STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505386	A. Building B. Wing	04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marysville Care Center	1821 Grove Street Marysville, WA 98270

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 0624 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prepare residents for a safe transfer or discharge from the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33954 Based on interview, and record review, the facility failed to ensure an orderly discharge for 2 of 3 residents (Residents 5 and 2) reviewed for discharges. The failure to provide necessary information on discharge, and to document and/or assist residents with setting up follow-up physician appointments placed them at risk for unmet care needs. Findings included . RESIDENT 5 Resident 5 admitted to the facility on [DATE] and discharged [DATE]. The resident had diagnoses to include a cognitive communication deficit (difficulty thinking and how someone uses language). Review of Resident 5's Discharge Summary Information, dated 04/11/2024, showed there was no documentation regarding Follow-up Physician Care after their stay at the facility. The section of the form for their Primary Care Provider/Address/Phone #/whether an appointment had been made/to call to schedule an appointment was all left blank. <RESIDENT 2> The resident admitted to the facility on [DATE] with diagnoses to include a cognitive communication deficit and a pressure ulcer (injury to skin and underlying tissue resulting from prolonged pressure on the skin) on their sacrum. The resident discharged from the facility on 04/12/2024. Review of the Resident 2's Collateral Contact 1 (CC1), Advanced Registered Nurse Practitioner Discharge Evaluation, dated 04/11/2024, showed CC1 documented they needed follow-up for their white blood cell (lab test) management, they needed ongoing skin care for their buttocks skin cellulitis (skin infection) to include applying ointment, skin prep (skin treatment), and barrier cream, and they needed follow-up with their cardiologist/primary care physician for their atrial fibrillation (abnormal heart rhythm). Review of Resident 2's Medication Administration Records and Treatment Administration Records, dated 04/01/2024 through 04/12/2024, showed at the time of the resident's discharge they had an order to gently cleanse their buttocks with a towel and warm water and soap, and to apply a thin layer of Calazime (skin protectant paste). (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
	505386	A. Building B. Wing	04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marysville Care Center	1821 Grove Street Marysville, WA 98270

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 0624 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Resident 2's Discharge Summary Information, dated 04/12/2024, showed there was no documentation the facility had provided the resident information about treatment of their buttocks skin cellulitis, and there was no information documented regarding Follow-up Physician Care as that section of the discharge summary was left blank to include no physician names, addresses, phone numbers, or appointment information. The Discharge Summary Information did not state to call a physician for an appointment, that was left blank. The Discharge Summary Information did not state an appointment had been scheduled, that was left blank. The Discharge Summary Information indicated there was a resolving skin breakdown to the sacrum, but no treatment information was listed. In an interview on 04/30/2024 at 2:59 PM, Staff D, Registered Nurse/Resident Care Manager, stated they don't make appointments for residents on discharge, they encourage them to make their own follow-up appointments. Staff D stated they didn't make any appointments for Resident 2. Staff D stated they didn't see that they had provided the resident any skin care instructions. Staff D stated they didn't know if the resident had the names and contact information for their physicians to make follow-up appointments. Refer to WAC 388-97-0120 (3)(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505386	A. Building B. Wing	04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marysville Care Center	1821 Grove Street Marysville, WA 98270

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33954 Based on interview, and record review, the facility failed to provide nutritional supplements for 2 of 3 residents (Residents 1 and 4) reviewed for nutrition. The failure to provide nutritional supplements that had been recommended by the registered dietitian placed residents at risk for delayed wound healing. Findings included . <RESIDENT 1> Resident 1 admitted to the facility on [DATE] with diagnoses to include protein-calorie malnutrition (inadequate protein in the diet). The resident developed a Stage 3 pressure injury (full thickness tissue loss) while a resident in the facility. Review of Resident 1's Nutrition Assessment, dated 01/30/2024, showed the Registered Dietitian's (RD) plan was to supplement the resident with Prosource (protein supplement) 30 ml (milliliters) every day for wound healing. The assessment indicated the resident's oral intake was likely not meeting their nutrient needs for protein and for wound healing, and the resident would benefit from high protein supplements. Review of Resident 1's Medication Administration Records/Treatment Administration Records (MARS/TARS), dated 01/30/2024 through 02/29/2024, showed the facility had not implemented the dietitian's recommendation to provide the resident Prosource protein supplementation. In an interview on 04/29/2024 at 12:25 PM, Staff F, Licensed Practical Nurse, stated the dietitian provided a separate list of nutrition assessment recommendations and the recommendation that Resident 1 was to received daily Prosource was not listed. Staff F stated they had not read the dietitian's Nutrition Assessment so that discrepancy did not get clarified. A joint review of the Nutrition Assessment Recommendations, dated 01/30/2024, showed no recommendation to administer the resident Prosource. Review of a Nutrition/Dietary Note, dated 02/28/2024, showed Resident 1 had a Stage 3 right buttock wound that would benefit from a protein supplementation. The note indicated the plan was to recommend Prosource 0 [sic] ml daily for wound healing, and the priority was wound healing. The note also indicated the plan included administering Resident 1 No Added Sugar House Shakes 90 ml three times a day with meals. Review of Resident 1's MARS/TARS, dated 02/28/2024 through 03/31/2024, showed no Prosource protein supplementation order or House Shakes order was implemented. In a phone interview on 04/30/2024 at 8:45 AM, Staff G, RD, stated it may have been a communication issue, and some residents don't like Prosource, that's why it didn't get implemented, they then stated, however, I failed to document that if it didn't get implemented. Staff G stated there should have been some follow-up by themselves or the onsite dietitian. Staff G stated they do these good nutrition notes, and no one even reads it. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505386	A. Building B. Wing	04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marysville Care Center	1821 Grove Street Marysville, WA 98270

