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	06/17/2025

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 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Let each resident or the resident's legal representative access or purchase copies of all the resident's records. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure a resident record was provided for review in a timely manner to the legal representative for 1 of 1 sampled resident's (Resident 1) reviewed for requested medical records. This failure placed the legal representative at risk for not having full clinical information about the resident in order to best represent them and make informed decisions. Findings included . Review of facility policy titled, Disclosure of Protected Health Information (PHI)-Release of Information, revised 02/26/2025, documented: - Each resident has the right to access their PHI contained in the medical record. The policy stated requested copies of a resident's record should be provided within two working days (excluding weekends and/or holidays) if the resident currently resides at the facility unless state law mandates a shorter period. - In accordance with 42 CFR 483.10(b)(2), a request may be made orally by the resident/legal representative. - Review the copy fee schedule with the resident/personal representative and, if known, the estimated cost to fulfill the request before copies are made. - If an electronic copy of a record is requested efforts to fulfill this request as such shall be made. An electronic copy of the record may be sent via email. All HIM (Health Information Management) staff have the application ShareFile for this purpose. - If all records are 100% electronic and the files are only printed or saved, then sent electronically, the fee may not exceed $6.50. <RESIDENT 1> Resident 1 was admitted to the facility on [DATE] with diagnoses to include intercranial hemorrhage (bleeding within the [NAME]), cerebral infarction (disrupted blood flow to the brain due to problems with the blood vessels that supply it), hemiplegia and hemiparesis (muscle weakness of partial paralysis) of left side, bipolar disorder, depression and anxiety. (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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	06/17/2025

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 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of resident 1's clinical record documented that the resident had a legal guardian as their responsible party and they made decisions for the resident. In an interview 06/12/2025 at 2:10 PM, Collateral Contact 1 (CC), Resident 1's Guardian, stated they had requested a copy of the residents medical record during a care conference on 05/29/2025 and they had not received them. CC1 stated they went to the facility on [DATE] and they were then told they needed to fill out a form to request medical records and the medical records director was not available. CC1 stated they were not informed on 05/29/2025 that they needed to fill out a form to request medical records. CC1 stated they had requested Resident 1's medical records twice via email on 06/09/2023 and 06/10/2023. CC1 stated they still had not received the requested medical records as of 06/12/2025. CC1 stated they were unable to make important, informed decisions related Resident 1's medical care and needs or notify the court and family members because they have not received the requested records. Review of a grievance form dated 06/07/2025 documented CC1 sent an email requesting medical records. Review of an email dated 06/17/2025 at 8:21 AM, provided by CC1 showed Staff C, Medical Records Director notified CC1 that the medical records were available and there was a fee of $53.60. CC1 responded to Staff C's email on 06/17/2025 at 8:54 AM stating that they had not been informed of a fee at the time the medical records were requested and requested that the medical records be emailed. Staff C responded via email on 06/17/2025 at 9:09 AM The records you requested have 1172 Pages, what did you have in mind?. In an interview on 06/17/2025 at 2:16 PM, Staff C stated if a resident representative needed or requested medical records, an authorization form would need to be filled out and signed by the resident or resident representative. Staff C stated the first 100 pages of medical records were free and then a five cent fee would be charged for each additional page. Staff C stated they were responsible for completing the medical record requests which would be completed within five days and stated the form does not state there could be a fee associated with obtaining medical records and they did not know who was responsible for informing CC1 of the potential fee. Staff C stated they did not inform CC1 that a fee may be charged. Staff C stated they could not send medical records by email because emails are not secure. Staff C stated that they had informed CC1 that morning that the medical records were available to be picked up and would cost them $53 dollars. In a joint interview on 06/17/2025 at 4:50 PM, Staff A, Administrator, and Staff B, Registered Nurse, Director of Nursing, Staff A stated a release of information form would be completed for a medical record request and the request would be completed within five days. Staff A stated the fee for medical records was not on the form and Staff C would be responsible for informing the requestor of the potential fee. Staff A acknowledged that CC1 was not informed of the fee associated with the medical record request and they would educate Staff C to inform the medical record requestor of the fee for records. Staff B stated medical records cannot be emailed because it is not secure. Reference WAC 388-97-0300(2)(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	06/17/2025

