication or its potential risks and benefits.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 01/20/2025 at 12:55 PM, Staff B confirmed the consent for the antidepressant medication was incomplete. Staff B stated the consent should capture whether the resident accepted or declined the treatment, but the consent did not.</p> <p>REFERENCE: WAC 388-97-0260.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42203</p> <p>Based on interview and record review, the facility failed to implement an effective program to ensure resident Advanced Directives (ADs - legal documents describing treatment wishes for when a resident is incapacitated) were included in the record and residents without ADs were offered assistance to formulate one for 2 (Residents 120 & 49) of 6 residents reviewed for ADs. This failure placed residents at risk for not having their treatment goals met and other negative health impacts.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>According to the facility's 2024 Residents' Rights Regarding Treatment and Advance Directives policy, the facility would determine on admission if a resident had an AD in place, and if not, determine of the resident wanted to formulate one, and provide information on how to formulate an AD. The policy showed the facility would identify, clarify, and review with the resident any changes related to ADs during the care planning process. The policy showed the facility would review AD with the resident quarterly, at each care conference.</p> <p><Resident 120></p> <p>According to the 12/24/2024 Admission Minimum Data Set (MDS - an assessment tool), Resident 120 had a moderate memory impairment. The MDS showed Resident 120 had medically complex diagnoses including multiple infections.</p> <p>Record review showed no AD available in Resident 120's record. There was no documentation showing Resident 120 was offered assistance to formulate an AD, or whether they wished for such assistance. There was no care plan addressing Resident 120 AD status.</p> <p>In an interview on 01/31/2025 at 9:07 AM Staff M (Social Services) stated ADs were important to capture residents' wishes for treatment should they become incapacitated. At that time Staff E (Social Services Director) stated ADs and facility efforts to assist with formulating an AD would be documented in the record, either in the care plan, the care conference documentation, or directly scanned into the chart. Staff E indicated that Staff M completed a care conference on 12/21/2024. Staff M and Staff E reviewed the care conference documentation and agreed it did not address Resident 120's stats regarding ADs.</p> <p>47836</p> <p><Resident 49></p> <p>According to a 05/01/2024 Annual MDS, Resident 49 admitted to the facility on [DATE]. The MDS showed Resident 49 had no memory impairment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 49's health records showed an AD Acknowledgment dated 05/05/2023. Review of the health records showed no other documentation of an AD being discussed or offered to Resident 49 since the initial admission to the facility in May 2023.</p> <p>In an interview on 01/31/2025 at 10:42 AM Staff E stated Resident 49 was only offered assistance to formulate an AD once upon admit, on 05/05/2023. Staff E stated facility process was to discuss and offer assistance with AD within 48 hours of admission and then review with the resident quarterly at their care conference. Staff E stated AD were important to ensure the resident had a durable power of attorney appointed to carry out their wishes when the resident was unable to.</p> <p>REFERENCE: WAC 388-97-0280(3)(c)(i-ii).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42203</p> <p>Based on observation, interview, and record review the facility failed to ensure a safe, clean, and comfortable environment was provided to residents. Facility failure to maintain intact resident room doorways, keep resident walls free of chipping paint, scuffs, and stains, keep hallways free of clutter, and ensure resident rooms were personalized for 3 of 4 units (Long Term 1, Short Term 1, & Short Term 2) left residents at risk for a less-than homelike environment.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>According to the facility's 2024 Safe and Homelike Environment policy, the facility would provide residents with a safe, clean, comfortable, and homelike environment in accordance with resident rights. The policy showed the facility would prevent the spread of disease-causing organisms by keeping resident care equipment clean. The policy showed any unresolved environmental concerns would be reported to the administrator.</p> <p><Long Term 1></p> <p>Observation on 01/27/2025 at 10:49 AM showed room [ROOM NUMBER] had scuff marks on the bathroom door trim panel. The trim panel on the lower half of the door leading into the room was separating from the door and a sharp edge was exposed. The door frame had chipped and peeling paint at the hinges and the flashing was separated from door. The walls of the room had scuff marks. The room appeared barren and contained nothing of personal significance or interest for Resident 48 who resided in this room. In an interview on 01/29/2025 at 12:54 PM Resident 48 nodded that they would like their room to be more personal and homelike.</p> <p>Observation on 01/29/2025 at 1:09 PM of the shower room opposite room [ROOM NUMBER] showed trim in the shower room was missing and the flashing for the door was broken along the edge.</p> <p>Observation on 01/29/2025 at 8:30 AM on the Long Term 1 hallway showed 3 motorized scooters, one manual wheelchair, and one laundry cart against the wall. Dust was observed on one of the motorized scooters around the back of the seat. The manual wheelchair was soiled with dirt around the handles and seat. The laundry cart contained linens not completely folded and hanging from the cart was in front of the wheelchair. Behind the manual wheelchair was a bedside table crowded together up against a mechanical lift which was in front of another motorized scooter. An isolation cart containing personal protective equipment, had a green activity basket with markers and crayons on top of it.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 01/30/2025 at 8:59 AM on the the Long Term 1 hallway showed the left side of the hallway had a multi layered laundry cart with linens, a manual wheelchair, a bedside table, a large, motorized scooter, and a mechanical lift crowded along the wall between rooms [ROOM NUMBERS] making it difficult for tray carts and residents to navigate the hallway. Similar observations on 01/30/2025 at 1:24 PM showed the Long Term 1 hallway had a large, motorized scooter, a mechanical lift and a nurse's cart blocking the hallway between rooms [ROOM NUMBERS]. Observed Resident 5 with their four wheeled walker trying to walk down the hallway but had to wait for approximately 2 minutes for staff to remove items out of the way so Resident 5 could continue walking.</p> <p><Short Term 1></p> <p>Observation of room [ROOM NUMBER] on 01/27/2025 at 10:29 AM showed the room door would not close because a piece of plastic floor trim was torn and detached from the floor, presenting a potential tripping hazard. On 01/27/2025 at 1:07 PM a nursing assistant was observed tripping on the detaching floor trim. Similar observations on 01/28/2025 at 8:17 AM showed the floor trim remained unfixed.</p> <p>Observation of room [ROOM NUMBER] on 01/27/2025 at 1:04 PM showed the threshold at the door was separated from the floor at door and presented a tripping hazard.</p> <p>Observation of room [ROOM NUMBER] on 01/27/2025 at 11:55 AM showed the door frame of the room was very worn and chipped around the hinges and the panel of the door was in poor repair.</p> <p>Observation of the ceiling on the second floor between the resident care managers' office and the nurse's station on 01/27/2025 at 12:58 PM showed stains on four ceiling tiles .</p> <p><Short Term 2></p> <p><room [ROOM NUMBER]></p> <p>Observation on 01/30/2025 at 12:42 PM showed room [ROOM NUMBER] with a missing strip of threshold between the room and hallway flooring. The gap exposed chipped, dirty linoleum tile in room [ROOM NUMBER]. The wall under the television of Bed A showed black scuffs along the wall. The shared sink in the room showed rust-colored drip marks running down the wall under the sink.</p> <p><room [ROOM NUMBER]></p> <p>Observation on 01/30/2025 at 12:45 PM showed room [ROOM NUMBER] with rust-colored drip marks running down the wall, under the shared sink.</p> <p>In an interview and walk-through of the facility on 01/31/2025 at 2:14 PM, Staff A (Administrator) stated it was important to provide a safe, comfortable, homelike environment to ensure quality of life for residents. Staff A stated it was important for maintenance needs to be addressed timely. Staff A stated the trims and thresholds for the resident room doors should be repaired and the rusty stains under sinks addressed. Staff A stated they were aware of the need to provide a more personalized room for Resident 48.</p> <p>REFERENCE: WAC 388-97-0880.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	46479 50511 43642

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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>42203</p> <p>Based on observation, interview, and record review the facility failed to thoroughly investigate an injury accident for 1 (Resident 6) of 8 residents reviewed for accidents, rule out abuse for 1 (Resident 38) of 3 sampled residents reviewed for abuse and investigate a fall for 1 (Resident 419) of 2 reviewed for falls. Facility failure to complete thorough investigations placed residents at risk for further injuries, potential abuse, and other negative health outcomes.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>According to the facility's 2023 Incidents and Accidents policy, an accident was any unexpected or unintentional incident . which resulted or could result in injury or illness to a resident. The policy showed accidents must be entered into the incident report log and thoroughly investigated within five days of the incident.</p> <p>According to the facility's undated Abuse, Neglect, and Exploitation policy, the facility would identify, provide an ongoing assessment, and care plan for appropriate interventions. The facility would provide feedback regarding the concerns that were expressed and make efforts to ensure all residents were protected from physical, psychosocial harm, and additional abuse, during and after the investigation by increasing supervision of the alleged victim. The facility would make room changes as necessary, provide emotional support to the resident during and after the investigation, and revise the care plan if the resident's medical, physical, mental, or psychosocial needs changed as a result of an incident of abuse.</p> <p><Resident 6></p> <p>According to the 12/30/2024 Quarterly Minimum Data Set (MDS - an assessment tool) Resident 6 used a power wheelchair. The MDS showed Resident 6 could use their power wheelchair independently for a distance of at least 150 feet. The MDS showed Resident 6 had medically complex diagnoses including a history of stroke and one-sided paralysis. The MDS did not include an assessment of Resident 6's cognition, both the resident cognitive interview and staff cognitive assessment were incomplete. There was no determination of Resident 6's cognition at the time of the assessment.</p> <p>According to the Activities of Daily Living self-care deficit care plan, revised 08/03/2024, Resident 6 used a power wheelchair. The care plan showed Resident 6 could operate their power wheelchair independently.</p> <p>A 09/30/2024 nursing progress note showed a nursing assistant charted Resident 6 had bruising on their right ankle. The note showed Resident 6 reported they ran into a wall while operating their power wheelchair and felt some tenderness to their right lower leg.</p> <p>A 10/01/2024 nursing progress note showed Resident 6 continued to express discomfort regarding their right ankle area.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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>A 10/04/2024 provider note showed Resident 6 was referred for a lump on their right leg. The note showed Resident 6 hit their right leg using their power wheelchair.</p> <p>A 10/05/2024 nursing progress note showed Resident 6 continued to report right ankle pain.</p> <p>Record review showed the facility's September 2024 Incident Log did not include an entry documenting Resident 6's right ankle injury</p> <p>Observation on 01/28/2025 at 1:17 PM showed Resident 6 crying out in pain by the right, second floor elevator door. Resident 6 had an accident with their power wheelchair and the elevator door. Nursing staff assisted Resident 6 back to their room.</p> <p>According to a 01/29/2025 progress note, Resident 6 was sent to the hospital and assessed with a right femur fracture.</p> <p>In an interview on 01/31/2025 at 2:42 PM Staff B (Director of Nursing) stated they did not know about the other wheelchair accident. Staff B stated if facility staff notified them of the accident, as expected, they would have logged and investigated the accident and reassessed Resident 6 for safe use of their power wheelchair.</p> <p>50511</p> <p><Resident 38></p> <p>According to the 11/26/2024 Quarterly MDS, Resident 38 was assessed with some memory deficit, could be understood, and understood others. The MDS showed Resident 38 had medically complex diagnoses including heart failure, depression, and muscle weakness.</p> <p>In an interview on 01/27/2025 at 9:27 AM, Resident 38 stated there was a nurse that was not so nice to them. Resident 38 stated they could not recall the nurse's name but could describe when they worked last and what they looked like. Resident 38 stated the nurse had threatened to take their medicine away from them and stated they hated the resident. Resident 38 stated they were scared and did not feel comfortable with that nurse around them.</p> <p>In an interview on 01/28/2025 at 12:47 PM Resident 38 stated no one had come back to provide follow up to them.</p> <p>Review of the facility's 01/27/2025 incident report showed alert charting was to be put into place for staff to document and assess Resident 38 for psychosocial harm.</p> <p>Review of Resident 38's progress notes from 01/27/2025 through 01/31/2025 showed only one progress note dated 1/31/2025 by Staff C (Resident Care Manager) regarding the incident. No other documentation from alert charting was found regarding assessing Resident 38 for psychosocial harm.</p> <p>In an interview on 01/31/2025 at 10:55 AM Staff F (Resident Care Manager) stated follow up should have occurred for Resident 38 so they were aware of the outcomes of the investigation and staff could assess Resident 38's psychosocial behavior, but this did not happen.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	

