

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Staffholt Health and Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 456 C Street Blaine, WA 98230	

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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37035</p> <p>Based on interview and record review the facility failed to ensure 3 of 6 facility nursing staff responsible for providing cardiopulmonary resuscitation (CPR) were current in their CPR training. This failure had the potential risk of the facility having a lack of staff who were properly trained in CPR readily available to respond in an emergency.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Cardiopulmonary Resuscitation, revised on [DATE], did not show the process the facility used to ensure the nursing staff maintained their current Healthcare Provider CPR certifications.</p> <p>Resident 1 was admitted to the facility on [DATE] with diagnoses to include heart failure, chronic obstructive pulmonary disease, chronic respiratory failure with hypoxia (low oxygen) and dependence on supplemental oxygen.</p> <p>Review of Resident 1's Physician Orders for Life-Sustaining Treatment (POLST) form showed Resident 1 had elected full treatment to attempt resuscitation/CPR.</p> <p>Review of facility's investigation report dated [DATE], showed Resident 1 was found unresponsive. Review of Resident 1's code status showed they were a full code. CPR was initiated, 911 was called and Emergency Medical Services (EMS) services arrived. Resident 1 was deemed deceased by EMS on site after approximately 20 minutes.</p> <p>Review of Staff F, Nursing Assisted Certified (NAC), witness statements showed they walked down to Resident 1's room and found Resident 1 blue and unresponsive. Staff F noted they screamed for Staff E, NAC.</p> <p>Review of the CPR certification for the nursing staff who were present upon finding Resident 1 unresponsive showed Staff F, Staff E, and Staff D Registered Nurse (RN) were not current on their CPR certification.</p> <p>Review of the facility's employee roster in comparison to the nursing staff CPR certification status showed 18 out of 27 licensed nurses and 24 out of 28 NACs did not have records showing a current CPR certification.</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: 505395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Staffholt Health and Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 456 C Street Blaine, WA 98230	
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 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on [DATE] at 3:29 PM, Staff G, RN/Director of Nursing Services stated they had identified holes in their nursing staff's current CPR certification. Reference WAC [DATE](3)(b-c)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Staffholt Health and Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 456 C Street Blaine, WA 98230	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37035</p> <p>Based on interview, and record review, the facility failed to ensure 1 of 3 residents (Resident 2), reviewed for non-pressure related skin ulcer/wound, received treatment and care in accordance with professional standards of practice. This failed practice placed Resident 2 at risk when they developed myiasis (a parasitic infection of fly larva in human tissue) to their non-pressure wounds and placed all residents at risk of further decline in their conditions, discomfort, and a diminished quality of life/quality of care.</p> <p>Findings included .</p> <p>Review of the Center for Disease Control and Prevention (CDC) site on Myiasis dated 07/16/2024, showed untreated or open wounds were risk factors that made people more likely to get infected in areas where myiasis occurs. The flies are attracted to and lay their eggs on and in open wounds and mucous membranes.</p> <p>Resident 2 was admitted on [DATE] with diagnoses to include embolism (blood clot of an artery) and thrombosis (clotting of the blood) of arteries of the lower extremities, atherosclerosis (chronic inflammatory disease that causes buildup of fats on the artery walls) of native arteries of other extremities with ulceration (break in the skin), phlebitis (hardening of a vein) and thrombophlebitis (inflammatory process that causes a blood clot) of unspecified deep vessels of lower extremities, bilateral, post-traumatic stress disorder, and gangrene (death of body tissue).</p> <p>Review of the Skin Inspection Eval dated 06/18/2024 showed Resident 2's lower extremities were wrapped in bandages with visible black toes, necrotic (death of body tissue) toes visible. Resident 2 had soft boots for both feet.</p> <p>Review of the Discharge Return Anticipated Minimum Data Set (MDS- an assessment tool) assessment dated [DATE], showed Resident 1 had discharged to the hospital.</p> <p>Review of the Entry tracking record MDS assessment dated [DATE], showed Resident 1 had readmitted to the facility from the hospital.