

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505389	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/07/2024
NAME OF PROVIDER OR SUPPLIER Avamere Rehabilitation of Cascade Park		STREET ADDRESS, CITY, STATE, ZIP CODE 801 Southeast Park Crest Avenue Vancouver, WA 98683	

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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44739</p> <p>Based on interview and record review, the facility failed to ensure adequate blood sugar monitoring was provided for the administration of oral diabetic medications for 1 of 4 sampled residents [1] reviewed for unnecessary medications. This failure placed residents at risk for not receiving needed medication adjustments and a decline in health status.</p> <p>Findings included .</p> <p>A facility policy and procedure for blood glucose monitoring, revised November 2020, documented Follow the provider orders for glucose monitoring. Examples for various situations may include:</p> <ol style="list-style-type: none"> 1. For the resident on oral medication(s) who is well controlled, monitor blood glucose levels at least twice weekly. 2. For the resident receiving oral medication(s) who is poorly controlled, monitor blood glucose levels twice to four times daily as needed. <p>Resident 1 was admitted to the facility on [DATE] with diagnoses including Hypoglycemia, Unspecified and Type 2 Diabetes Mellitus Without Complications. The Minimum Data Set assessment, dated 09/20/2024, documented the resident was cognitively intact.</p> <p>Review of physician orders, dated 09/16/2024, showed Resident 1 was prescribed two medications used to maintain blood glucose levels for Diabetes Mellitus Type 2 [DM2] non-insulin dependent residents.</p> <p>--Metformin Oral Tablet Extended Release 500 mg [milligrams], give 3 tablets by mouth one time a day for DM2 with breakfast.</p> <p>--Glipizide Oral Tablet Extended Release 10 MG, give 1 tablet by mouth one time a day for DM2 before breakfast.</p> <p>Resident 1's admission orders, dated 09/16/2024, did not include blood glucose (sugar) monitoring.</p> <p>A progress note, dated 09/22/2024 at 9:40 AM, documented a certified nursing assistant (CNA) reported to nursing staff that Resident 1 had left sided weakness. The physician was notified, and an order was given to send Resident 1 to the hospital. Resident declined.</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: 505389	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/07/2024
NAME OF PROVIDER OR SUPPLIER Avamere Rehabilitation of Cascade Park		STREET ADDRESS, CITY, STATE, ZIP CODE 801 Southeast Park Crest Avenue Vancouver, WA 98683	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A progress note, dated 09/22/2024 at 9:54 AM, documented Resident 1 was still declining to go to the hospital.</p> <p>A progress note, dated 09/22/2024 at 10:47 AM, documented Resident 1 agreed to go to the hospital and 911 was called.</p> <p>A hospital progress note, dated 09/23/2024 at 7:58 AM, showed a Hospitalist Physician's Assistant (PA) documented Resident 1 was brought to the Emergency Department (ED) on 09/22/2024 by Emergency Medical Services with severe hypoglycemia with a blood glucose of 30 and associated left arm and left leg paralysis. Low suspicion of [left upper and left lower extremities] paralysis in ED was due to stroke - more likely the symptoms were related to hypoglycemia. Symptoms resolved completely with normalization of blood sugars.</p> <p>On 10/02/2024, at 2:46 PM, Staff D, Registered Nurse [RN], said blood sugars were completed 30 minutes before meals for insulin dependent diabetics. When asked if non-insulin dependent diabetic residents receive blood glucose checks, Staff D said only if the physician orders it. Staff D said usually with oral medications the physicians rely on a Hemoglobin A1C, [a blood test that shows what average blood sugar is over past two to three months] instead of daily glucose checks. The physician may order blood glucose checks if the resident was new to Metformin or Glipizide or just taken off insulin. Staff D said so basically, if the resident had a diagnosis for uncomplicated DM2 non-insulin dependent, the physician probably would not have an order for blood glucose checks.</p> <p>At 2:56 PM, Staff E, RN, said residents who received oral medications for DM2 did not necessarily receive blood glucose checks. Staff E said it depended on the resident and the provider, and what the resident was doing prior to admission.</p> <p>At 3:47 PM, Staff F, RN, said the morning Resident 1 was sent out to the hospital she was having left sided weakness, and the staff responded as though it were a stroke as she had a history of strokes. Staff F said routine blood glucose checks were not completed for DM2 no- insulin dependent residents. More often the Hemoglobin A1C was referred to. Staff F said when Resident 1 returned from the hospital the order for Glipizide was discontinued and an order was received for blood glucose checks twice daily.</p> <p>On 10/07/2024 at 3:49 PM, when asked about the facility policy and procedure for blood glucose monitoring, Staff B, RN and Director of Nursing Services, said she and the Administrator would consult with the provider about admission orders for DM2 non- insulin dependent residents.</p> <p>On 10/08/2024 at 12:25 PM, Staff C, Physician, said she had checked Resident 1's blood glucose and Hemoglobin A1C from the hospital prior to the first admission and they were stable. Staff C said she usually relied on Hemoglobin A1C's every three to six months for stable residents. When asked if she would expect staff to check blood glucose for a resident who had a change of conditions, Staff C said yes, she would.</p> <p>Reference WAC 388-97-1060 (3)(k)(i)</p>		