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>In an interview on 01/31/2025 at 9:42 AM Staff B stated they did not talk to Resident 38 yet regarding the incident. Staff B stated there were no other interventions put into place for Resident 38 to feel safe and to express their feelings regarding the incident, but there should be.</p> <p>51791</p> <p><Resident 419></p> <p>A provider progress note dated 01/27/2025 at 2:41 PM, showed Resident 419 had a fall on 01/25/25 from trying to get up from bed. The provider noted showed scattered swelling and bruising of the resident's left ankle, 2nd/3rd/4th toes, and the underside of the left foot. The provider ordered a left foot and ankle x-ray and instructed staff to monitor for any changes or spontaneous bruising and bleeding.</p> <p>Review of the facility's incident log showed Resident 419 had a non-injury fall on 01/22/2025. There was no entry on the incident log of the injury fall on 01/25/2025.</p> <p>In an interview on 01/31/2025 at 2:10 PM, Staff F reviewed Resident 419's medical record and stated it did not appear that an incident report was initiated specifically related to Resident 419's fall on 01/25/2025. Staff F stated it was important to investigate to ensure resident's safety.</p> <p>REFERENCE: WAC 388-97-0640(6)(a)(b).</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43642</p> <p>Based on interview and record review, the facility failed to implement a system to ensure residents received required written notices at the time of transfer/discharge, or as soon as practicable, and ensure a system by which the Office of the State Long-Term Care Ombudsman (LTCO, an advocacy group for individuals residing in nursing homes) received required resident discharge/transfer information for 5 (Residents 36, 120, 25, 19, & 52) of 5 residents reviewed for hospitalization s. The failure to ensure written notifications were provided to residents and/or their representatives, in a language and manner they understood, placed residents at risk for not having an opportunity to make informed decisions about transfers/discharges. The failure to ensure required notifications were completed, prevented the LTCO office the opportunity to educate residents and advocate for them regarding the discharge process.</p> <p>Findings included .</p> <p><Policy></p> <p>According to the facility's 2023 Transfer and Discharge policy, in the event of an emergency transfer, the facility would provide the resident a transfer form. The policy showed the original copy of the form should be sent with the resident and a copy provided to the resident representative as appropriate. The policy showed the Social Services Director (SSD) was responsible for for providing copies of emergency transfer notices to the State LTCO.</p> <p><Resident 36></p> <p>According to a 02/26/2024, 03/24/2024, and 09/11/2024 Discharge Minimum Data Set (MDS - an assessment tool), Resident 36 was discharged emergently to an acute care hospital on 02/26/2024, 03/24/2024, and 09/11/2024 with return anticipated.</p> <p>Record review showed no documentation staff provided written notification to Resident 36 and/or the resident's representative regarding their discharge as required for the 02/26/2024 and 03/24/2024 transfers to the hospital. Review of a 09/11/2024 Transfer/Discharge (Bed Hold) form showed staff completed some sections but left the Notice Provided To: section blank under the Notice of Transfer or Discharge section.</p> <p>Record review showed no documentation indicating the LTCO was notified of the transfer as required for either the 02/26/2024, 03/24/2024 or 09/11/2024 transfers.</p> <p>42203</p> <p><Resident 120></p> <p>According to the 12/24/2024 Admission MDS, Resident 120 had a moderate memory impairment, and medically complex diagnoses, including a multiple infections.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>According to a 01/05/2025 nursing progress note Resident 120 was observed to be congested with thick mucus and unable to expectorate. The note showed the doctor was called and the resident was transferred to the hospital.</p> <p>Record review showed no proof Resident 120 was provided a transfer notice as required after the 01/05/2025 hospitalization . There was no evidence the LTCO office was notified of the transfer, as required.</p> <p>In an interview on 01/31/2025 at 9:01 AM, Staff E (Social Services Director) stated they could not provide evidence a transfer notice was provided in person to Resident 120 or their representative, and there was no transfer notice in Resident 120's chart. Staff E stated transfer notices were important to help orient the resident to the cause of the transfer and notify them of their rights.</p> <p>47836</p> <p><Resident 25></p> <p>According to an 11/15/2024 Quarterly MDS Resident 25 had no memory impairment. The MDS showed Resident 25 had diagnoses of, but not limited to, stroke and heart failure.</p> <p>Review of Resident 25's health records showed they were hospitalized on [DATE], 01/02/2024, 01/19/2024, and 03/14/2024. Resident 25's health records did not have documentation of written transfer notifications being provided for any of the hospitalization s.</p> <p>In an interview on 01/27/2025 at 1:22 PM Resident 25 stated they went back to the hospital a few times over the last year. Resident 25 stated they did not receive written transfer notifications for the rehospitalization s.</p> <p>46479</p> <p><Resident 19></p> <p>Review of Resident 19's 01/26/2025 Discharge MDS showed the resident was discharged to the hospital on 01/26/2025 with their return anticipated.</p> <p>Review of Resident 19's record showed there were no documents or progress notes indicating the resident received a written notice of transfer with their rights at the time of these transfers.</p> <p><Resident 52></p> <p>Review of Resident 52's 04/08/2024 and 11/09/2024 Discharge MDS's showed the resident was discharged to the hospital with their return anticipated. Review of Resident 52's 12/06/2024 Discharge MDS showed the resident was discharged to the hospital and their return was not anticipated.</p> <p>Review of Resident 52's record showed there were no documents or progress notes indicating the resident received a written notice of transfer with their rights at the time of these transfers.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an in interview on 01/29/2025 at 1:42 PM, Staff M (Social Services) stated they were unfamiliar with the regulation regarding notifying the LTCO when residents discharged to the hospital. Staff M was unable to provide documentation they notified the LTCO of resident's hospital transfers.</p> <p>In a joint interview on 01/29/2025 at 1:51 PM, Staff E and Staff M stated they were not familiar with the regulation for providing residents with written notices including their rights, at the time of transfer to the hospital.</p> <p>In an interview on 01/29/2025 at 2:00 PM, Staff A (Administrator) stated it was not the facility's current practice to send written notices when residents transferred to the hospital.</p> <p>In an interview on 01/31/2025 at 9:33 AM, Staff B (Director of Nursing) confirmed the LTCO should be notified of resident discharges and residents should be provided with written transfer notices.</p> <p>REFERENCE: WAC 388-97-0140(1)(a)(b)(c)(i-iii).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43642</p> <p>Based on interview and record review, the facility failed to provide the resident and/or the resident's representative a written notice of the facility's bed-hold policy, at the time of transfer or within 24 hours, for 3 of 5 sample residents (Resident 36, 120, & 25) and 1 closed record (Resident 19) reviewed for hospitalization . This failure placed the residents and their representatives at risk of not being informed of their right to, and the cost of, holding the resident's bed while hospitalized that was necessary for decision-making.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>According to a 2023 facility, Bed Hold Prior to Transfer policy, the facility would provide written information to the resident and/or the resident representative regarding bed hold policies prior to transferring a resident to the hospital or therapeutic leave.</p> <p><Resident 36></p> <p>Review of Resident 36's 03/24/2024 and 09/11/2024 Discharge Minimum Data Sets (MDS - an assessment tool) showed the resident was transferred to an acute care hospital on 03/24/2024 and 09/11/2024, with their return anticipated.</p> <p>Record review showed no documentation or indication the facility provided Resident 36 or their resident representative written information regarding the facility's bed-hold policy as required for the 03/24/2024 transfer to the hospital. Review of a 09/11/2024 2024 Transfer/Discharge (Bed Hold) form showed staff completed some sections but left the Bed Hold Notification section blank, which included where to document the method of how the bed-hold notice was delivered to the resident and/or their representative and the resident's signature with acknowledgement of receipt.</p> <p>42203</p> <p><Resident 120></p> <p>According to the 12/24/2024 Admission MDS, Resident 120 had a moderate memory impairment, and medically complex diagnoses, including a multiple infections.</p> <p>According to a 01/05/2025 nursing progress note Resident 120 was observed to be congested with thick mucus and unable to expectorate. The note showed the doctor was called and the resident was transferred to the hospital.</p> <p>Record review showed no proof Resident 120 was offered a bed hold to ensure they were informed of the opportunity to return to their current room and understood how much that would cost.</p> <p>46479</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><Resident 19></p> <p>Review of the 01/26/2025 Discharge MDS showed Resident 19 was transferred to an acute care hospital on 01/26/2025 with their return anticipated.</p> <p>Review of Resident 19's nursing progress notes and documents showed no documentation Resident 19 or their representative was offered a bed hold.</p> <p>47836</p> <p><Resident 25></p> <p>According to an 11/15/2024 Quarterly MDS Resident 25 had no memory impairment. The MDS showed Resident 25 had diagnoses of, but not limited to, stroke and heart failure.</p> <p>Review of Resident 25's health records showed they were hospitalized on [DATE], and 03/14/2024. Resident 25's health record showed no documentation of a bed hold offered for the 01/19/2024 or 03/14/2024 hospitalization .</p> <p>In an interview on 01/27/2025 at 1:22 PM Resident 25 stated they went back to the hospital a few times over the last year. Resident 25 stated the facility staff did not offer to hold their bed or discuss a bed hold with them.</p> <p>In an interview on 01/31/2025 at 8:14 AM Staff F (Resident Care Manager) reviewed Resident 25's health records and stated a bed hold was not offered for the 01/19/2024 or 03/14/2024 rehospitalization . Staff F stated it was important to offer bed hold with each hospitalization for resident rights.</p> <p>In an interview on 01/31/2025 at 9:01 AM, Staff O (Business Office Manager) stated staff should make a nursing progress note and complete an e-interact form regarding offering a bed hold when a resident was transferred to the hospital.</p> <p>REFERENCE: WAC 388-97-0120(4).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43642</p> <p>Based on interview and record review, the facility failed to ensure the Minimum Data Set (MDS-an assessment tool) accurately reflected the status for 5 (Resident 44, 36, 4, 6, & 25) of 20 residents reviewed for accuracy of assessments. This failure placed the residents at risk for unmet care needs and a diminished quality of life.</p> <p>Findings included .</p> <p><Resident 44></p> <p>According to the 12/17/2024 Quarterly Minimum Data Set (MDS - an assessment tool), Resident 44 had multiple medically complex diagnoses including anxiety. This MDS did not indicate Resident 44 was taking any antianxiety medications during the assessment period.</p> <p>Review of Resident 44's December 2024 medication administration record showed Resident 44 was receiving an antianxiety medication three times daily during the 12/17/2024 MDS assessment period.</p> <p>In an interview on 01/31/2025 at 11:28 AM, Staff P (MDS Nurse) stated it was their expectation an MDS be accurate as the MDS was an important part of a establishing the resident's plan of care.</p> <p>According to the 12/17/2024 Quarterly MDS, Resident 44 was taking the following high-risk drug class medications: a hypoglycemic (used to lower blood sugar levels); an anticonvulsant (used to control seizures); an antidepressant, and an antipsychotic. There was a second column on the MDS to identify if there was an indication noted for all medications being used in these high-risk drug classes. None of the boxes in the second column were selected by staff.