</p> <p>Review of the After Visit Summary dated 07/01/2024, showed the following daily wound care orders to both feet:</p> <ul style="list-style-type: none"> - Change dressings daily and assess for tissue necrosis progression, - Cleanse feet gently with bath wipes, - Cover blistered or open areas with Adaptic non adherent (unique composition helps protect regenerating tissue by minimizing wound trauma at dressing change), - Cover with abdominal pads, - Secure carefully with white netting or roll gauze, <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Staffholt Health and Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 456 C Street Blaine, WA 98230	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Apply Rooke (a healing boot to redistribute pressure) boots as Resident 2 could tolerate and, - Okay to leave partially open. <p>Review of the Skin Inspection Eval, dated 07/01/2024, showed all of Resident 2's toes were black and necrotic on both their left and right foot.</p> <p>Review of Resident 2's July 2024 Medication Administration Record (MAR) and Treatment Administration Record (TAR) showed the following orders:</p> <ul style="list-style-type: none"> - Encourage use of Rooke boots as tolerated start date of 07/01/2024, - Apply betadine daily to the eschar only, apply house skin emollient to intact skin let dry completely and leave open to air or wrap loosely with kerlix, may use abdominal pads if drainage, offload with elevating the left and right lower extremity start date of 07/12/2024, - Weekly Skin Check every Tuesday start on 06/25/2024, - Bilateral lower extremities (BLE) apply moisturizer two times daily and skin protectant or barrier product to areas exposed to moisture and/or irritants start date 07/12/2024 and - Enhanced barrier precautions for gangrene to BLE with daily dressing changes start date 07/03/2024. <p>Review of the Skin Inspection Eval, dated 07/02/2024, showed Resident 2's left foot had recently been debrided in the hospital and had new pink flesh present almost up to their toes. Resident 2 now had Rooke boots for both legs.</p> <p>Review of Resident 2's focus care plan dated 07/03/2024, showed the resident had necrosis to both lower extremities related to gangrene. The goal was for Resident 2 to have no complications related to impaired skin integrity of BLE. The interventions included daily skin inspection during care, notify licensed nurse (LN) of skin integrity impairment, encourage use of Rooke boots while at rest, to follow facility protocols for treatment of injury, keep skin clean and dry, monitor/document location, size and treatment of skin injury, report abnormalities, failure to heal, signs and symptoms of infection to the Medical Doctor, weight bearing as tolerated through heels only, LN weekly skin assessments to include review /check of footwear.</p> <p>Review of Resident 2's Admission MDS dated [DATE], showed Resident 2 had seven venous and arterial ulcers, no infection of the resident's feet was identified.</p> <p>Review of the vascular surgeon's note dated 07/16/2024, showed the surgeon was very concerned that Resident 2 may need major amputation in the future especially if an active infection sets in. Given Resident 2 was able to stand, they had no active infection and was not in a significant amount of pain.</p> <p>Review of the MAR, TAR and progress notes for July 2024, showed Resident 2 did not receive treatments to their right and left lower extremity wounds on 07/19/2024 and 07/23/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Staffholt Health and Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 456 C Street Blaine, WA 98230	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the provider note dated 07/23/2024, showed Resident 2 was seen while sitting in a wheelchair in the activity room. Resident 2 reported they were limiting weight bearing on their feet as recommended but was not completely non weight bearing on the forefeet when they were out in the community. The physical exam showed bilateral feet in kerlix, slight serosanguinous (containing or relating to both blood and serum, the liquid part of blood) drainage noted on the right lower extremity dressing. Resident 2 toes were visible with ongoing slight improvement in dry gangrene. The assessment plan noted to continue to educate the resident on risks of poor compliance. The provider note did not indicate that the provider had removed or changed Resident 2's dressings.</p> <p>Review of the health status note dated 07/25/2024, showed at 1:30 PM, the Resident Care Manager (RCM) was notified Resident 2 had maggots on their right foot and increased redness that extended up their leg.</p> <p>Review of the Discharge MDS assessment dated [DATE], showed Resident 2 did not have any rejections of care.</p> <p>Review of the emergency department's (ED) provider note dated 07/25/2024, showed Resident 2 presented to the ED where the nurses noticed the resident's wounds had greatly deteriorated. Resident 2 presented with necrotic toes with seeping wounds and had developed maggots in their wounds. Resident 2 was at the skilled nursing facility when they noticed their wounds getting worse and noticed maggots on their wounds. Resident 2 was not 100% (percent) sure they wanted to go forward with the amputation of their feet. Resident 2 was informed that not having the amputation would likely lead to sepsis and likely death. Resident 2 was tearful stating they did not want to go back to the previous skilled care nursing facility.