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In a phone interview on 04/30/2024 at 9:17 AM, Staff G stated they had investigated the matter, and the Prosource and House Shakes (or Med Pass a replacement for House Shakes) recommendations never got implemented and they didn't know why. Staff G emailed a Nutrition Assessment Recommendations form, dated 02/27/2024, and it had documentation the RD had recommended Resident 1 receive both Prosource daily and Med Pass three times daily. In an interview on 04/30/2024 at 10:20 AM, Staff B, Registered Nurse (RN)/Director of Nursing Services, provided a different Nutrition Assessment Recommendations form, dated 02/27/2024, and that recommendation list did not include Prosource or House Shakes/Med pass for Resident 1. Staff B was unable to explain the discrepancy between the Nutrition Assessment Recommendations provided by them and the ones provided by Staff G. <RESIDENT 4> Resident 4 admitted to the facility on [DATE]. The resident had an unstageable pressure injury on their sacrum, and they had diagnoses to include end stage renal disease requiring dialysis, and protein-calorie malnutrition. Review of Staff G's nutrition assessment, dated 03/12/2024, showed Resident 4 had a sacrum pressure injury that measured 10.5 x 7 x 0.1 cm (centimeters). Staff G recommended the resident be administered Prosource 30 ml twice daily for a supplement to help promote wound healing and for increased needs related to their dialysis. Review of a Nutrition Assessment Recommendations, dated 03/12/2024, showed Staff G recommended Resident 4 receive Prosource 30 ml only once daily. Review of Resident 4's MARS/TARS, dated 03/07/2024 through 03/31/2024, showed they only received Prosource 30 ML once daily. In a phone interview on 04/30/2024 at 9:17 AM, Staff G was unable to provide any information why Resident 4 didn't get the Prosource twice daily per their nutrition assessment, or why their recommendation was for only once daily. Refer to WAC 388-97-1060 (3)(h)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505386	A. Building B. Wing	04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marysville Care Center	1821 Grove Street Marysville, WA 98270

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33954 Based on interview, and record review, the facility failed to ensure clinical records were complete and accurate for 2 of 3 residents (Resident 1 and 3) reviewed for wound care. The failure to ensure clinical records were complete and accurate placed residents at risk for unmet needs. Findings included . <RESIDENT 1> Resident 1 admitted to the facility on [DATE]. The resident developed a Stage 3 pressure injury (full thickness tissue loss) on their right buttocks while a resident in the facility. Review of the wound healing consultant's progress note, dated 02/15/2024, showed Collateral Contact 1 (CC1), Physician Assistant recommended the dressing change to Resident 1's pressure injury wound be done every seven days, and as needed for accidental removal, saturation and/or soiling. Review of Resident 1's February 2024 Medication Administration Records/Treatment Administration Records (MARS/TARS), showed the facility did implement CC1's the wound care practitioner's recommendations to change the dressing, but they implemented it to change the dressing routinely every three days, not every seven days per the recommendations. In an interview on 04/30/2024 at 3:36 PM, Staff B, Registered Nurse (N)/ Director of Nursing Services, stated the recommendation to change the dressing every seven days would not have been appropriate, and they were going to provide additional documentation. No additional documentation was provided. <RESIDENT 3> Resident 3 admitted to the facility on [DATE]. The resident had a Stage 4 pressure injury (full thickness skin loss that extends through the fascia with considerable tissue loss). Review of CC1's progress note, dated 04/11/2024, recommended that calcium alginate (a chemical compound used to help heal wounds) be used to fill Resident 1's wound with each dressing change. Review of Resident 3's MARS/TARS, dated 04/01/2024 through 04/30/2024, showed the facility did not implement the recommendation to fill the wound with calcium alginate with each dressing change, they were packing the wound with Xeroform (a petrolatum gauze) for each dressing change. In an interview on 04/29/2024 at 12:37 PM, Staff C, RN/Assistant Director of Nursing Services, stated they had clarified the wound care order, and they were to continue to use Xeroform, but they got busy and forgot to document the clarification. Refer to WAC 388-97-1720 (1)(a)(i)(ii)