</p> <p>In an interview on 01/31/2025 at 11:28 AM, Staff P stated they missed marking the second column on Resident 44's 12/17/2024 Quarterly MDS. Staff P stated there were indications noted in Resident 44's records for all of the high-risk drug class medications being administered.</p> <p>According to a 12/17/2024 Quarterly MDS, Resident 44 did not receive the influenza (a contagious respiratory illness) vaccine in the facility for this year's influenza vaccination season and included an indication the vaccination was not received because it was offered and declined by Resident 44.</p> <p>Review of Resident 44's vaccination records showed staff documented the resident refused the influenza vaccine in 2023 but did receive the influenza vaccine for the current season on 10/03/2024.</p> <p>In an interview on 01/31/2025 at 11:28 AM, Staff P reviewed Resident 44's records and stated the MDS was inaccurate and should have, but did not include the influenza vaccine administered to Resident 44 for this year's influenza vaccination season.</p> <p><Resident 36></p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>According to an 11/28/2024 Quarterly MDS, Resident 36 received the influenza vaccine in the facility for this year's influenza vaccination season. Staff listed the date the influenza vaccine was received as 10/25/2023, which was the year prior to the current influenza season.</p> <p>Review of Resident 36's immunization records showed staff documented the resident's most recent influenza vaccine was administered on 10/10/2024, not 10/25/2023 as documented on the 11/28/2024 Quarterly MDS.</p> <p>In an interview on 01/31/2025 at 11:34 AM, Staff P reviewed Resident 36's records and stated the MDS was inaccurate and should have, but did not include the most recent vaccination administered for this year's influenza vaccination season.</p> <p>42203</p> <p><Resident 4></p> <p>According to the 11/26/2024 Significant Change MDS, Resident 4 had diagnoses including a spinal cord disorder and dementia. This MDS did not include an assessment of Resident 4's cognition, both the resident interview for cognition and the staff cognitive assessment were incomplete</p> <p>In an interview on 01/31/2025 at 10:45 AM Staff P stated Resident 4's cognition should have been completed. Staff P stated the completion of the cognitive assessment was the responsibility of the Social Services department.</p> <p><Resident 6></p> <p>According to the 12/30/2024 Quarterly MDS Resident 6 had medically complex diagnoses including a history of stroke and one-sided paralysis. The MDS did not include an assessment of Resident 6's cognition, both the resident cognitive interview and staff cognitive assessment were incomplete. There was no determination of Resident 6's cognition at the time of the assessment.</p> <p>In an interview on 01/31/2025 at 10:45 AM Staff P stated Resident 6's cognition should be completed and included.</p> <p>47836</p> <p><Resident 25></p> <p>According to a 08/29/2024 Annual MDS Resident 25 admitted [DATE]. The MDS showed Resident 25 had their natural teeth without any issues.</p> <p>Review of a 06/27/2024 Activities of Daily Living CP, Resident 25 had no natural teeth and had an upper denture but no lower denture. The CP showed Resident 25 required staff assistance with cleaning the denture and the residents' mouth/gums twice daily.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 01/31/2025 at 9:27 AM Staff P stated Resident 25's MDS showed they had their natural teeth without issues. Staff P stated the MDS should show that the resident has the upper denture and no natural teeth. Staff P stated it was important for the MDS to be accurate to plan residents care appropriately.</p> <p>REFERENCE: WAC 388-97-1000 (1)(b).</p> <p>51791</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46479</p> <p>Based on interview and record review, the facility failed to ensure Pre-Admission Screening and Resident Review (PASRR) assessments were completed for 5 (Residents 33, 44, 25, 38, & 64) of 7 residents reviewed for PASRR screening. The failure to ensure PASRR screening was complete and accurate left residents at risk for inappropriate placement and/or not receiving timely and necessary services to meet their mental health care needs.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>Review of the facility's 2024 Resident Assessment - Coordination with PASRR Program showed all applicants to the facility would be screened for serious mental disorders, intellectual disabilities, and related conditions. The policy showed PASSR Level I was an initial pre-screening and was completed prior to admission. The policy showed a positive Level I screen necessitated a PASRR Level II evaluation prior to admission. A record of the pre-screening would be maintained in the resident's medical record.</p> <p><Resident 33></p> <p>Review of the 10/30/2024 Quarterly Minimum Data Set (MDS - an assessment tool) showed Resident 33 admitted to the facility on [DATE]. This MDS showed Resident 33 had diagnoses including anxiety, depression, and a mood disorder. The MDS showed Resident 33 received an antianxiety medication, antipsychotic medication, and an antidepressant medication during the assessment period.</p> <p>Review of Resident 33's record showed a PASSR was not included as part of the resident's record. In an interview on 01/29/2025 at 12:09 PM. Staff E (Social Services Director) reviewed Resident 33's record and confirmed the resident did not have a PASRR. Staff E stated the PASRR should be obtained and in the resident's record, but it was not.</p> <p>43642</p> <p><Resident 44></p> <p>According to a 12/17/2024 Quarterly MDS, Resident 44 admitted to the facility on [DATE], had multiple medically complex diagnoses including anxiety, depression, and schizophrenia (a serious mental health condition that affects how people think, feel, and behave), and required the use of an antidepressant and antipsychotic medication during the assessment period.</p> <p>Review of the January 2025 medication administration records showed Resident 44 was receiving an antidepressant and antipsychotic medications daily.</p> <p>Review of a 07/03/2024 Level 1 PASRR showed Resident 44 had no serious mental illness indicators identified, and a Level II evaluation was not indicated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 01/30/2025 at 1:54 PM, Staff E stated upon admission the Level 1 PASRR should be assessed by staff for accuracy. Staff E reviewed Resident 44's records and stated the Level I PASRR was inaccurate and should be, but was not updated as required.</p> <p>47836</p> <p><Resident 25></p> <p>According to a 08/29/2024 Annual MDS Resident 25 admitted [DATE]. The MDS showed Resident 25 had diagnoses of, but not limited to, anxiety disorder, depression, bipolar disorder, psychotic disorder, schizophrenia, and post-traumatic stress disorder.</p> <p>Review of Resident 25's health records showed no PASRR screening for the 03/22/2024 admission.</p> <p>In an interview on 01/31/2025 at 10:42 AM Staff E stated Resident 25 did not have a PASRR I completed prior to the 03/22/2024 admission but should have. Staff E stated Resident 25 should have been referred for a level II PASRR for the 03/22/2024 admission for their listed serious mental disorders. Staff E stated it was important to complete PASRR's prior to admission, per regulation, so they identified behaviors and managed them appropriately to best care for residents with mental health disorders.</p> <p>50511</p> <p><Resident 38></p> <p>According to an 11/26/2024 Quarterly MDS, Resident 38 had multiple complex conditions including anxiety disorder and major depression.</p> <p>Review of a revised 01/27/2025 Behavior CP showed Resident 38 had depression, anxiety and behaviors of refusing medications and meals.</p> <p>Review of Resident 38's January 2025 Medication Administration Records (MAR) showed Resident 38 received an antidepressant medication.</p> <p>Review of Resident 38's medical record showed a PASSR Level 1 form was completed on 02/09/2022. The form showed a check mark in the box indicating a PASSR II referral was required due to Resident 33 having depression and anxiety. A PASSR Level II form was requested from the facility but was not provided.</p> <p>In an interview on 01/30/2025 at 10:33 AM Staff E stated they were not aware Resident 38 needed a PASSR Level II. Staff E stated the facility was still working on getting PASSR Level II forms completed and was behind on getting these done. Staff E stated a PASSR II evaluation was important because it helped identify behaviors that needed to be addressed for resident's with mental health issues.</p> <p>51791</p> <p><Resident 64></p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the 01/09/2025 Admission Minimum Data Set (MDS - an assessment tool) showed Resident 64 was admitted to the facility on [DATE] and assessed with progressive neurological conditions and care needs included dementia, depression, impaired memory and the use of antipsychotic and antidepressant medications.</p> <p>Review of Resident 64's January 2025 MAR showed physician orders for three psychotropic medications. The MAR showed all three medications were started on the day after admission and administered as ordered thereafter.</p> <p>Review of Resident 64's 12/18/2024 Level 1 PASRR form showed no serious mental illness indicators were identified, and no referral was indicated for Level II evaluation.</p> <p>In an interview on 01/30/2025 at 1:38 PM, Staff F (Resident Care Manager) reviewed the Level 1 PASRR form in Resident 64's medical records and stated it does not appear to be complete. Staff F stated they were trying to educate hospital staff on the importance of accuracy on the form. Staff F stated the error on the form should be identified during the facility's admission process, corrected, and resubmitted for review.</p> <p>REFERENCE: WAC 388-97-1915(1)(2)(a-c)(4).</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 - Some</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** 43642</p> <p>Based on observation, interview, and record review the facility failed to ensure residents received and/or participated in care conferences for 6 (Residents 50, 57, 23, 25, 49, & 38) of 20 residents reviewed and failed to ensure Care Plans (CP) were updated and/or revised to reflect person-centered care for 1 (Residents 36) of 22 sample residents whose CPs were reviewed. These failures left residents at risk for unmet care needs, inappropriate care, and other negative health outcomes.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>According to the facility's undated Resident Participation - Assessments/Care Plans Policy, the resident/and or their representative had a right to participate in the resident assessment and development of the person-centered CP. This policy showed residents/representatives would receive seven-day advance notice of care conference meetings. The social services director or designee was responsible for maintaining care conference records.</p> <p><Care Conferences></p> <p><Resident 50></p> <p>According to an 11/04/2024 Quarterly Minimum Data Set (MDS - an assessment tool), Resident 50 had clear speech, was understood, able to understand others, and had no memory impairment.</p> <p>In an interview on 01/27/2025 at 12:10 PM, Resident 50 stated they did not have a care conference for a long time and stated they were frustrated the meeting had not happened yet.</p> <p>Review of Resident 50's records showed the last care conference was from 05/23/2024, eight months earlier.</p> <p>In an interview on 01/31/2025 at 9:34 AM, Staff F (Resident Care Manager) stated care conferences were important as they give the opportunity for residents and/or families to share concerns and team members to review current plans and updates. Staff F stated care conferences should be done quarterly and indicated they were behind and trying to get caught up on the quarterly conferences.</p> <p>46479</p> <p><Resident 57></p> <p>Review of Resident 57's 11/07/2024 Annual MDS showed the resident had impaired memory and thinking processing. The MDS showed Resident 57 had diagnoses including a memory loss disorder, chronic pain, and high blood pressure.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 - Some</p>	<p>Review of Resident 57's records showed their last documented care conference was 03/07/2024. The care conference evaluation showed issues discussed included Resident 57's low back and knee pain. Resident 57 requested more clothing and the possibility of discharging from the facility. The summary of the document showed Resident 57's discharge plan was to go to an adult family home.</p> <p>Review of Resident 57's progress notes from March 2024 to January 2025 and evaluations showed the resident did not have a care conference since 03/07/2024, over 10 months prior.</p> <p>In an interview on 01/31/2025 at 8:31 AM, Staff E (Social Services Director) confirmed Resident 57 did not have a care conference since 03/07/2024. Staff E stated care conferences were important to track a resident's progress. Staff E stated care conferences allowed for the facility, the resident, and/or their representative to be collaborative in the resident's care, set goals for therapy, discharge planning, and work towards a successful stay at the facility.</p> <p>47836</p> <p><Resident 23></p> <p>According to a 12/27/2024 Quarterly MDS Resident 23 admitted to the facility 12/07/2018. The MDS showed Resident 23 had moderate memory impairment. The MDS showed Resident 23 had diagnoses of, but not limited to, Quadriplegia (paralysis from the neck down), Multiple Sclerosis (progressive neurological disorder), and depression.</p> <p>Review of Resident 23's records showed their last documented care conference was 11/29/2023.</p> <p><Resident 25></p> <p>According to a 11/15/2024 Quarterly MDS Resident 25 admitted to the facility on [DATE]. The MDS showed Resident 25 had no memory impairment. The MDS showed Resident 25 had diagnoses of, but not limited to, stroke, anxiety disorder, depression, and post traumatic stress disorder.