

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2024
NAME OF PROVIDER OR SUPPLIER Arcadia Medical Resort of Parkside		STREET ADDRESS, CITY, STATE, ZIP CODE 308 West Emma Union Gap, WA 98903	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45939</p> <p>Based on observation, interview, and record review, the facility failed to prevent an avoidable accident by ensuring the care plan regarding transfers was followed for 1 of 2 residents (Resident 1) reviewed for accidents. The failure to safely transfer Resident 1 using two-person assist resulted in actual harm when Resident 1 sustained a skin tear to their lower left extremity [leg (LLE)] requiring evaluation and intervention by the local emergency room (ER), and later required antibiotic (medications that treat infections caused by bacteria) therapy when the skin tear became infected.</p> <p>Findings included .</p> <p>Review of the facility policy Safe Resident Handling/Transfers, last revised in March 2023, showed staff members were expected to maintain compliance with safe handling/transfer practices and all transfers were to be performed according to the residents' individual care plan.</p> <p><Resident 1></p> <p>Review of the medical record showed Resident 1 was admitted to the facility on [DATE] with diagnoses of chronic kidney disease (a long-term condition where the kidneys' ability to filter toxins from the blood is impaired), malnutrition (poor nutrition), and chronic pain. Review of the comprehensive assessment dated [DATE] showed Resident 1 was cognitively intact and required the assistance of two people for transfers.</p> <p>Review of the facility's incident reporting log showed Resident 1 experienced an injury during handling on 08/27/2024 at 4:00 PM.</p> <p>Review of the facility's investigation showed on 08/27/2024 at 4:00 PM, Resident 1 sustained a large skin tear, measuring eight centimeters [(cm) a unit of measure] by seven cm, to their LLE while being transferred from the wheelchair to the bed by Staff E, Nursing Aide (NA). The investigation showed subcutaneous (tissue under the layers of skin) tissue was visible and Resident 1 was transported to a local ER for evaluation and wound care intervention.</p> <p>Review of the care plan, dated 08/03/2024, showed Resident 1 was to be transferred using a front wheeled walker (FWW) assistive device and the assistance of two people. Additionally, the care plan showed two staff members were to provide all cares due to a history of false accusatory behavior.</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: 505401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2024
NAME OF PROVIDER OR SUPPLIER Arcadia Medical Resort of Parkside		STREET ADDRESS, CITY, STATE, ZIP CODE 308 West Emma Union Gap, WA 98903	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 09/03/2024 at 3:30 PM, Staff B, Resident Care Manager (RCM) stated the care plan for Resident 1 was to utilize the assistance of two people for all cares, including transfers, due to Resident 1's history of making false accusations toward staff at previous facilities.</p> <p>During a concurrent observation and interview, on 09/09/2024 at 10:50 AM, Resident 1 stated the skin tear to their LLE occurred when they bumped their leg on the wheelchair during a transfer. Resident 1 stated they felt the NA who transferred them panicked midway through the transfer, and the quick movement did not allow Resident 1 to move their legs appropriately around the wheelchair footrest. Resident 1 stated they felt safest when two people assisted them to transfer. An observation of Resident 1's LLE showed a 14 cm gauze (loosely woven fabric used to bandage wounds) dressing intact with dark purple bruising to the surrounding skin. Resident 1 stated they were worried about skin tear because it was infected, and they were currently taking antibiotics.</p> <p>During an interview, on 09/09/2024 at 11:00 AM, Staff D, Registered Nurse (RN)-Wound Care Nurse, stated Resident 1 began showing signs of infection on 09/04/2024 with a fever, an increase in drainage from the skin tear, and the skin tear edges peeling back causing the wound to open. Staff D stated the facility's medical provider evaluated the wound and ordered antibiotic treatment for 10 days.</p> <p>During an interview, on 09/09/2024 at 2:30 PM, Staff E stated they used verbal report from other staff members to determine the amount of assistance the residents required. Staff E stated they were aware the care plan was available electronically, but they did not always have time to look at it. Staff E stated they knew Resident 1 required the assistance of two people for transfers but had been unsuccessful in finding staff to assist. Staff E stated Resident 1's skin tear was caused by the incorrect transfer, and they should have waited for a second staff member to assist.</p> <p>During an interview on 09/09/2024 at 2:45 PM, Staff F, Certified Occupational Therapy Assistant (COTA), stated prior to the incident, Resident 1 had been participating well in therapy, and was working with therapy staff on transfers and strengthening. Staff F stated although Resident 1 was doing well, there were no recommendations to nursing for care plan revisions. Resident 1 was still a two person transfer at the time of the incident and has had a huge decline in therapy participation since the incident.</p> <p>During an interview, on 09/09/2024 at 2:50 PM, Staff C, RN-Charge Nurse, stated the NAs were expected to refer to the electronic care plan for directions on how to provide care to the residents. Staff C stated Resident 1's care plan showed they needed two people to assist with all cares, including transfers. Staff C stated Resident 1's injury during handling and subsequent wound infection had caused Resident 1 to experience a decline in condition.</p> <p>During an interview, on 09/09/2024 at 3:15 PM, Staff A, Administrator, stated the NAs were expected to follow each residents' individual care plan which was available for reference with their electronic documentation. Staff A stated Resident 1's care plan was not followed regarding this incident.</p> <p>Reference: WAC 388-97-1060 (3)(g)</p>		