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to review risks and benefits with the resident's legal representative for 1 of 3 residents (Resident 1) reviewed for psychotropic medication use. Failure to review the risk and benefits of a high-risk medication placed the resident at risk for unnecessary medication use and diminished quality of life and this failure placed the legal representative at risk for not having full clinical information about the resident to best represent the resident and make informed decisions. Findings include . <Resident 1> Resident 1 was admitted to the facility on [DATE] with diagnoses to include intercranial hemorrhage (bleeding within the [NAME]), cerebral infarction (disrupted blood flow to the brain due to problems with the blood vessels that supply it), hemiplegia and hemiparesis (muscle weakness of partial paralysis) of left side, bipolar disorder, depression and anxiety. Resident 1 had a legal guardian as their responsible party and made decisions for the resident. In an interview 06/12/2025 at 2:10 PM, Collateral Contact 1 (CC), Resident 1's Guardian, stated they were not informed of new orders for Risperidone medication for the resident and they had not given consent for use of that medication. CC1 stated during a care conference on 5/29/2025, they asked that the medication be discontinued. CC1 stated that the medication was not discontinued until 6/09/2025, eleven days later. Review of Resident 1's medical record showed an order for Risperidone 0.25 mg by mouth two times daily, dated 05/08/2025. The medication was started on 05/09/2025 and discontinued on 06/09/2025. Review of Resident 1's medical record showed no record that CC1 was notified of the risks and benefits of high-risk medication use or that they had consented to the residents use of the medication. In an interview on 06/17/2025 at 3:30 pm, Staff D, Licensed Practical Nurse (LPN), Nurse Manager, stated if a resident had new orders for a psychotropic medication the resident or the resident's Power of Attorney (POA) would sign the consent. Staff D stated they had left a message for Resident 1's guardian about the new medication order. In an interview on 06/17/2025 at 4:01 PM, Staff E, LPN stated if a resident had a guardian they would be notified of new orders for psychotropic medication, would be educated on the medication and staff would obtain consent prior to administering the medication. In an interview on 06/17/2025 at 4:27 PM, Staff B, Registered Nurse, Director of Nursing, stated the expectation would be that the resident's guardian signs the medication consent form prior to the medication being administered. Staff B acknowledged the medication consent for Resident 1 had not been signed by CC1. Staff B acknowledged that CC1 asked for the medication to be discontinued on 5/29/2025 and the medication was not discontinued until 6/09/2025. (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	06/17/2025

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reference WAC 388-97-1060(k)(i)

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	06/17/2025

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 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** Based on interview and record review the facility failed to conduct a thorough investigation for 2 of 5 sampled Residents (Residents 1 and 2) reviewed for incident investigations. Failure to conduct a thorough investigation to identify the root cause(s) and all contributing factors related to incidents and investigations placed residents at risk for unidentified abuse or neglect, risk for injury, monitoring and unmet care needs. Findings included . According to the Washington State Reporting Guidelines for Nursing Homes (Purple Book), dated October 2015, A thorough investigation is a systematic collection and review of evidence/information that describes and explains an event or a series of events. It includes guidelines for prevention and protection, incident identification, investigation and reporting for nursing homes, the facility investigation should end with the identification of who was involved in the incident, and what, when, where, why, and how the incident happened including the probable or reasonable cause. <RESIDENT 2> Resident 2 was admitted to the facility on [DATE] with diagnoses to include muscle weakness, psoriatic arthritis, dementia, and anxiety. According to the Quarterly Minimum Data Set (MDS- an assessment tool) assessment dated [DATE], Resident 2 had moderate cognitive impairment. Review of the facilities State Incident Reporting log, dated June 2025 showed an allegation of resident-to-resident altercation for Resident 2 dated 06/07/2025. Review of the facility investigation dated 06/07/2025 documented an incident of a resident-to-resident altercation involving Resident 2. The investigation did not include information that the other resident (Resident 1) had been placed on alert charting to monitor the resident after the incident. <RESIDENT 1> Resident 1 was admitted to the facility on [DATE] with diagnoses to include intercranial hemorrhage (bleeding within the [NAME]), cerebral infarction (disrupted blood flow to the brain due to problems with the blood vessels that supply it), hemiplegia and hemiparesis (muscle weakness of partial paralysis) of left side, bipolar disorder, depression and anxiety. Record review documented that the resident had a legal guardian as their responsible party and they made decisions for the resident. Review of the facilities State Incident Reporting log, dated June 2025 showed a resident-to-resident altercation on 06/07/2025, and a medication error on 06/09/2025 for Resident 1. Review of the facility investigation dated 06/07/2025 showed a resident-to-resident altercation for Resident 1. The investigation was not thorough and did not include information that Resident 1 was placed on alert charting to monitor the resident after the incident. (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	06/17/2025

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility investigation dated 06/09/2025 documented a medication error for Resident 1. The investigation was not thorough and did not include information such as staff statements or root cause analysis to determine how the facility ruled out abuse or neglect. In an interview on 06/17/2025 at 12:38 PM, Staff F, Registered Nurse (RN), stated if a resident-to-resident altercation occurred the residents would be separated, assessed, placed on alert charting and notifications would be made. In an interview on 06/17/2025 at 4:10 PM, Staff E, Licensed Practical Nurse, stated if a medication was requested to be discontinued, the medication would be held and the provider would be notified. In an interview on 06/17/2025 at 4:27 PM, Staff B, RN, Director of Nursing, stated that when staff are conducting investigations, the residents should be placed on alert charting. Staff B stated Resident 1 and Resident 2 should have been placed on alert charting for the incident that occurred on 06/07/2025. Staff B acknowledged that on 06/09/2025 they identified that alert charting had not been initiated for the residents, and it was initiated at that time. Staff B stated they attended the care conference for Resident 1 on 5/29/2025 and acknowledged that CC1 had asked that the Risperidone be discontinued. Staff B stated they did not delegate staff to discontinue the medication and they were away from the facility until 06/09/2025 at which time it was identified that the medication had not been discontinued. Staff B acknowledged there were no staff statements included in the medication error investigation. Reference WAC 388-97-0640 (6)(a)