</p> <p>Review of Resident 25's health records showed their last documented care conference was 01/28/2024.</p> <p><Resident 49></p> <p>According to a 12/02/2024 Quarterly MDS Resident 49 admitted to the facility on [DATE]. The MDS showed Resident 49 had no memory impairment. The MDS showed Resident 49 had diagnoses of, but not limited to, anxiety disorder, depression, and left leg amputation.</p> <p>Review of Resident 49's records showed their last documented care conference was 02/07/2024.</p> <p>In an interview on 01/31/2025 at 9:38 AM Staff F stated Residents 23, 25, and 49 did not have care conference per facility policy or regulation. Staff F stated they expected care conferences to be conducted 48 hours after admission to the facility, quarterly, and as needed. Staff F stated care conferences were important to include the resident in their plan of care.</p> <p>50511</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 - Some</p>	<p><Resident 38></p> <p>According to the 11/26/2024 Quarterly MDS, Resident 38 had medically complex conditions, was understood, could understand by others, and had some memory impairment.</p> <p>Record review showed the last documented care conference for Resident 38 occurred on 4/05/2024. No other care conference was documented for Resident 38.</p> <p>In an interview on 01/27/2025 at 12:51 PM Resident 38 stated they did not have a recent conversation with the staff about their care. In an interview on 01/28/2025 at 12:47 PM Resident 38 stated no one talked to them about their care.</p> <p>In an interview on 01/30/2025 at 10:26 AM, Staff M (Social Services) stated the facility provided quarterly care plan meetings with the Interdisciplinary Team (IDT-Nursing, Social Worker, Food Director, Activities, etc). Staff M stated care conferences were held in the resident's room and the IDT team asked the resident how everything was going with their care and how they were doing. Staff M stated they did not always document completed care conferences and they did not routinely keep notes from the care conferences. Staff M stated they did a care conference for Resident 38, but did not have documentation to show this was completed recently.</p> <p>In an interview on 01/31/2025 at 11:06 AM Staff F stated they invited the legal guardian to Resident 38's care conferences, but they did not always show up for these. Staff F stated care conferences should happen with Resident 38 even if the guardian was not present.</p> <p>In an interview on 01/31/2025 at 9:47 AM Staff B (Director of Nursing) stated we discuss care as an IDT with the social worker during care conferences. Staff B stated care conferences should be quarterly and agreed Resident 38 did not have their last quarterly care conference. Staff B stated care conferences were important for everybody to have a plan, to know where care was going and to know what the resident's goals were.</p> <p><Care Plan Revision></p> <p><Resident 36></p> <p>According to an 11/28/2024 Quarterly MDS, Resident 36 used a wheelchair for mobility and walking was not attempted due to medical conditions or safety concerns.</p> <p>Review of a revised 09/09/2024 ADL [Activities of Daily Living] self-care performance CP showed Resident 36 used a wheelchair for mobility.</p> <p>Review of Resident 36's January 2025 ADL documentation showed a restorative nursing program for the resident to walk up to 20 feet three days a week. Staff documented Resident 36 was not doing the walking program.</p> <p>Observations on 01/27/2025 at 11:55 AM and 01/29/2025 at 12:47 PM showed Resident 36 in a wheelchair during activities.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	

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 - Some</p>	<p>In an interview on 01/31/2025 at 1:38 PM, Staff FF (Restorative Nursing Assistant) stated Resident 36 was not currently doing a walking restorative program. Staff FF stated Resident 36 walked with therapy previously but stated the resident would not continue due to complaints of leg pain. Staff FF stated they did not observe Resident 36 doing a walking program, in some time.</p> <p>In an interview on 01/31/2024 at 9:34 AM, Staff F stated it was their expectation care plans be updated and revised as needed to reflect the current conditions of the resident.</p> <p>REFERENCE: WAC 388-97-1020(2)(c)(d), (4)(c)(i-ii).</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51791</p> <p>Based on observation, interview, and record review the facility failed to ensure physician orders were clarified for 4(Residents 38, 64, 44 & 33) of 20 sample residents reviewed and physician parameters were followed for 2 of 5 residents (Resident 44, & 49) reviewed for unnecessary medications with 1 supplemental resident (Resident 50) reviewed. These failures placed residents at risk for ineffective treatments, medications errors, and delayed treatment.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>The facility's undated Medication Orders Policy showed the elements of the medication order should be clarified for accuracy.</p> <p>The facility's undated Medication Administration Policy showed staff were to compare medication source (bubble pack, vial, etc.) with the Medication Administration Records (MAR) to verify resident name, medication name, form, dose, route, and time. The policy showed staff were to correct any discrepancies and report to nurse manager.</p> <p><Clarifying Orders></p> <p><Resident 38></p> <p>Observations on 01/29/2025 at 1:41 PM showed Staff R (Registered Nurse) preparing to administer Intravenous (IV) antibiotic medication for Resident 38. Staff R compared the physician's order in Resident 38's health record to the dual-compartment antibiotic IV bag. After preparing IV bag and tubing for infusion, Staff R connected tubing to Resident 38's left wrist IV site. Staff R set the infusion pump to a flow rate of 100 milliliters per hour as indicated on the medication label and started the infusion. Staff R did not apply tubing label indicating date and time changed, and staff initials.</p> <p>Review of Resident 38's January 2025 MAR showed an IV antibiotic order entered with medication name, time, route, and defined the dose concentration in milligram per milliliter; however, the order failed to specify the IV flow rate required for safe administration. The MAR showed this order was administered as written on 01/28/2025 and 01/29/2025, then discontinued on 01/30/2025. The MAR showed an order starting on 01/21/2025 instructed staff to change IV tubing every 24 hours for IV maintenance.</p> <p>In an interview on 01/30/2025 at 8:39 AM, Staff Q (Licensed Practical Nurse) opened Resident 38's MAR and stated the order for IV antibiotics did not include instructions for flow rate and the MAR should match instructions on the IV bag label. Staff Q stated Resident 38's IV tubing attached to the IV bag hanging at bedside had no label attached and was not dated. On 01/30/2025 at 8:52 AM, Staff Q stated they had clarified with Staff B (Director of Nursing) staff should have labeled tubing with the date and time it was changed.</p> <p><Resident 64></p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the 01/09/2025 Admission Minimum Data Set (MDS, an assessment tool) showed Resident 64 was admitted to the facility on [DATE] and assessed with progressive neurological conditions and care needs included always incontinent of bowel.</p> <p>The comprehensive Care Plan (CP) revised on 01/06/2025 showed Resident 64 had constipation due to decreased mobility and the use of medications with a side effect of constipation. The CP showed staff would follow the facility's bowel protocol for bowel management.</p> <p>Review of Resident 64's January 2025 MAR showed a 01/03/2025 physician order for an enema as needed for constipation when there were no results from the suppository. The MAR did not include a physician order for suppository. The MAR showed an order for a powdered laxative to be given twice daily for bowel management. This order was administered between 01/03/2025 and 01/22/2025, and discontinued on 01/22/2025. The MAR showed a second order for the same powdered laxative to be administered twice daily which Resident 64 received between 01/03/2025 and 01/28/2025.</p> <p>In an interview on 01/31/2025 at 1:42 PM, Staff F (Resident Care Manager) reviewed Resident 64's MAR and identified the lack of suppository order. Staff F stated staff should have clarified the order but failed to, which placed Resident 64 at risk of ineffective bowel management. Staff F identified the order for the powdered laxative was duplicated during order entry and administered twice daily between 01/03/2025 and 01/22/2025. Staff F stated the nurse was expected to identify order duplications and bring them to the nurse manager for clarification.</p> <p>During record review of the January 2025 Bowel and Bladder Elimination report, Staff F stated the record showed Resident 64 had loose stools and diarrhea correlating with the dates of duplicate administration. Staff F stated this error placed Resident 64 at increased risk for dehydration and skin breakdown.</p> <p>43642</p> <p><Clarifying Orders></p> <p><Resident 44></p> <p>According to a 12/17/2024 Quarterly MDS, Resident 44 had frequent pain and received pain medications on an as needed basis during the assessment period.</p> <p>Review of Resident 44's January 2025 MAR showed the resident had four orders for pain medications to be administered as needed for pain. Two of those orders were for the same narcotic pain medication and provided pain scales to determine which dose to administer, one tablet every eight hours was to be given for a pain level of 5-7 out of a 0-10 pain scale, and two tablets every eight hours were to be administered for a pain level of 8-10 out of a 0-10 pain scale. This medication was not administered in January 2025. Resident 44 had a third narcotic pain medication order to be given every eight hours as needed for pain management with no parameters identified. This medication was not administered in January 2025. Resident 44 had a fourth order for a non-narcotic pain medication to be given every four hours as needed for general pain. This medication was administered for a pain level of five or greater out of a 0-10 pain scale on 19 of 28 times.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 01/31/2025 at 9:34 AM, Staff F stated it was their expectation pain medication parameters be followed and clarified when needed. Staff F stated Resident 44's pain medications orders needed to be clarified with the physician.</p> <p><Following Parameters></p> <p><Resident 44></p> <p>According to a 12/17/2024 Quarterly MDS, Resident 44 had multiple medically complex diagnoses including high Blood Pressure (BP).</p> <p>Review of Resident 44's MAR showed the resident was receiving a medication for high BP with directions to staff to hold the dose if SBP [Systolic BP - a measure of the pressure in your arteries when your heart beats] < [less than] 100 or Pulse < 60. The November 2024 MAR showed staff administered this medication outside of parameters on three occasions when Resident 44's SBP was < 100. The December 2024 MAR showed staff administered this medication outside of parameters on four occasions. The January 2025 MAR showed staff administered this medication outside of parameters on two occasions when Resident 44's SBP was < 100.</p> <p><Resident 50></p> <p>According to an 11/04/2024 Quarterly MDS, Resident 50 had multiple medically complex diagnoses including high BP.</p> <p>Review of Resident 50's MAR showed the resident was receiving a medication for high BP with directions to staff to hold the dose if SBP was less than 110. The November 2024 MAR showed staff administered this medication outside of parameters on six occasions when Resident 50's SBP was < 110. The December 2024 MAR showed staff administered this medication outside of parameters on four occasions. The January 2025 MAR showed staff administered this medication outside of parameters on two occasions when Resident 50's SBP was < 110.</p> <p>In an interview on 01/31/2025 at 9:34 AM, Staff F stated it was their expectation staff follow physician orders and hold medications as directed when outside of parameters. Staff F reviewed Resident 44 and Resident 50's MARs and confirmed staff administered the medications outside of the ordered parameters.</p> <p>46479</p> <p><Clarifying Orders></p> <p><Resident 33></p> <p>Review of Resident 33's 01/28/2025 order summary showed an order for an as needed antacid medication. The order directed staff to administer two wafers of the medication and not to exceed 3000 milligrams per day. The order did not specify how often staff were able to administer the wafers.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 33's 01/28/2025 order summary showed an order directing staff to administer an as needed enema for constipation. This order directed staff to administer the enema if no results from a suppository. Review of Resident 33's comprehensive order summary showed the resident did not have an order for a suppository.</p> <p>In a joint interview on 01/30/2025 at 1:19 PM, Staff B and Staff F reviewed Resident 33's orders for the antacid and enema medications. Staff B and Staff F confirmed the orders needed to be clarified.</p> <p>47836</p> <p><Following Parameters></p> <p><Resident 49></p> <p>According to a 12/02/2024 Quarterly MDS Resident 49 had no memory impairment. The MDS showed Resident 49 experienced no constipation. The MDS showed Resident 49 had diagnoses of, but not limited to, left leg amputation above the knee and difficulty walking.</p> <p>Review of an 11/10/2024 pain medication CP, Resident 49 received an opioid pain medication with a side effect of constipation. The CP showed staff would monitor and report for any constipation Resident 49 experienced.