</p> <p>Review of the hospital vascular surgery consult note dated 07/25/2024, showed Resident 2 had reported they were not getting their routine wound care at the skilled nursing facility.</p> <p>Review of the hospital's operative note dated 07/29/2024, showed Resident 2's preoperative diagnosis was critical limb ischemia with maggots and infected gangrene of the bilateral lower extremities. Procedure performed was bilateral below the knee amputations.</p> <p>In an interview on 07/29/2024 at 12:45 PM, Staff J, NAC stated Resident 2 was pleasant, rather independent and only needed help with bathing. Staff J stated Resident 2 preferred to have plastic bags over their feet with the dressings intact to bathe. Staff J stated Resident 2 was very particular about their wound dressings.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Staffholt Health and Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 456 C Street Blaine, WA 98230	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In a phone interview on 07/29/2024 at 2:33 PM, Resident 2 stated the facility staff had put off the timing of their dressing changes to their feet, it got to the point their dressing changes got later in the day and into the evening hours. Resident 2 stated their foot dressings were to have gauze in between their toes but their dressing was not done consistent each time. Resident 2 stated they were supposed to have a betadine soak, but the nursing staff would just do a betadine swab. Resident 2 stated they were supposed to have their dressing wrapped a certain way and that varied so often. Resident 2 stated there were times their dressings would fall off their feet because they were placed on too loosely and the nursing staff would just slide the dressings back on and would not do anything else until the next dressing change. Resident 2 stated they self-propelled in their wheelchair with footrests in place. Resident 2 stated if they went out of the facility, they would wear silver boots over their dressings. Resident 2 stated they had noted flies in their room two to three days prior to being discharged back to the hospital with the maggots.</p> <p>In an interview on 07/29/2024 at 2:58 PM, Staff A, Licensed Practical Nurse/Resident Care Manager (RCM), stated Resident 2 would get their wound treatment on the evening shift. Staff A stated Resident 2 would leave the facility and go out in the community daily with only the Rooke boots. Staff A stated Resident 2 was noncompliant, they would be up ambulating and they would have to encourage Resident 2 to stay in the facility. Staff A stated Resident 2 had been educated on the risk of infection and only had their lower extremities covered when showered. Staff A stated they did not have a behavior monitor in place to monitor Resident 2's noncompliance or risky behaviors. Staff A was asked if the education they provided to Resident 2 was documented and if so a copy of the documentation was requested.</p> <p>Review of Resident 2's medical record showed no documentation the resident had a history of noncompliance or risky behaviors and there was no documentation the facility had provided Resident 2 with education on noncompliance, or risky behaviors related to wounds.</p> <p>In an interview on 07/29/2024 at 3:13 PM, Staff E stated Resident 2 had not needed much from the NAC's, they were independent aside from the nursing time with wound care and pain management. Staff E stated Resident 2's lower extremities were always wrapped on day and evening shift. Staff E stated Resident 2 would wear their blue boots, like the ones residents' wear at night and walk around the facility. Staff E stated they were not 100% sure if they were supposed to walk in their blue boots. Staff E stated Resident 2 would refuse showers and stuff. Staff E stated Resident 2 had a bad habit of taking off their boots while they were in the garden. Staff E stated Resident 2 would leave the facility and return and be awake all night and the next day. Staff E stated Resident 2 would wipe their feet with a washcloth. Staff E stated Resident 2 fidgeted a lot and would take off their boots and fidget with their dressings. Staff E stated they told the nurses, and they would address the resident. Staff E stated Resident 2 was one of those residents that did not follow the rules.</p> <p>In an interview on 08/02/2024 at 2:07 PM, Staff K, NAC, stated they had worked with Resident 2 a couple of times and did not see the resident with their lower extremities' dressings off.</p> <p>In an interview on 08/02/2024 at 2:11 PM, Staff L, NAC, stated Resident 2 was fairly independent but they would ask the nurse for medications and when their dressing needed to be changed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Staffholt Health and Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 456 C Street Blaine, WA 98230	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 08/13/2024 at 2:59 PM, Staff M, RN, stated if a resident refused a dressing they would reapproach, report to their manager, the oncoming nurse and chart the refusal. Staff M stated if a wound dressing was dirty, they would figure out if the dressing needed to be changed, they would document the dressing and would change the dressing as well as inform their manager.</p> <p>In an interview on 08/13/2024 at 3:27 PM, Staff G, RN/Director of Nursing Services, stated their expectations of the nursing staff were to reapproach the resident if they refused care. Staff G stated they would expect the nursing staff to determine the root cause why the resident was refusing care and document their findings.</p> <p>Refer to WAC 388-97-1060(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Staffholt Health and Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 456 C Street Blaine, WA 98230	

