

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505373	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/24/2024
NAME OF PROVIDER OR SUPPLIER  Prestige Post-Acute and Rehab Center - Centralia		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47518</b></p> <p>Based on observation, interview, and record review, the facility failed to obtain a consent, evaluation assessment and physician order for 1 of 3 sampled residents (17) reviewed for physical restraints. This failure placed residents at risk for injury, unmet needs, and a diminished quality of life.</p> <p>Findings included .</p> <p>The facility's policy entitled, Physical Restraints and Enablers/Devices, revised 07/2023, documented .the Bed Rail/Bed Enabler/Device Evaluation is completed prior to the device being initiated, annually and on change of condition . Devices may include but are not limited to the following: i. Bed rails (quarter, 1/2, 3/4 full) . The resident and/or resident representative is provided risks/benefits of restraint use or enabler/device use, and consent obtained prior to implementation of the device.</p> <p>Resident 17 was admitted to the facility on [DATE]. The quarterly Minimum Data Set assessment, dated 03/31/2024, documented Resident 17 was severely cognitively impaired.</p> <p>On 05/20/2024, at 10:52 AM, Resident 17 was observed lying in bed with padded quarter bed rails on the left and right sides of the bed.</p> <p>At 3:11 PM, Resident 17's bed was observed with padded quarter bed rails on the left and right sides of the bed.</p> <p>Record review of Resident 17's Electronic Health Record (EHR) showed no evaluation assessment, consent, or physician's order related to bed rails.</p> <p>On 05/22/2024 at 3:46 PM, Resident 17 was observed lying in bed with padded quarter bed rails on the left and right sides of the bed.</p> <p>At 3:49 PM, Staff D, Registered Nurse (RN), said if a resident had bed rails, they would review risks and benefits and obtain a consent from the resident and/or power of attorney (POA), obtain a physician order, and care plan it.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/23/2024 at 10:18 AM, Staff E, Resident Care Manager (RCM) and Licensed Practical Nurse (LPN), said if residents had bed rails or mobility bars, an evaluation assessment should be completed, a consent should be obtained from the resident or their POA, a physician order was needed, and it should be care planned. Staff E was unable to locate an evaluation, consent, order, or care plan for Resident 17's quarter bed rails.</p> <p>At 11:30 AM, Staff F, RCM and LPN, said Resident 17 did not have an assessment, consent, order, or care plan for the quarter bed rails. Staff F stated, No, I must have missed one.</p> <p>At 12:21 PM, Staff C, Assistant Director of Nursing and RN, said it was her expectation that residents had assessments, consents, orders and care plans for bed rails or mobility bars.</p> <p>Reference WAC 388-97-0620</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47518</b></p> <p>Based on observation, interview and record review, the facility failed to develop a comprehensive care plan for 1 of 3 sampled residents (17) reviewed for physical restraints. This failure placed residents at risk for unmet care needs and a diminished quality of life.</p> <p>Findings included .</p> <p>Record review of the facility's policy entitled, Physical Restraints and Enablers/Devices, revised 07/2023, documented .Devices may include but are not limited to the following: i. Bed rails (quarter, 1/2, 3/4 full) . The care plan is updated for the device use with the goal for the least restrictive measures . The care plan is evaluated quarterly and as needed.</p> <p>Resident 17 was admitted to the facility on [DATE]. The quarterly Minimum Data Set assessment, dated 03/31/2024, documented Resident 17 was severely cognitively impaired.</p> <p>Record review of Resident 17's Electronic Health Record Comprehensive Care Plan did not show documentation the care plan addressed padded quarter bed rails on the left and right side of the bed.</p> <p>On 05/20/2024 at 10:52 AM, Resident 17 was observed lying in bed with padded quarter bed rails on the left and right side of the bed.</p> <p>At 3:11 PM, Resident 17's bed was observed with padded quarter bed rails on the left and right side of the bed.</p> <p>On 05/22/2024 at 3:46 PM, Resident 17 was observed lying in bed with padded quarter bed rails on the left and right side of the bed.</p> <p>At 3:49 PM, Staff D, Registered Nurse (RN), said if a resident had bed rails, they would care plan it.</p> <p>On 05/23/2024 at 10:18 AM, Staff E, Resident Care Manager (RCM) and Licensed Practical Nurse (LPN), said if residents had bed rails or mobility bars, it should be care planned. Staff E was unable to locate an evaluation, consent, order, or care plan for Resident 17's quarter bed rails.</p> <p>At 11:30 AM, Staff F, RCM and LPN, said Resident 17 did not have a care plan for the quarter bed rails. Staff F stated, No, I must have missed one.</p> <p>At 12:21 PM, Staff C, Assistant Director of Nursing and RN, said it was her expectation that residents had care plans for bed rails or mobility bars.</p> <p>Reference WAC 388-97-1020 (1), (2)(a)(c)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37934</p> <p>Based on observation, interview and record review, the facility failed to ensure preventative measures for contractures were provided, and failed to provide consistent restorative services for 2 of 3 sampled residents (30 &amp; 17) reviewed for maintaining activities of daily living (ADLs) These failures placed residents at risk for further decline and a diminished quality of life.</p> <p>Findings included .