</p> <p>Review of Resident 49's physician orders showed 08/23/2023 orders for a laxative regimen if Resident 49 experienced no Bowel Movement (BM) in 3 days. Resident 49's laxative orders were to administer a liquid laxative if no BM in 3 days, then a suppository if no results from the liquid laxative, then an enema if no results from the suppository, and if no results from the enema staff were to notify the physician for further orders.</p> <p>Review of Resident 49's health records showed no BM on 01/15/2025, 01/16/2025, 01/17/2025, 01/18/2025, then a small BM on 01/19/2025, then no BM on 01/20/2025, 01/21/2025, 01/22/2025, and 01/23/2025. Resident 49's health records showed no laxatives administered per physician orders.</p> <p>In an interview on 01/31/2025 at 1:31 PM Staff F stated nurses were expected to administer the laxatives as ordered for Resident 49 per the facilities bowel protocol of no BM in 3 days. Staff F stated they did not even count the small BM because that could be a sign of constipation or worse a bowel obstruction. Staff F stated the nurses should have initiated the bowel protocol on 01/17/2025 for Resident 49 but did not. Staff F stated it was important to follow the bowel protocol to ensure residents don't become impacted which could lead to a bowel obstruction, nausea, vomiting, or being sent to the hospital when they could have prevented this.</p> <p>REFERENCE: WAC 388-97-1620(2)(b)(i)(ii).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>42203</p> <p>Based on observation, interview, and record review the facility failed to provide nailcare and assistance with shaving facial hair for residents dependent on staff for Activities of Daily Living (ADLs - grooming, oral hygiene, nail care etc.) for 3 of 6 (Residents 120, 36, & 21) residents and 1 supplemental resident (Resident 169) reviewed for ADLs. This failure placed residents at risk for poor hygiene, skin impairment, and a diminished sense of self-worth.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>According to the facility's 2024 ADLs policy, the facility would provide cares and services to residents who depended on staff for ADL assistance including bathing, dressing, grooming, and oral care.</p> <p><Resident 120></p> <p>According to the 12/24/2024 Admission Minimum Data Set (MDS - an assessment tool) Resident 120 had a moderate memory impairment and medically complex diagnoses including multiple infections. The MDS showed Resident 120 required substantial to maximum assistance with personal hygiene.</p> <p>According to the 12/19/2024 ADL self-care performance deficit . Care Plan (CP) Resident 120 required one-person assistance with all personal hygiene needs.</p> <p>Review of the Certified Nursing Assistant (CNA) documentation from 01/09/2025 through 01/31/2025 showed no nail care was documented to be provided. There were no documented refusals of nail care assistance.</p> <p>Observation on 01/31/2025 at 8:40 AM showed Resident 120's fingernails were long, sharp, and dirty with black-brown debris under the nail. At 8:43 AM Staff L (Licensed Practical Nurse) observed Resident 120's fingernails and stated they were long, dirty, and needed trimming.</p> <p>43642</p> <p><Resident 36></p> <p>According to a 11/28/2024 Quarterly MDS, Resident 36 had clear speech, was able to understand and be understood by others, and had no memory impairment. This MDS showed Resident 36 required substantial assistance from staff for personal hygiene and bathing and had no rejection of care during the assessment period.</p> <p>Review of a revised 09/09/2024 self-care performance CP showed Resident 36 required extensive staff assistance for bathing twice weekly.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observations on 01/28/2025 at 8:36 AM showed Resident 36 with scattered long chin hairs. In an interview at this time, Resident 36 stated they preferred to have the chin hairs shaved. On 01/30/2025 at 9:26 AM Staff R (Registered Nurse) observed and confirmed Resident 36 had long chin hairs.</p> <p>In an interview on 01/31/2025 at 9:22 AM, Staff U (CNA) stated daily care for a resident should include assisting them with shaving as needed. Staff U stated shaving was most often done during showers.</p> <p>According to Resident 36's January 2025 ADL records, staff documented the resident received a shower on 01/27/2025.</p> <p><Resident 169></p> <p>According to a revised 01/23/2025 self-care performance CP showed Resident 169 required one-person extensive assistance for all personal hygiene needs.</p> <p>Observations on 01/27/2025 at 2:54 PM showed Resident 169 with long chin hairs. In an interview at this time, Resident 169 stated they would like the chin hairs shaved off. On 01/30/2025 at 9:26 AM Staff R observed and confirmed Resident 169 had long chin hairs.</p> <p>In an interview on 01/31/2025 at 9:22 AM, Staff U stated daily care for a resident should include assisting them with shaving as needed. Staff U stated shaving was most often done during showers.</p> <p>Review of Resident 169's January 2025 ADL records showed staff documented no bathing was done between the resident's admission on 01/23/2025 and 01/30/2025, seven days later.</p> <p>In an interview on 01/31/2025 at 9:34 AM, Staff F (Resident Care Manager) stated it was their expectation staff keep a resident clean and shaved. Staff F stated shaving was often done with showers, but would expect it done if a resident required shaving more often.</p> <p>46479</p> <p><Resident 21></p> <p>Review of the 12/18/2024 Admission MDS showed Resident 21 had severe cognitive impairment and had diagnoses including a progressive memory loss disorder and a chronic autoimmune disorder affecting their brain and spinal cord. This MDS showed Resident 21 required substantial/maximal assistance with personal hygiene.</p> <p>Review of Resident 21's 12/13/2024 ADL self-care performance deficit CP showed staff were to check the resident's nail length and trim and clean on bath days and as necessary.</p> <p>Review of Resident 21's January 2025 Medication Administration Record (MAR) showed a 12/17/2025 order directing staff to perform fingernail care every Tuesday during the night shift. The MAR showed staff documented they completed fingernail care for Resident 21 on 01/28/2025.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an observation on 01/27/2025 at 9:35 AM, Resident 21 was lying in bed. Their fingernails on both hands were long and the nails on their right hand had dark debris underneath. Observation and interview on 01/28/2025 at 11:59 AM showed Resident 21 with long nails and debris under the nails, Resident 21 stated they received a shower that day. Similar observations were made on 01/29/2025 at 1:05 PM.</p> <p>In an interview on 01/28/2025 at 1:01 PM Staff W (CNA) stated they gave Resident 21 a bath that day. Staff W stated they forgot to offer to assist Resident 21 with their nail care that day.</p> <p>In an observation and interview on 01/30/2025 at 11:41 AM, Staff F confirmed Resident 21's nails were long and had debris under them. Staff F asked Resident 21 if they would allow staff to trim their nails, Resident 21 stated yes.</p> <p>In an interview on 01/31/2025 at 9:30 AM, Staff B (Director of Nursing) stated it was their expectation staff did not document that a task was done unless staff actually completed the task.</p> <p>REFERENCE: WAC 388-97-1060-(2)(c).</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46479</p> <p>Based on observation, interview, and record review the facility: Failed to ensure residents' skin was assessed, monitored, and treated as required for 2 (Residents 269 & 36) of 4 residents reviewed for non-pressure skin, failed to ensure nonpharmacological pain interventions were in place for 1 of 5 residents (Resident 49) reviewed for unnecessary medications, and failed to ensure residents were monitored for latent injuries after falls for 1 of 2 resident (Resident 419) reviewed for falls. These failures placed all residents at risk for delay in treatment, worsening of condition, unmet care needs, and decreased quality of life.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>Review of the facility's 08/16/2024 Wound Management policy showed the physician's order would specify the type of dressing and frequency of dressing changes for a resident's wound. This policy showed wound assessments would be documented upon admission, weekly, and as needed for changes in the wound's condition.</p> <p>Review of the facility's undated Incidents and Accidents policy showed licensed staff were required to utilize both PCC Risk Management and the Incident Investigation Folder to report incidents of resident falls within 24 hours of the occurrence and assist in completing an investigation within five days of the incident. Any injuries were to be assessed and reported by the licensed nurse to the resident's provider, implement new orders, care plan interventions and document in resident's record.</p> <p><Resident 269></p> <p>According to the 12/16/2024 Admission Minimum Data Set (MDS - an assessment tool), Resident 269 did not have cognitive impairment, was understood, and able to understand others in conversation. This assessment showed Resident 269 did not have any wounds or skin problems.</p> <p>In an observation and interview on 01/27/2025 at 8:58 AM, Resident 269 stated they had a sore on their stomach. Observation showed a wound dressing to the lower right side of their abdomen. A dime-sized amount of drainage was visible on the outside of the dressing. Resident 268 stated they thought they had the wound for a couple of weeks. A similar observation of the dressing was made on 01/28/2025 at 12:18 PM.</p> <p>Review of Resident 269's 01/28/2025 physician orders showed there were no orders directing staff to treat the wound to the resident's abdomen.</p> <p>Review of a 01/28/2025 Weekly Skin Evaluation form showed staff performed a head-to-toe skin assessment on Resident 269. This assessment showed staff did not identify any skin impairments to Resident 269.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 01/30/2025 at 10:26 AM, Staff T (Registered Nurse - RN) stated Resident 269 did have a wound to their right lower abdomen. Staff T stated the wound was improving and they completed a dressing change yesterday. Staff T reviewed Resident 269's physician orders and confirmed there was no order directing staff on how to treat the resident's wound.</p> <p>In an interview on 01/30/2025 at 11:45 AM, Staff F (Resident Care Manager - RCM) stated there should be an order directing staff on how to care for Resident 269's wound, but there was not.</p> <p>In an interview on 01/31/2025 at 9:39 AM, Staff B (Director of Nursing) stated it was their expectation staff notify the RCM of any new skin issues, evaluate and document the newly identified skin issue, and, notify and obtain orders from the physician.</p> <p>43642</p> <p><Resident 36></p> <p>According to a 11/28/2024 Quarterly MDS, Resident 36 had clear speech, was able to understand and be understood by others, and had no memory impairment. This MDS showed staff assessed Resident 36 to be at risk of developing pressure ulcers and had no ulcers, wounds, or skin problems.</p> <p>In an interview on 01/28/2025 at 8:36 AM, Resident 36 stated they had a rash on their abdomen and thighs which developed after they received a recent vaccination. Resident 36 stated the doctor ordered some medications that were helping to decrease the itching.</p> <p>Review of Resident 36's records showed the resident received a vaccination on 01/16/2025.</p> <p>Review of a 01/23/2025 communication form to the provider showed staff documented Resident 36 complained of increased itching which started on 01/16/2025 and had, some kind of dermatitis [swelling, redness, and itching].</p> <p>According to a 01/23/2025 provider progress note, Resident 36 had some superficial scratches to both thighs and indicated the plan was to add a medication to help reduce itching and do daily skin checks.</p> <p>Review of Resident 36's records showed no daily monitoring of the resident's skin. The only skin assessment completed was on 01/27/2025, four days later, at which time staff did not identify the newly identified rash to their abdomen and thighs from 01/16/2025.</p> <p>Observations on 01/30/2025 at 9:24 AM, with Staff R (RN) showed Resident 36 had a pin-point red rash on both thighs and across their abdomen with several dried scratch marks to the left side.</p> <p>In an interview on 01/31/2025 at 9:34 AM, Staff F stated it was their expectation staff monitor skin as directed and document any findings accurately on the weekly skin assessments. Staff F stated Resident 36's new rash should have, but was not identified on the 01/27/2025 skin assessment.</p> <p>47836</p> <p><Resident 49></p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>According to a 12/02/2024 Quarterly MDS Resident 49 had no memory impairment. The MDS showed Resident 49 experienced pain frequently and the pain occasionally affected their sleep during the assessment period. The MDS showed Resident 49 had a diagnosis of, but not limited to, left leg amputation above the knee.</p> <p>Review of an 11/10/2024 Pain Medication Care Plan (CP), Resident 49 received an opioid pain medication for left leg amputation pain. The CP showed no nonpharmacological pain interventions for Resident 49's pain.</p> <p>Review of Resident 49's health records showed a 01/04/2024 physician order for an opioid pain medication administered as needed for complaint of pain. Resident 49's health records showed no nonpharmacological pain interventions.</p> <p>In an interview on 01/31/2025 at 8:12 AM Staff F stated Resident 49 did not have any nonpharmacological pain interventions but should. Staff F stated it was important staff assessed Resident 49's pain and offered nonpharmacological pain interventions first to ensure they were not masking something or causing harm to the resident.