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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37035</p> <p>Based on interview, and record review, the facility failed to ensure dental services was coordinated for 1 of 3 sampled residents (Resident 1) reviewed for dental services. Failure to follow up on dental referrals and ensure the coordination of dental services for residents who were edentulous (having no teeth) placed the residents at increased risk for difficulty chewing, associated health complications, and diminished quality of life.</p> <p>Findings included .</p> <p>Resident 1 was admitted to the facility on [DATE] with diagnoses to include mild cognitive impairment, cognitive communication deficit, depression, and need for assistance with personal care.</p> <p>Review of Resident 1's Clinical Census showed Resident 1 had Medicaid actively effective as of 02/02/2024.</p> <p>Review of Resident 1's Dental Care Area Assessment (CAA- an investigation of a triggered assessment area) dated 01/16/2024, showed Resident 1 was edentulous and interventions included to minimize the risks related to being edentulous.</p> <p>Review of a progress note dated 03/14/2024, showed Resident 1 had expressed they would like to have a new set of dentures since they had lost their dentures years ago. A denturist referral order was obtained, and social services was to follow up.</p> <p>Review of Resident 1's care planned focus problem for self-care performance deficit of activity of daily living had an intervention dated 03/14/2024, that showed Resident 1 would like to proceed with trying to get a new pair of dentures,</p> <p>Review of Resident 1's Visual/Bedside Kardex Report (a guide for the direct care staff) printed on 07/29/2024, showed Resident 1 did not have any teeth and would like to proceed with trying to get a new pair of dentures.</p> <p>Review of Resident 1's medical record from 01/10/2024 through 07/28/2024 showed no documentation the facility had followed up on the denturist referral for Resident 1.</p> <p>In a phone interview on 08/02/2024 at 1:19 PM, Collateral Contact (CC) 1, stated Resident 1 did not have teeth, and the facility knew the resident had a hard time eating with no teeth. CC 1 stated the facility's Social Services staff they had talked to about Resident 1 needing dentures, no longer worked at the facility.</p> <p>In an interview on 08/02/2024 at 5:10 PM, Staff A, Licensed Practical Nurse (LPN)/ Resident Care Manager (RCM), stated social services had followed up when Resident 1 had wanted to proceed getting a new pair of dentures. Staff A stated they had either verbally told or emailed the social service staff member at that time, when Resident 1 wanted to follow up on getting dentures. Staff A stated the social service staff had left the facility shortly afterward.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Staffholt Health and Rehabilitation of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 456 C Street Blaine, WA 98230	

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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 08/06/2024 at 4:35 PM, Staff B, Social Services, stated they had no knowledge of a referral for Resident 1 to see a denturist. Staff B stated the prior Social Service staff member had already left when they were hired. Staff B stated the facility's process when a resident indicated they wanted to follow up on a dental or denture referral was to determine which dental provider took the resident's insurance then inform the staff member who scheduled appointments and made the transportation arrangements. Staff B stated they thought the nursing staff would update the resident's care plan and would make sure an appointment was scheduled.</p> <p>In an interview on 08/06/2024 at 4:41 PM, Staff C, Administrator, stated they received a verbal report on what the prior Social Service staff was working on when they left the facility and reassigned those items to the nurse manager, and their sister facility's Social Service staff. Staff C stated the facility's process when a resident received a referral to obtain dentures was to find a denturist who accepted the resident's insurance, make an appointment and arrange transportation. Staff C stated they would have expected the nurse managers to follow up on Resident 1's request to obtain dentures.</p> <p>In an interview on 08/13/2024 at 3:36 PM, Staff D, Director of Nursing Services (DNS), stated their expectations when a resident received a dental or denturist referral was for staff to follow through of the referral.</p> <p>This is a repeat citation from 02/09/2024.</p> <p>Refer to WAC 388-97-1060(1)(3)(j)(vii)</p>