

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER McKay Healthcare & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 127 Second Avenue Southwest Soap Lake, WA 98851	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45939</p> <p>Based on interview and record review, the facility failed to provide care in a dignified manner related to bathing frequency for 2 of 3 residents (Resident 1 and 2) reviewed for dignity. This deficient practice placed the residents at risk for distress, embarrassment, and an undignified existence.</p> <p>Findings included .</p> <p><Resident 1></p> <p>Review of the medical record showed Resident 1 admitted to the facility on [DATE] with diagnoses of Parkinson's Disease (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination), dysarthria (where you have difficulty speaking because the muscles you use for speech are weak), and history of small strokes. Review of the comprehensive assessment, dated 05/17/2024, showed Resident 1 had moderate cognitive impairment and required the assistance of two people for toileting and transfers, and the assistance of one person for dressing and personal hygiene.</p> <p>During an interview, on 08/19/2024 at 10:30 AM, a Resident Representative (RR) stated they had visited Resident 1 on 08/11/2024 and was unable to give Resident 1 a hug at the end of the visit due to Resident 1's pungent (a strong, sharp, and unpleasant smell) odor. RR stated Resident 1 had a strong smell of body odor and sweat, and .they (Resident 1) would be so embarrassed if they realized how they smelled.</p> <p>Review of the medical record showed Resident 1's bathing schedule was to be assisted with showers two times per week on Mondays and Thursdays.</p> <p>Review of the bathing record for dates 07/23/2024 to 08/22/2024 (the last 30 days), Resident 1 was scheduled for assistance with nine showers. The bathing record showed the following documentation:</p> <p>07/25/2024-Not Applicable</p> <p>07/29/2024-Shower</p> <p>08/07/2024-Not Applicable</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>08/08/2024-Not Available</p> <p>08/12/2024-Refused</p> <p>08/15/2024-Not Applicable</p> <p>08/19/2024-Not Applicable</p> <p>08/20/2024-Not Applicable</p> <p>08/22/2024-Shower</p> <p>Resident 1's bathing record showed they received assistance with a shower two out of nine times in a 30-day period.</p> <p><Resident 2></p> <p>Review of the medical record showed Resident 2 admitted to the facility on [DATE] with diagnoses of dementia, heart failure, and generalized weakness. Review of the comprehensive assessment, dated 07/12/2024, showed Resident 2 had moderate cognitive impairment and required the assistance of two people for transfers and toileting, and the assistance of one person for dressing and personal hygiene.</p> <p>Review of the medical record showed Resident 2's bathing schedule was to be assisted with showers two times per week on Sundays and Wednesdays.</p> <p>Review of the bathing record for dates 07/23/2024 to 08/22/2024 (the last 30 days), Resident 2 was scheduled for assistance with nine showers. The bathing record showed the following documentation:</p> <p>07/24/2024-Not Applicable</p> <p>08/04/2024-Not Applicable</p> <p>08/07/2024-Not Applicable</p> <p>08/11/2024-Not Applicable</p> <p>08/14/2024-Shower</p> <p>08/18/2024-Shower</p> <p>08/20/2024-Not Applicable</p> <p>08/21/2024-Shower</p> <p>Resident 2's bathing record showed they received assistance with a shower three out of nine times in a 30-day period.</p> <p>(continued on next page)</p>

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 08/22/2024 at 2:23 PM, Staff D, Nursing Assistant (NA), stated the daily shower schedule was posted on the whiteboard in the charting area, and there was a master schedule in the bathing book. Staff D stated there were typically two showers scheduled per hallway (total of four hallways) and when they were fully staffed with four or more NAs, there was no problem getting showers completed. Staff D stated showers that were documented as Not Applicable were showers that did not get done, likely due to being short staffed.</p> <p>During an interview, on 08/22/2024 at 2:30 PM, Staff E, NA, stated each hall assignment usually had two scheduled showers on Day Shift and Evening Shift, and if showers were not completed, the assigned NA would either document Not Applicable or leave it blank. Staff E stated they did not feel two or three showers in a 30-day period was hygienically enough for the residents.</p> <p>During an interview, on 08/22/2024 at 2:48 PM, Staff F, NA, stated the showers were completed more consistently when there was a bath aide (an NA dedicated to bathing residents for the shift), but being short staffed makes it hard to get the showers done. Staff F stated when they were unable to complete a shower, they leave the documentation blank and pass it on to the next shift.</p> <p>During an interview, on 08/22/2024 at 4:25 PM, Staff B, Director of Nursing, acknowledged the shower assistance documentation and stated they did not realize it was an issue.</p> <p>During an interview, on 08/22/2024 at 4:30 PM, Staff A stated the staff do the best they can. That's all they can do.</p> <p>Reference: WAC 388-97-0180 (1-4)</p>		

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<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** 45939</p> <p>Based on interview and record review, the facility failed to monitor the effectiveness of medications that affect blood pressure (BP [the force of blood against the walls of the arteries]) for 2 of 3 residents (Resident 1 and 3) reviewed for unnecessary medications. This deficient practice placed the resident at risk of developing abnormal vital signs (body temperature, heart rate, respiration rate, and BP), experiencing adverse side effects, and the potential of receiving medications unnecessarily.</p> <p>Findings included .</p> <p><Resident 1></p> <p>Review of the medical record showed Resident 1 admitted to the facility on [DATE] with diagnoses of Parkinson's Disease (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination), dysarthria (where you have difficulty speaking because the muscles you use for speech are weak), and high Blood Pressure (BP). Review of the comprehensive assessment, dated 05/17/2024, showed Resident 1 had moderate cognitive impairment and required the assistance of one person for eating, dressing and personal hygiene.</p> <p>Review of the August 2024 Physician's Orders (POs) showed Resident 1 was prescribed three medications (Lasix, Lisinopril, and Atenolol) for the diagnosis of hypertension (high blood pressure). Further review of the POs showed the medication Lisinopril had additional instructions-hold administration if Resident 1's Systolic Blood Pressure (SBP [top blood pressure value]) reading was less than 90.</p> <p>Review of the Medication Administration Records (MARs) for June 2024, July 2024, and August 2024 showed no documentation for routine BP monitoring with the administration of the high blood pressure medication Lisinopril.</p> <p><Resident 3></p> <p>Review of the medical record showed Resident 3 admitted to the facility on [DATE] with diagnoses of left above the knee amputation, heart disease including high BP, and severe obesity. Review of the comprehensive assessment, dated 07/26/2024, showed Resident 3 was cognitively intact, required the assistance of two people for personal cares.</p> <p>Review of the August 2024 POs showed Resident 3 was prescribed three medications (Bumex, Lisinopril, and Spironolactone) that affect and/or treat high BP. Further review of the POs showed the medication Spironolactone had additional instructions-hold administration if Resident 3's SBP reading was less than 100.</p> <p>Review of the MARs for June 2024, July 2024, and August 2024 showed no documentation for routine BP monitoring with the administration of the Spironolactone.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 08/19/2024 at 3:10 PM, Staff C, Registered Nurse (RN), stated they obtained a BP reading prior to administering a high BP medication only when the order prompted them to. Staff C stated Resident 1's and Resident 3's orders for high BP medications did not have a prompt to check their BP before administration. Staff C stated administering medications without monitoring and/or considering the parameters was not safe.</p> <p>During an interview, on 08/22/2024 at 12:15 PM, Staff B, Director of Nursing, stated they were aware some medication orders had parameters and they felt it was a system that was not working.</p> <p>Reference: WAC 388-97-1060 (3)(k)(i)</p>		