</p> <p>51791</p> <p><Resident 419></p> <p>Record review of the 01/21/2025 Admission MDS showed Resident 419 was admitted to the facility on [DATE] and assessed with other neurological conditions including dementia, stroke, seizures, impaired memory, a risk for falls associated with the use of psychotropic medications. The MDS showed Resident 419 had no falls since admission and no skin problems or injuries were present during the assessment period.</p> <p>Observation on 01/27/2025 at 10:23 AM showed Staff CC (Medical Doctor) and Staff C (RCM) entered Resident 419's room to assess resident's left foot and ankle. Staff CC instructed Staff C to notify them when the results for Resident 419's left foot and ankle x-ray were available and to continue monitoring for worsening symptoms.</p> <p>According to the provider progress note dated 01/27/2025 at 2:41 PM, Resident 419 had a fall on 1/25/2025 from trying to get up from bed. The provider noted scattered swelling and bruising of left ankle, 2nd/3rd/4th toes, and the underside of the left foot. Provider ordered a left foot and ankle x-ray and monitoring for any changes or spontaneous bruising and bleeding.</p> <p>Review of Resident 419's health record between 01/25/2025 and 01/30/2025 showed no progress notes, skin assessments, or alert charting entries specific to Resident 419's left foot injuries were completed either immediately after the fall or as directed by the provider once discovered and noted in their 01/27/2025 progress note.</p> <p>In an interview on 01/31/2025 at 2:10 PM, Staff F reviewed Resident 419's health record and stated it did not appear that skin assessments or alert charting were conducted specifically related to Resident 419's left foot or ankle. Staff F stated nursing staff should have monitored specific skin areas for latent injuries and the areas should be clearly indicated in Resident 419's CP and progress notes. Staff F stated it was important to capture worsening symptoms.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>REFERENCE: WAC 388-97-1060(1).</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 - Minimal harm or potential for 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>42203</p> <p>Based on observation, interview, and record review the facility failed to ensure residents were assessed for the need, ability, and safety of devices, and movement in bed for 2 of 5 residents (Residents 25 & 49) reviewed for accident hazards, and 1 supplemental resident (Resident 6). The failure to reassess use of a power wheelchair when required placed residents at risk for power wheelchair accidents. The failure to complete safety assessments for beds against the wall placed Residents 25 & 49 at risk of entrapment and injury.</p> <p>Findings included</p> <p><Facility Policy></p> <p>The facility's undated Motorized Chair Policy showed use of a power wheelchair was a right, rather than a privilege, and a resident must have the mental and physical capacity to safely operate a motorized chair as assessed by the Rehabilitation Department. The policy showed the resident must be trained by the Rehabilitation Department prior to authorization of motorized chair use. The policy showed a resident must sign a written agreement showing they would abide by safety rules related to use of a power wheelchair. The policy showed a resident using a power wheelchair must avoid contact with fixed and movable objects. The policy showed residents returning from the hospital would use a manual wheelchair until reassessed by the Rehabilitation Department. The policy showed if a resident's ability to safely operate their motorized chair was in question at any time based on staff observation or a reported incident, an assessment by the care team would be initiated. The policy showed in the event of injury to staff, self, or others, even if first occurrence the power wheelchair would be removed until assessed by facility staff. The policy showed if a resident showed signs of cognitive changes, the resident must not utilize a power chair until determined safe by the Director of Nursing (DON).</p> <p><Resident 6></p> <p>According to the 12/30/2024 Quarterly Minimum Data Set (MDS - an assessment tool) Resident 6 used a power wheelchair. The MDS showed Resident 6 could use their power wheelchair independently for a distance of at least 150 feet. The MDS showed Resident 6 had medically complex diagnoses including a history of stroke and one-sided paralysis. The MDS did not include an assessment of Resident 6's cognition, both the resident cognitive interview and staff cognitive assessment were incomplete.</p> <p>According to the Activities of Daily Living self-care deficit care plan, revised 08/03/2024, Resident 6 used a power wheelchair. The care plan showed Resident 6 could operate their power wheelchair independently.</p> <p>The 08/08/2024 Annual MDS showed Resident 6 was assessed with intact cognition.</p> <p>The 08/28/2024 discharge assessment - return anticipated MDS showed Resident 6 discharged to the hospital on that date, with a readmission to the facility anticipated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A nursing progress note dated 09/30/2024 showed a nursing assistant charted Resident 6 had bruising on their right ankle. The note showed Resident 6 reported they ran into a wall while operating their power wheelchair and felt some tenderness to their right lower leg.</p> <p>A nursing progress note dated 10/01/2024, showed Resident 6 continued to express discomfort regarding their right ankle area</p> <p>A provider note dated 10/04/2024 showed Resident 6 was referred for a lump on their right lateral leg. The note showed Resident 6 hit their right leg using their power wheelchair.</p> <p>A nursing progress note dated 10/05/2024 showed Resident 6 continued to report right ankle pain.</p> <p>The 10/17/2024 Quarterly MDS showed Resident 6 was assessed with moderately impaired cognition.</p> <p>The 11/13/2024 discharge assessment- return anticipated MDS showed Resident 6 discharged to the hospital on that date, with a readmission to the facility anticipated.</p> <p>Record review showed no reassessment of Resident 6's ability to use their power wheelchair after their two hospitalization s on 08/28/2024 and 11/13/2024 per the facility's policy; no reassessment after their cognition was shown to have diminished on the 10/17/2024 MDS's interview for mental status; no reassessment after Resident 6 injured their right ankle on 09/30/2024.</p> <p>On 01/28/2025 at 1:17 PM Resident 6 was heard screaming from the facility's second floor elevator door. Observation immediately afterward showed Resident 6 half in the elevator doorway with their right leg close to the right door frame of the elevator door. Resident 6 cried out in pain. Staff C (Resident Care Manager - RCM) ran over to check on Resident 6. Resident 6 then drove their left front wheel of their chair onto the foot of another staff member who came to assist. Resident 6 was assisted to their room.</p> <p>According to a nursing progress note dated 01/29/2025, Resident 6 was transported to a nearby hospital. This note showed Resident 6 sustained a a fracture to the lower end of their right thigh bone. The note showed the fracture required surgery.</p> <p>In an interview on 01/31/2025 at 1:40 PM, Staff B (DON) stated facility staff should have reassessed Resident 6 after their cognition changed from intact to moderately impaired on the 10/17/2025 Quarterly MDS.</p> <p>In an interview on 01/31/2025 at 2:05 PM Staff D (Rehab Director, Speech Therapist) stated they were unable to provide any power wheelchair safety assessments for Resident 6. Staff D stated since the current therapy provider started providing therapy services for facility residents in August 2024, no such assessments were completed for Resident 6. Staff D stated after initial assessments were completed, reassessment was done annually, and as needed. Staff D stated a change in cognition would be a good rationale for reassessment as diminished cognition could be a risk factor.</p> <p>In an interview on 01/31/2025 at 2:42 PM Staff B stated they did not know of the 09/30/2024 incident where Resident 6 hurt their right ankle while using their chair, but if they had, would have reassessed Resident 6's use of the wheelchair at that time.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>47836</p> <p><Resident 25></p> <p>According to the 11/15/2024 Quarterly MDS, Resident 25 had no memory impairment. The MDS showed Resident 25 was independent with rolling side to side in bed. The MDS showed no physical restraints were used in bed for Resident 25. The MDS showed Resident 25 had diagnoses of, but not limited to, stroke, oxygen dependent respiratory disease, and morbid obesity.</p> <p>Observation on 01/27/2025 at 1:17 PM showed Resident 25 in bed with the left side of their bed against the wall.</p> <p>Review of Resident 25's health records showed a 03/13/2024 physician order for the left side of the bed to be placed against the wall but no safety assessment for the placement of the left side of the bed against the wall.</p> <p><Resident 49></p> <p>According to 12/02/2024 Quarterly MDS Resident 49 had no memory impairment. The MDS showed Resident 49 was independent with rolling side to side in bed. The MDS showed no physical restraints were used in bed for Resident 49. The MDS showed Resident 49 had diagnoses of, but not limited to, a left leg amputation above the knee, muscle wasting and atrophy (deterioration of muscles), general weakness, and difficulty in walking.</p> <p>Observation on 01/27/2025 at 1:17 PM showed Resident 49 in bed with the right side of their bed against the wall.</p> <p>Review of Resident 49's health records on 01/28/2025 showed no safety assessment for the placement of the right side of bed against the wall.</p> <p>In an interview on 01/31/2025 at 8:21 AM Staff F (RCM) stated Residents 25 and 49 did not have safety assessments completed for their beds against the wall but should have. Staff F stated it was important to complete safety assessment for beds against the wall to ensure no entrapment occurred and for the overall safety of the resident.</p> <p>REFERENCE: WAC 388-97-1060(3)(g).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>42203</p> <p>Based on interview and record review the facility failed to ensure 2 (Residents 120 & 38) of 5 sampled residents reviewed for nutrition received adequate weight monitoring. The failure to ensure a reweigh occurred after a significant weight change placed residents at risk for weight changes, and inaccurate assessment of nutritional status.</p> <p><Facility Policies></p> <p>According to the facility's 2023 Nutritional Management policy, the facility provided care and services to ensure resident maintained acceptable parameters of nutritional status .</p> <p>The facility's 2022 Weight Monitoring policy showed weight was a useful indicator of nutritional status and significant weight loss could indicate a nutritional problem. The policy showed a weight loss of greater than five percent (%) in one month represented a significant weight loss.</p> <p><Resident 120></p> <p>According to the 12/24/2024 Admission Minimum Data Set (MDS - an assessment tool) Resident 120 had a moderate memory impairment and medically complex diagnoses including multiple infections.</p> <p>According to a 01/05/2025 progress note, Resident 120 was transferred to the hospital on that date. The note showed Resident 120 had respiratory symptoms.</p> <p>According to a 01/14/2025 progress note, Resident 120 returned to the facility on that date.</p> <p>Record review showed Resident 120's weight fell from 146.5 Pounds (Lb.) on 12/24/2024 to 131.5 Lb. on 01/22/2024, representing a loss of -10.24 % in 29 days. Resident 120's weight on 01/14/2025, the date of their return from the hospital, was 139 Lb. Resident 120 lost 7.5 Lb. between 01/14/2025 and 01/22/2025, representing a 5.4% weight loss over 8 days. Resident 120 was not weighed again until 01/30/2025.</p> <p>In an interview on 01/31/25 at 12:07 PM, Staff Z (Registered Dietician) stated if nursing staff documented a weight representing a significant weight loss, they would ask staff to reweigh the resident. Staff Z stated it could be that Resident 120 refused to be reweighed. Staff Z stated they did not see any documentation of a refusal.</p> <p>50511</p> <p><Resident 38></p> <p>According to the 03/20/2024 Annual MDS, Resident 38 had medically complex conditions, including heart failure and depression. The MDS showed Resident 38 had a therapeutic diet due to a heart condition and needed set up assistance in order to eat.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a revised 1/27/2025 Poor Nutrition CP showed Resident 38 had a decreased appetite and used an antidepressant medication to stimulate their appetite. The CP showed staff were to monitor the use of the antidepressant medication and Resident 38's appetite and report weight loss. The CP did not show staff interventions on what staff would do when Resident 38 refused to have their weights taken or refused their meals.</p> <p>Review of physician progress note dated 1/24/2025 showed Resident 38 refused meals and the facility provider ordered an antidepressant medication that also acted as an appetite stimulant. The note showed staff were to monitor oral intake and weekly weights.</p> <p>Review of progress notes dated 1/30/2025 showed Staff Q (LPN) documented Resident 38 chronically refused their appetite stimulant medication and Staff Q was unable to evaluate the effectiveness.</p> <p>Review of December 2024 and January 2025 caregiver task sheets showed Resident 38 refused weekly weights from December 2024 through January 2025, with the last recorded weight taken on 11/17/2024. The nutrition caregiver task sheet showed from 01/01/2025 through 01/31/2025 Resident 38 refused breakfast 19 times, refused lunch 14 times and refused dinner 12 times.