

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 09/04/2025
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure 1 of 1 resident (Resident 1) received medically related social services assistance to understand their financial matters. This failed practice placed Resident 1 and other residents at risk of financial exploitation. Findings included .Resident 1 was admitted to the facility on [DATE] with diagnoses to include bipolar disorder (a serious mental illness characterized by extreme mood swings) and cataracts with visual loss to both eyes. The Quarterly Minimum Data Set assessment dated [DATE] showed the resident was cognitively intact and had severely impaired vision, with no vision or sees only light, colors or shapes.Review of an online report sent to the Washington State Hotline dated 08/11/2025, documented a concern Resident 1 had not made a payment to the facility in over a year. The report noted Resident 1 had an individual, Collateral Contact (CC) 1, who assisted them with their finances. When the facility reached out to CC 1, they asked that they were not contacted about Resident 1's finances anymore. The report noted Resident 1 would become frustrated and emotional when their finances were brought up and would state the facility's payment was on its way.Review of Resident 1's administrative and clinical documentation from 04/29/2024 through 09/02/2025, found no documentation which showed the facility had assisted the resident to understand their facility charges or their financial matters.In an interview on 09/02/2025 at 3:07 PM, Staff A, Business Office Manager, stated they had asked CC 1 to provide Resident 1's last bank statements [SW1]. Staff A stated that CC 1 said they would fax Resident 1's bank statement but so far had not. Staff A stated Resident 1 wanted a full itemized bill for the past year. Staff A stated they told the resident it would be of interest for the resident to go to the bank with CC 1 and pay the resident's facility account balance. Staff A stated now the resident wanted an itemized statement sent to CC 1 along with a letter to CC 1 indicating the resident would need CC 1's assistance to go to the bank for the balance due on the resident's facility account. Staff A stated they had not worked with Social Services on Resident 1's financial matters. Staff A stated when CC 1 would not provide Resident 1's bank statements they were concerned there was no money in the resident's account.In an interview on 09/02/2025 at 4:17 PM, Staff B, Social Service Manager, stated they had not done much with Resident 1's financial matters. Staff B stated they had not assisted the resident with financial or legal matters as Resident 1 had not asked for assistance. Staff B stated they were aware of the resident's [JB2] [SW3] financial issues, but they were not in a place to understand the issues. Staff B stated they had not been involved in this situation as the BOM and Administrator were working on this. In an interview on 09/02/2025 at 4:31 PM, Resident 1 stated the problem was, I needed an itemized bill. The resident stated they knew their daily room rate was higher when they did not have a roommate, otherwise they did not recall the facility explaining an itemized room rate. Resident 1 stated they needed a copy of an itemized bill sent to CC 1, who helped them with their finances. Resident 1 stated they used to handle their finances in the past but did not handle them as well as they should have. Resident 1 stated they had hired someone to do their accounting but preferred not to reveal their name.In a follow-up interview on 09/04/2025 at 4:05 PM, Resident 1 stated they did not have an identification card. Resident 1 stated they called the Social Service's staff yesterday and they transferred them to the BOM. The resident stated the BOM tried to explain things to them, but the BOM was shouting, and they had to ask them to calm down. Resident 1 stated a facility staff member who no longer worked at the facility had told them they had Medicare A and B, and everything was okay. The resident stated, I do not recall who it exactly was, it was a long time ago, when they had first moved into the facility and they no longer worked at the facility. Resident 1 stated they had directed CC 1 to maintain \$2000.00 in their bank account. The resident stated they had also directed CC 1 to pay for a field work loan they had, as well as to use some of their money for health issues for their pets and for food when CC 1 was not well. In discussion with Resident 1 of how the facility billed each resident a daily room rate which included the resident's meals, and services along with how long-term care Medicaid set an individual dollar amount which each individual with Medicaid paid the facility that was based on their income, referred to as a participation fee. Resident 1 stated, No one had explained the billing to them like that before. In an interview on 09/04/2025 at 5:00 PM, Staff C, Chief Nursing Officer, stated they had combed Resident 1's entire chart and did not find anything documented the facility had assisted the resident with understanding their financial matters. Reference WAC 388-97-0960 (1)</p>		