STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505395	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stafholt Health and Rehabilitation of Cascadia	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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide 1 of 3 residents (Resident 1) timely services and treatment for symptoms of a urinary tract infection (UTI) which met the criteria of current standards of practice and the facility's policy. This failed practice caused Resident 1 to experience a delay in treatment of a UTI and placed the resident at risk for diminished quality of life.Findings included. Review of the facility's policy titled, Prevention and Treatment of Urinary Tract Infection (UTI), revised on 01/25/2026, included the following:- The physician would be notified and orders obtained for appropriate laboratory work,- Loeb Criteria (a standardized set of clinical signs and symptoms used in long-term care and nursing homes to guide the safe initiation of antibiotics) was used as the minimum criteria for initiating antibiotics for an indication of urinary tract infection for residents with no indwelling urinary catheters:One of the Following: Acute dysuria (pain or discomfort when urinating) OR Fever (Temp >37.9C/100 F or ˆ1.5C/2.4 F above baseline) PLUS One or more of the following: Urinary urgency, Suprapubic pain, Urinary incontinence, Urinary frequency, Gross hematuria (blood in the urine), or Costovertebral angle tenderness (pain between the 12th rib and the spine),- Notify the resident (if appropriate) and family/responsible party and update the care plan. Resident 1 was admitted to the facility on [DATE] with diagnosis to include unspecified urinary incontinence. Review the Resident 1's Minimum Data Set (MDS- an assessment tool) assessment, reference date 02/03/2026, showed the resident had a UTI in the last 30 days, was frequently incontinent of urine and was dependent with toilet hygiene. Review of Resident 1's focused care plan problem of baseline mixed incontinence of urine dated 02/12/2026, showed the following interventions:- Monitor/record/report to provider signs and symptoms of a UTI: pain, burning, urine, cloudiness,- Routine Toileting: Toilet with AM & PM cares, before meals and as needed,- Personal Peri care after each incontinent episode and- Utilize incontinent products, check and change when soiled. Review of Resident's March 2026 Nursing Assistant documentation showed Resident 1 was incontinent of bladder on 50 occurrences from 03/01/2026 through 03/25/2026. Review of Resident 1's Health Status Note dated 03/24/2026 at 9:56 PM, showed Resident 1 complained of burning and frequent urge with urination. The resident was encouraged to increase water and cranberry intake as tolerated. Resident 1 was placed on alert to monitor for any additional signs and symptoms of a UTI. Review of Resident 1's Health Status Note dated 03/25/2026 at 6:36 AM, showed Resident 1 complained of frequent urge and burning sensation with urination. Review of the State Agency complaint dated 04/02/2026, Resident 1's Collateral Contact (CC) 1, reported Resident 1's absorbent briefs were not changed very often, and Resident 1 was discharged home from the facility with a UTI. In an interview on 04/29/2026 at 2:05 PM, Staff A, Registered Nurse (RN), stated if a resident had one symptom of a UTI they would monitor the resident, place them on alert charting and encourage hydration. Staff 1 stated if the resident had two symptoms of a UTI, they would need to do something, place the resident on alert, let the provider know and manage any pain. Staff 1 confirmed the staff's actions would be documented in the resident's progress notes. Staff 1 stated the facility's Infection Preventionist would be notified as well at the resident's Resident Care Manager (RCM). In an (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

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In an interview on 04/29/2026 at 2:35 PM, Staff D, RN/Infection Preventionist, stated as the facility's IP, they check to see if the LOABs criteria were met for symptoms of UTIs. Staff D stated they check to see if evidence base use of antibiotics are followed. Staff D stated they try to match up the LOABs criteria, try to start early once a culture is obtained to make sure treatment was correct. Staff D stated they might have a resident with reoccurring UTIs which they discuss in QAPI, review causative factors and possible non-antibiotic options, like the use of estrogen cream. Staff D stated once a prescription treatment was ordered they would follow McGeer's criteria, they would complete a 48 hour follow up to check to see if symptoms are any better. Staff D stated on the facility's line listing HUTI is coded for facility acquired and UTI code is used when a resident had a UTI on admit. Staff D stated they review the 24-hour nursing report to see if anyone was on alert, review resident labs and review resident infection evaluations. Staff D stated in the facility's electronic medical record there was an antimicrobial follow up and an infection evaluation. In an interview on 04/29/2026 at 3:17 PM, Staff E, LPN, stated they would assess a resident with one symptom of a UTI and place the resident on alert, once the resident had two symptoms of a UTI they would call the provider, place the resident on alert, assess and monitor the resident's vital signs. Staffe E confirmed all the nursing interventions would be documented in the resident's progress notes. In an interview on 04/29/2026 at 3:23 PM, Staff F, LPN, RCM, stated if a resident had one symptom of a UTI, they would be placed on alert, and the provider would be notified to cover our bases. Staff F stated if a resident had two symptoms of a UTI, they would be placed on alert, and the provider would be notified. Staff F stated if the resident had three UTI symptoms they would ask the provider for a urine culture. Staff F confirmed they would document all interventions in the resident's progress notes. Staff F stated the nursing assistants should do peri care every two hours and as needed maybe before or after meals, upon wakening and going to bed. Staff F stated the facility had started using a new software program to communicate with the providers. Staff F stated there was no note to Resident 1's provider about their UTI symptoms. In an interview on 04/29/2026 at 4:15 PM Staff G, Nursing Assistant Certified (NAC), stated they remembered Resident 1 was continent and they always assisted them to the bathroom. Staff G stated Resident1 always used an incontinent pull-up brief in the daytime and would wear a regular incontinent brief at night. In an interview on 04/29/2026 at 4:25 PM, Staff H, NAC, stated they would look at the Kardex to know if the resident was on a toileting plan and so far, the facility had enough available briefs. Staff H stated that they always wash the resident's personal area from front to back with wipes, but not with a wash basin. Staff H stated they make sure to always change an incontinent brief even if it was just a little bit wet as it smells and it could cause the resident to get a UTI. In an interview on 04/29/2026 at 4:54 PM, Staff I, NAC, stated when they take a resident to the bathroom after wiping the resident with a wipe while they sit on the toilet, they then have the resident stand and assist the resident to wipe the resident front to back. Staff I stated they changed residents incontinent brief on dayshift in the morning, would ask in the afternoon if they needed a brief change or if the resident was alert and oriented, they would tell us if they wanted to be changed. In a phone interview on 04/30/2026 at 11:16, CC 2 stated Resident 1 got UTIs a couple of times before their stay at the facility, but Resident 1 got a UTI at the end of their stay at the facility and it lasted longer, it was a bacterial infection. In a phone interview on 04/30/2026 at 11:51 AM, CC 3, community home care agency staff member, stated the agency was not notified by the facility of the resident's (continued on next page)

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