</p> <p>Review of the most recent nutritional assessment completed on 11/25/2024 showed Resident 38 was at moderate risk for nutritional needs and ate 50% to 100% of meals.</p> <p>In an interview on 01/27/2025 at 12:53 PM Resident 38 stated they thought they lost weight, but they refused to be weighed because the Hoyer lift used to get them up was very painful.</p> <p>In an interview on 01/31/2025 at 11:05 AM Staff F (Resident Care Manager) stated there should be other interventions in place to monitor Resident 38's weight and additional interventions in place on what staff were to do when Resident 38 refused meals.</p> <p>In an interview on 01/31/2025 at 9:47 AM Staff B (Director of Nursing) stated when Resident 38 refused their meals, staff should reapproach and try to assist Resident 38 with eating if they refused meals. Staff B stated the facility should try other interventions such as measure Resident 38's hip and waist to help assess changes in body mass if Resident 38 continued to refuse to be weighed. Staff B stated the interdisciplinary team should evaluate Resident 38's nutritional needs and make a plan to help Resident 38.</p> <p>REFERENCE: WAC 388-97-1060 (3)(h).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47836</p> <p>Based on observation, record review, and interview, the facility failed to ensure enteral nutrition (the delivery of nutrients through a feeding tube directly into the stomach) was administered in accordance with physician orders and professional standards of practice for 1 of 1 sampled resident (Resident 23) reviewed for enteral nutrition. The facility failed to accurately document the amount of enteral formula (liquid food products) a resident received was reconciled with the amount they were ordered to receive and deliver per physician orders. This failure placed the residents at risk for inadequate nutrition, dehydration, and other adverse outcomes.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>According to an undated facility policy titled, Appropriate Use of Feeding Tubes, showed the facility would accurately document food and fluid intake.</p> <p>According to an undated facility policy titled, Flushing a Feeding Tube, showed the nurse would verify and accurately infuse water per physician orders.</p> <p>An undated facility policy titled, Care and Treatment of Feeding Tubes, showed the facility would ensure that the administration of enteral nutrition was consistent with and follows the physician orders.</p> <p><Resident 23></p> <p>According to a 12/27/2024 Quarterly Minimum Data Set (MDS - an assessment tool) Resident 23 admitted to the facility on [DATE]. The MDS showed Resident 23 had moderate memory impairment. The MDS showed Resident 23 had diagnoses of, but not limited to, Multiple Sclerosis (progressive neurological condition), Quadriplegia (paralyzed from waist down), Contracture of both hands (deformities), Dysphagia (difficulty swallowing), and enteral nutrition delivery through a stomach tube.</p> <p>Review of Resident 23's physician orders showed a 07/09/2024 order for enteral nutrition to be delivered via pump at 90 Milliliters (ml) an hour (/hr) with water at 65 ml/hr over 18 hrs. The physician order showed Resident 23 was to have enteral nutrition and water started at 3:00 PM and off at 9:00 AM.</p> <p>Review of Resident 23's November 2024, December 2024, and January 2025 Medication Administration Records (MAR) showed inaccurate calculations documented for formula infused each day. The MAR showed Resident 23 received 1080 ml of formula daily, but the physician order showed to infuse 1620 ml/day. The MAR showed Resident 23 received 585 ml of water, but the physician order showed to infuse 1170 ml/day.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation and interview on 01/30/2025 at 2:58 PM showed Staff H (Licensed Practical Nurse) set tube feeding pump to deliver water at 90 mls/0 hr. During this observation Staff H did not review or reset the pumps enteral formula delivered from previous days. Staff H stated they set the water pump incorrectly and should have set per physician orders of 65 ml/hr. Staff H stated they never reviewed or cleared the pump to document the previous day's amount of formula and water infused. Staff H stated it was important to accurately document enteral nutrition intake, water intake, and administer per physician orders to ensure Resident 23 received adequate nutrition and hydration.</p> <p>In an interview on 01/31/2025 at 9:04 AM Staff B (Director of Nursing) stated they expected staff to administer enteral nutrition and hydration per physician order. Staff B stated it was important to accurately administer and document enteral nutrition and hydration to ensure the resident received adequate nutrition and hydration.</p> <p>REFERENCE: WAC 388-97-1060(3)(f).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>51791</p> <p>Based on observation, interview, and record review the facility failed to ensure a medication error rate of less than 5 Percent (%). Failure to properly administer 2 of 25 medications for 2 of 6 residents (Resident 10 & 419) observed during medication pass resulted in a medication error rate of 8 %. This failure placed residents at risk for not receiving the correct dose or receiving less than the intended therapeutic effects of physician ordered medication.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>The facility's undated Medication Orders Policy showed the elements of the medication order should be clarified for accuracy.</p> <p>The facility's undated Medication Administration Policy showed staff were to compare medication source (bubble pack, vial, etc.) with Medication Administration Record (MAR) to verify resident name, medication name, form, dose, route, and time.</p> <p><Medication Error></p> <p><Resident 10></p> <p>Observations of medication pass on 01/29/2025 at 1:08 PM showed Staff S (Licensed Practical Nurse) prepared medications for Resident 10. Staff S identified the eye lubricant plus drops ordered were not present in the medication cart. Staff S went to the medication supply room and returned with dry eye relief drops, which contained different ingredients. Staff S compared Resident 10's physician order in the January 2025 MAR to the dry eye relief drops packaging, labeled the box with Resident 10's name and proceeded with administration preparation. Staff S entered Resident 10's room and explained medications to be administered. Resident 10 stated she self-administered eye drops; however, commented the bottle seemed larger than usual. Staff S observed the total number of drops self-administered by Resident 10, returned bottle to the labeled box and returned the box to the medication cart.</p> <p>Review of Resident 10's January 2025 MAR showed directions for staff to administer one drop of eye lubricant plus drops in both eyes four times per day. A review of active ingredients showed the dry eye relief drops offered temporary relief of eye burning and irritation and the eye lubricant plus drops offered the same benefits in addition to longer lasting and advanced moisturizing.</p> <p>In an interview on 01/30/2025 at 1:51 PM, Staff B (Director Of Nursing) confirmed the dry eye relief drops in the cart labeled with Resident 10's name were administered in error and contained different ingredients from the eye lubricant plus drops ordered by the physician. Staff B stated the facility mistakenly ordered the wrong eye drops to stock the medication supply room and the expectation was the medications administered should match the provider's order. Staff S should have identified the discrepancy prior to administering the eye drops and contacted the nurse manager for clarification.</p> <p>43642</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	

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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><Resident 419></p> <p>Observations of medication pass on 01/29/2025 at 9:11 AM showed Staff R (Registered Nurse) prepare and administer multiple medications by mouth to Resident 419, including a multivitamin with minerals.</p> <p>Review of Resident 419's January 2025 MAR revealed directions to staff to administer a standard multivitamin, rather than the multivitamin with minerals that was administered.</p> <p>In an interview on 01/29/2025 at 12:49 PM, Staff R verified the orders, located the different bottles of vitamins on the medication cart, and stated Resident 419 should have but did not receive the medication dose as ordered.</p> <p>In an interview on 01/31/2025 at 1:49 PM, Staff B stated it was their expectation staff administer medications as ordered.</p> <p>REFERENCE: WAC 388-97-1060 (3)(k)(ii).</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>42203</p> <p>Based on observation, interview, and record review the facility failed to ensure resident meals were prepared following the menu as directed for 1 of 1 meal preparations observed. The failure to prepare meals according to the dietician approved spreadsheet placed residents at risk of unmet nutritional needs, and other potential negative health/nutritional outcomes.</p> <p>Findings included .</p> <p>The menu for lunch service on 01/30/2025 showed the facility was serving a main entree of mandarin chicken that day. The menu showed residents requiring a regular menu would be served a scoop of the regular preparation of the mandarin chicken and residents requiring controlled carbohydrate (lower sugar) and renal (kidney) diets would be served a scoop of the diet preparation of the menu.</p> <p>Observation of lunch service on 01/30/2025 from 11:24 AM through 12:52 PM showed Staff Y (Kitchen Cook) serving meals for residents. Staff Y served a scoop of orange chicken from the same pan for residents requiring regular, controlled carbohydrate, and renal diets. There was no second pan of the diet specific main course on the steam table.</p> <p>In an interview on 01/30/2025 at 12:52 PM Staff X (Dietary Supervisor) stated the kitchen staff prepared only the diet version of the mandarin chicken. Staff X provided the recipe for the diet preparation and stated they were unsure the exact nutritional difference of the two different preparations of the mandarin chicken.</p> <p>In an interview on 01/30/2025 at 3:25 PM Staff X stated they spoke with the Staff Z (Registered Dietician) who stated the substitution of the diet mandarin chicken for residents requiring regular meals was not a big deal. Staff X provided the recipes for both the regular and diet preparations of the mandarin chicken. The recipes showed the diet preparation provided 15 fewer kilocalories, 26 fewer grams of carbohydrate, and 33 fewer grams of sugar.</p> <p>In an interview on 01/31/2025 at 12:14 PM Staff Z stated it was important to follow the menu. Staff Z stated there was a nutritional difference in the two different recipes.</p> <p>REFERENCE: WAC 388-97-1160 (1)(a)(b).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>50511</p> <p>Based on interview and record review, the facility failed to ensure resident records were maintained comprehensively and readily accessible for 8 of 20 sample residents whose records were reviewed (Residents 1, 4, 120, 44, 33, 25, 49, & 23). The failure to ensure health records were added to the chart timely placed residents at risk for incomplete medical records, delays in treatment, and other negative health outcomes.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>According to the facility's undated Dialysis (a process for filtering the blood policy, the facility would assure that each resident received care and services for the provision of hemodialysis consistent with professional standards of practice, including ongoing assessment of the resident's condition, and monitoring for complications before and after dialysis treatments received at a certified dialysis facility. The policy included the monitoring of the resident's condition during treatments, monitoring for complications, and for implementation of appropriate interventions.</p> <p><Resident 1></p> <p>According to the 01/22/2025 Annual MDS, Resident 1 was dependent on dialysis due to end stage renal (kidney) disease and had a history of blood transfusions.</p> <p>Review of the revised 06/18/2024 Hemodialysis Care Plan (CP) showed staff would send a dialysis transfer form with Resident 1 when they went to dialysis for treatments. Interventions on the CP showed the dialysis form would contain initial and pre-treatment health information filled in on the form. The dialysis center would return the dialysis form with treatment information and the nurse at the facility would enter information into the electronic medical record.</p> <p>Observation on 01/29/2025 at 10:01 AM showed the facility kept a dialysis binder on the wall near the 2nd floor north hallway nurse's station. Within the binder, there were handwritten notes on the dialysis transfer forms with observations and questions from the dialysis center to the facility as well as lab reports with results. A note dated 1/24/2025 showed the dialysis center notified the facility that Resident 1's blood pressure was dropping and asked if Resident 1 received any medication that would cause the resident to sleep more and for their blood pressure to decrease. Original copies of the lab report card results 10/1/2024-12/09/2024 and 11/1/2024-1/09/25 and a lab report from 12/4/2024 from the kidney dialysis center for Resident 1 were in the binder.</p> <p>Review of Resident 1's medical record showed the dialysis center lab report card with lab results dated 10/1/2024-12/09/2024 and 11/1/2024-1/09/25 were not in the medical record. Lab results report from a lab completed on 12/4/2024 were not found in the medical record. Notation that the dialysis center asked a question about Resident 1 sleeping more and had a lower blood pressure was not found in the medical record.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 01/29/2025 at 10:13 AM, Staff A (Administrator) stated all the dialysis notes and lab results from the dialysis center should have been scanned into Resident 1's medical record but were not.