STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505373	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Prestige Post-Acute and Rehab Center - Centralia	917 South Scheuber Road Centralia, WA 98531

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40916 Based on interview and record review, the facility failed to initiate a facility investigation after a resident was sent to the emergency room (ER) and was later admitted with a diagnosis of narcotic overdose for 1 of 4 sampled residents (1) reviewed for facility investigations. This failure placed residents at risk of medication errors, medication side effects, and a decreased quality of life. Findings included . Resident 1 was admitted to the facility on [DATE]. The admission Minimum Data Set assessment, dated 03/25/2024, documented the resident was moderately cognitively impaired. A physician order, dated 03/19/2024, documented, Morphine Sulfate ER [extended release] Oral Table Give 15 mg [milligrams] by mouth two times a day for pain. An alert note, dated 03/25/2024, documented, This LN [licensed nurse] went to check on pt [patient] . and patient alert and oriented x 1 only [alert to person, not place or time]. Patient had fall on 3/22 . [Resident] is only able to tell me I am [Resident 1]. R [Right] pupil unresponsive, L [left] pupil sluggish. [Resident] is not able to follow directions. Her hands bilat [bilaterally] are tremulous and she grips weak bilat. When this LN asked if she could identify how many fingers this LN is holding up she cannot identify and doesn't follow. Does not answer questions appropriately. This is a sudden change in mentation for patient as she is normally alert and orient x 2-3 . On call provider called and notified. Verbal order to send patient to the ER for AMS [altered mental status]/change in pupillary response. Patient POA [power of attorney] called and notified and in agreement to POC [plan of care] . The EMT's [Emergency Medical Technicians] came to transport the patient to the ER via stretcher. 2 EMT's and 1 staff member slid patient over the stretcher via sheet and transported the patient to [local hospital] at [2:50 AM]. An ED (Emergency Department) to hospital admission document, dated 03/25/2024, documented, Notified patient starting to demonstrate signs of opioid withdrawal with diaphoresis [sweating], nausea, vomiting, piloerection [goosebumps]. COWS [Clinical Opiate Withdrawal Score, an assessment tool] score 9 [indicating mild withdrawal symptoms]. Received Narcan [a medication to reverse opiate toxicity] 0.4 mg IV [intravenous] x 3 on [03/25/2024] (5:17 AM, 6:42 AM, 9:00 AM). Due to patient presenting with accidental overdose and the fact that she is on multiple sedating medications, will be cautious in reinstituting opioids. Resident 1 was diagnosed with narcotic overdose and hypoxia (below-normal level of oxygen in blood) while in the ER and was admitted to the hospital. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505373	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Prestige Post-Acute and Rehab Center - Centralia	917 South Scheuber Road Centralia, WA 98531

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's March 2024 accident and incident investigation log did not show a facility investigation related to Resident 1's medication overdose. On 05/02/2024 at 10:50 AM, Staff B, Director of Nursing Services, said it did not look like the facility had initiated an investigation for Resident 1's medication overdose. Staff B said this incident occurred before her time in the facility, but said she would have initiated an investigation for Resident 1's medication overdose. At 11:20 AM, Staff A, Administrator, said she recalled having discussions related to Resident 1's 03/25/2024 admission to the hospital, but was unsure if a facility investigation had been initiated. Staff A said it seemed prudent to initiate an investigation into a resident's potential medication overdose while in the facility. At 11:35 AM, Staff C, Residential Care Manager and Licensed Practical Nurse, said after learning about the medication overdose, she performed a medication review and found nothing to suggest Resident 1 had an opiate overdose. Staff C said the investigation conducted was not a formal facility investigation, and had no notes related to the medication review. Staff C said she could not say why a facility investigation was not conducted and said an allegation of an opiate overdose should be investigated. Reference WAC 388-97-0640 (6)(a)(b)