</p> <p>1) Resident 30 was admitted to the facility on [DATE]. The quarterly Minimum Data Set (MDS) assessment, dated 04/21/2024, indicated the resident was moderately cognitively impaired.</p> <p>The Care Plan, initiated 01/25/2020, documented, I have left side weakness to the UE (upper extremity) and LE (lower extremity) due to history of CVA (cerebral vascular accident - a stroke) with contractures to the left hand.</p> <p>On 05/23/2024 at 3:21 PM, Resident 30 said she was not able to open her left hand. Staff F, Resident Care Manager (RCM) and Licensed Practical Nurse (LPN), said she did not think Resident 30's nails were digging into her left palm.</p> <p>On 05/24/2024 at 10:07 AM, Staff C, Assistant Director of Nursing and Registered Nurse, said they could offer a splint.</p> <p>2) Resident 17 was admitted to the facility on [DATE]. The quarterly MDS, dated [DATE], indicated Resident 17 was severely cognitively impaired.</p> <p>The Care Plan, dated 03/01/2023 and revised 02/23/2024, documented, the resident will utilize a restorative program. The interventions were: Nursing Rehab/Restorative: Active ROM (range of motion) Program #1LE active ROM exercises supine or seated. Hip flexion, hip add/abd (abduction), knee flex/ext (extension), ankle pumps 3x 15-20 reps as able. Nursing Rehab/Restorative: Transfer: Sit to stand from w/c (wheel chair) using parallel bars or rails in hallway x8-10 reps.</p> <p>The Restorative Task form, dated 04/25/2024 to 05/23/2024, documented 14 opportunities for services. The form documented two days not available. Five days the resident refused and five days not available. This amounted to over 85% of the month with no services. There was no documentation for follow up on the days Resident 17 refused.</p> <p>On 05/24/2024 at 9:56 AM, Staff F said they tried to provide restorative services but sometimes the restorative aids were pulled to the floor.</p> <p>At 10:07 AM, Staff C said the Restorative Aids should be documenting participation in the electronic health record. When asked what the not applicable meant on the Restorative Task, Staff C said the Restorative Aid was pulled to the floor.</p> <p>Reference WAC 988-97-1060 (2) (b)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37934</p> <p>Based on observation and interview, the facility failed to maintain the cleanliness of the kitchen ice machine and vent fan covers; and failed to ensure stored food and reusable items in the refrigerator, freezers and dry storage were labeled and dated when opened. These failures placed residents at risk for foodborne illness and a diminished quality of life.</p> <p>Findings included .</p> <p>&lt;Initial Brief Tour&gt;</p> <p>On 05/20/2024 at 9:23 AM, the ice machine dispenser snout was observed to have dark residue on its lower rim.</p> <p>The walk-in freezer had an opened Ben &amp; Jerry's ice cream container that was not labeled and dated when it was opened.</p> <p>The dry storage had an opened and undated container of [NAME] Egg Shade Food Coloring.</p> <p>Two overhead vents were observed to have lint hanging down from them in the kitchen prep area and behind on the tray line side.</p> <p>&lt;Follow-Up Visit&gt;</p> <p>On 05/23/2024 at 10:53 AM, seven items were found opened and not labeled or dated during a walk through the dry storage room.</p> <p>At 11:05 AM, Staff K, Dietary Manager was observed with the ice machine door open, and rubbed the dark residue on the dispenser snout with a clean glove. When asked what it was, Staff K said it was black dirt.</p> <p>At 11:07 AM, lint was observed hanging from the vent cover over the hot-hold food service/prep area and on a vent behind the tray line.</p> <p>&lt;North Nourishment Refrigerator&gt;</p> <p>On 05/23/2024 at 2:59 AM, several opened items in the north nourishment refrigerator/freezer were not labeled and dated. In the freezer a carton of rainbow sherbet ice cream was not labeled and dated. A half-eaten popsicle in a cup was not labeled and dated. A [NAME] Ice (shaved ice) in a cup half-eaten, did not have a lid and was not dated.</p> <p>In the refrigerator, an opened milk jug had an expiration date of 05/23/2024 and it was not labeled and dated when it was opened. There was a box of Kentucky Fried Chicken undated in the refrigerator.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>At 3:39 PM, Staff C, Assistant Director of Nursing and Registered Nurse, said staff were supposed to ensure items were labeled with date opened in the nourishment refrigerators.</p> <p>Reference WAC 388-97-1100 (3)</p> <p>.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>37934</p> <p>Based on interview and record review, the facility failed to provide follow-up education for the Pneumococcal Conjugate Vaccine (PCV13) for 1 of 5 sampled resident (45) reviewed for immunizations. This failure placed resident at risk of exposure to contagious diseases and an increased risk of respiratory complications.</p> <p>Findings included .</p> <p>A Pneumococcal Vaccine Informed Consent, dated 08/11/2020, documented Resident 45 declined the PCV13. No reason for the declination was given and no other information about the pneumococcal vaccine were found in the electronic health record.</p> <p>On 05/23/2024 at 12:17 PM, Staff J, Infection Preventionist and Licensed Practical Nurse, she said she could only find the 08/11/2020 consent form. Staff J said she believed the PCV13 should be reviewed quarterly at the care conference. Staff J said the care plan indicated Resident 45 wanted to get the PCV13 with her granddaughter. Staff J said she was not sure if this was followed up.</p> <p>At 3:40 PM, Staff C, Assistant Director of Nursing and Registered Nurse, said if the Pneumococcal vaccine was declined, we should offer it to longterm care residents every year.</p> <p>Reference WAC 388-97-1340</p>