</p> <p>In an interview on 01/31/2025 at 10:57 AM Staff F (Resident Care Manager) stated nurses should enter the dialysis dates, lab information and information such as blood transfusions information and the paperwork into the electronic medical record. Staff F stated the paperwork from the dialysis center should be scanned in right away to the medical record by the medical record staff. Staff F stated if the paperwork did not get into the medical record, this would create a problem as other providers would not have access to review Resident's 1's notes for care.</p> <p>In an interview on 01/31/2025 at 9:52 AM, Staff B (Director of Nursing) stated dialysis treatment information should be scanned immediately into the medical record. Staff B stated nurses, providers, and the pharmacy all needed to be able to review the dialysis treatment notes. Staff B stated they were aware scanning information into the medical record was an issue at the facility.</p> <p>42203</p> <p><Resident 4></p> <p>According to the 11/26/24 Significant Change Minimum Data Set (MDS - an assessment tool) Resident 4 had diagnoses including a spinal cord dysfunction, a history of stroke, and respiratory failure. The MDS showed Resident 4 had a prognosis of less than six months and received hospice services.</p> <p>Record review showed an 11/26/2024 physician's order for hospice services.</p> <p>According to the 01/21/2025 Hospice Plan of Care, Resident 4 would continue with hospice services This Hospice Plan of Care showed hospice visits were scheduled once weekly and as needed.</p> <p>Record review showed in total only four hospice documents were scanned into Resident 4's record: an 11/26/2025 hospice visit note, a 12/09/2024 hospice change of physician's orders document, a 01/08/2025 hospice visit note, and the 01/21/2025 Hospice Plan of Care.</p> <p>In an interview on 01/31/2025 at 10:31 AM Staff F stated coordination between the facility and the hospice provider was effective. Staff F stated the hospice provider came as scheduled and as needed, and the facility had no concerns with the provision of Resident 4's hospice care. Staff F stated they expected the hospice records to be scanned into Resident 4's record. Staff F stated there could be a backlog in the facility's medical records department.</p> <p>In an interview on 01/31/2025 at 11:17 AM Staff BB (Medical Records) stated making sure the residents' records was comprehensive was important and stated they were a little bit behind in their scanning. Staff BB stated it could take a couple of weeks to scan records in residents' charts.</p> <p><Resident 120></p> <p>According to the 12/24/2024 Admission MDS Resident had medically complex diagnoses including multiple infections. The MDS showed Resident 120 used a urinary catheter (tubing to help facilitate urinary drainage for residents with conditions making urination more difficult).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 01/31/2025 at 10:24 AM Staff F stated the rationale for Resident 120's urinary catheter was a prostate condition that was identified in the discharge documentation from the hospital at the time of admission. Staff F stated that this condition should be reflected in the resident's record, and it was the responsibility of the medical records department to ensure diagnoses were reflected accurately in the record.</p> <p>43642</p> <p><Resident 44></p> <p>Review of Resident 44's records showed pharmacy progress notes on 12/18/2024 and 01/15/2025 indicating the resident's medications had been reviewed.</p> <p>Review of a binder provided by Staff B showed a 07/18/2024 pharmacy recommendation to decrease a medication for anxiety, this was addressed by staff, but the recommendation information was not found in Resident 44's records. There were no recommendations in the binder for December 2024. Staff B was able to reprint the pharmacy recommendations and provide one for Resident 44 which recommended to decrease a medication used to treat heartburn. This recommendation was addressed by staff but was not found in Resident 44's records. In the binder was a 01/16/2025 pharmacy recommendation to reduce Resident 44's antidepressant medications, this was addressed by staff, but the recommendation information was not found in Resident 44's records.</p> <p>In an interview on 01/31/2025 at 1:49 PM, Staff B stated it was their expectation staff scan the pharmacy recommendations into the resident records promptly so they would be readily available for access.</p> <p>46479</p> <p><Resident 33></p> <p>Review of Resident 33's 10/30/2024 Quarterly MDS showed the resident had diagnoses including anxiety, depression, and a mood disorder. This MDS showed Resident 33 received antipsychotic, antidepressant, and antianxiety medications during the look back period.</p> <p>Review of Resident 33's records showed no pharmacy records were available in the resident's record for August 2024 and December 2024.</p> <p>In an interview on 01/30/2025 at 12:49 PM, Staff B confirmed that pharmacy recommendations should be available in Resident 33's records but were not.</p> <p>47836</p> <p><Resident 25></p> <p>Review of Resident 25s health records on 01/29/2025 showed no pharmacy recommendations.</p> <p><Resident 49></p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 49s health records showed no pharmacy recommendations.</p> <p>In an interview on 01/30/2025 at 9:38 AM Staff B stated Residents 25 and 49 did not have the pharmacy MRRs in their health records but should. Staff B stated they had a binder in their office with copies of all resident's pharmacy recommendations. Staff B stated all pharmacy recommendations should be scanned into the residents' records to show the pharmacy recommendations and physician orders.</p> <p><Resident 23></p> <p>Observation and interview on 01/30/2025 at 2:58 PM Staff H (Licensed Practical Nurse) walked away from the medication cart with the computer screen open to Resident 23's medication administration records. Staff H stated they understood they should lock the computer screen prior to leaving it for resident privacy but forgot too.</p> <p>In an interview on 01/31/2025 at 8:04 AM Staff B stated they expected staff to lock computer screens prior to leaving them to ensure resident privacy. Staff B stated it was important to protect resident's records for resident rights and privacy.</p> <p>REFERENCE WAC 388-97-1720 (2)(a-m).</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46479</p> <p>Based on observation, interview, and record review the facility failed to ensure staff performed Hand Hygiene (HH) in accordance with standard precautions and/or remove Personal Protective Equipment (PPE) in accordance with Enhanced Barrier Precautions (EBP - infection control measures used to reduce the spread of multidrug-resistant organisms) for 1 supplemental resident (Residents 269), maintain clean resident equipment, cleanable surfaces throughout the facility, and establish a water management program that assessed and monitored measures to prevent the growth of Legionella (bacteria that could cause a serious lung infection), and other opportunistic waterborne pathogens in the facility's water systems. These failures placed residents at risk for the development and transmission of communicable diseases and an unclean environment.</p> <p>Findings included .</p> <p><Facility Policies></p> <p>The facility's undated Resident Rights Policy showed that resident had a right to a safe, clean, comfortable and homelike environment.</p> <p>The facility's undated Cleaning and Disinfection of Resident-Care Equipment Policy showed staff were responsible for the cleaning and disinfection of multi-resident use equipment after each use and before use by another resident.</p> <p><Water Management Program></p> <p>In an interview on 01/29/2025 at 8:41 AM, Staff G (Maintenance Director) stated they were recently hired and were unable to locate documents to demonstrate the facility's water management plan. Staff G stated they thought the facility performed a Legionella test prior to Staff G being hired but Staff G was unable to provide testing documentation. Staff G was unaware of high-risk areas in the facility's water systems where Legionella had the potential to grow. Staff G stated each week they checked hot water in random resident rooms, kitchen, laundry, rehab gym, and facility showers but they did not keep a log of their work. Staff G confirmed they should have a water management plan to prevent water borne pathogens, but they did not.</p> <p>In an interview on 01/29/2025 at 1:46 PM, Staff A (Administrator) stated the facility should have a water management plan in place to prevent Legionella, but they did not.</p> <p><HH/PPE></p> <p><Resident 269></p> <p>Review of Resident 269's 12/31/2024 revised EBP care plan showed the resident was on EBP due to having a multidrug resistant organism in their urine. This care plan directed staff to wear a gown and gloves when providing care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 01/28/2025 at 12:18 PM showed Staff I (Certified Nursing Assistant) providing incontinence care to Resident 269. Staff I had a gown and gloves on. Staff I cleaned Resident 269 with a wipe and applied barrier cream to the resident. Staff I grabbed the resident's blankets and opened the resident's closet using their soiled gloves. Staff I did not remove their gloves or perform HH before touching the resident's blankets or closet handle. Staff I then removed their personal protective gown with their soiled gloves on. Staff I removed their soiled gloves last and washed their hands. In an interview at that time, Staff I confirmed they should have removed their gloves prior to touching Resident 269's blankets and closet handle and should have removed their soiled gloves before removing their personal protective gown.</p> <p>In an interview on 01/31/2025 at 11:28 AM, Staff J (Infection Preventionist) confirmed staff should perform HH and change their gloves when going from dirty to clean and staff should remove PPE in the correct order.</p> <p>42203</p> <p><HH in the Dining Room></p> <p>Observation of the lunch service in the facility's main dining room on 01/27/2025 11:52 AM showed Staff AA (Activity Aide) helping to distribute lunch trays to residents in the dining room. At 11:59 AM, Staff AA was observed to open a bag of chips for a resident, then hand a plate to a neighboring resident. Staff AA retrieved a ketchup packet from a second table and gave it to the resident they helped with the chips. Staff AA did not perform HH between residents and between tables.</p> <p>At 12:01 PM Staff AA repositioned a resident in their wheelchair using the handle of the wheelchair to change the angle of the seat. Staff AA helped reattach the resident's footrests, entered the Activity Department office using the door handle, then returned, putting on gloves before assisting the resident they recently repositioned with their socks and providing a blanket. Staff A then removed their gloves and performed HH.</p> <p>At 12:13 PM Staff AA put on gloves without first performing HH, then brought a coffee from a resident to the dirty cart. Staff AA then returned to cleaning up more soiled dishes, changed gloves without HH, then while wearing a right glove only, carried a dirty tray to the cart, placing it at the bottom. Staff AA then took a clean tray to a resident waiting outside the dining room. The clean tray came from the top of the same cart in which Staff AA was placing dirty dishes</p> <p>In an interview on 01/31/2025 at 12:47 PM Staff J stated it was their expectation staff performed HH between handling clean and dirty dishes, and between helping different residents. Staff J stated their expectation was staff not place dirty trays on the same cart as clean trays.</p> <p>43642</p> <p><Uncleanable Surfaces></p> <p>Observations on 01/27/2025 at 9:15 AM and 01/28/2025 at 1:42 PM showed a chair lined up against the wall near room [ROOM NUMBER]. The chair had torn material on the arm rests, exposing the cushion underneath. Next to the chair were three wheelchairs with torn arm rests with some tape hanging off one of the armrests.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Auburn Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 414 - 17th Southeast Auburn, WA 98002	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 01/30/2025 at 10:00 AM, Staff J stated torn material was uncleanable and increased the risk of spreading infections. Staff J stated the arm rests should be replaced.</p> <p>51791</p> <p><Dirty Resident Equipment></p> <p>Observations on 01/27/2025, 01/28/2025, 01/29/2025 and 01/30/2025 showed a mechanical lift (assistive equipment used to transfer residents) was positioned along the wall near the 2nd floor dining area and had dried, brown, liquid-like splatter on its base and mast.</p> <p>Observation on 01/30/2025 at 1:25 PM showed Staff V (Certified Nursing Assistant) took the lift into room [ROOM NUMBER], used the lift to transfer the resident to a shower chair, and returned the lift to its previous location near the 2nd floor dining area without sanitizing it.</p> <p>In an interview on 01/30/2025 at 2:14 PM, Staff J stated they expected all staff to sanitize assistive equipment with germicidal disposable wipes after each use. They stated these wipes were available in designated locations throughout the facility and staff were trained on procedures to perform equipment sanitization.</p> <p>In an interview on 01/30/2025 at 2:26 PM, Staff H (Licensed Practical Nurse) confirmed the mechanical lift had dried, brown, liquid-like splatter on the base and mast. Staff H stated the debris placed residents at risk for cross contamination and should have been cleaned if you don't want [an infection].</p> <p>REFERENCE: WAC 388-97-1320 (1)(a)(c), (5)(c).</p> <p>45941</p>		