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| 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 11/18/2025 |
| 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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a comprehensive person-centered care plan was followed related to transfer guidelines for 1 of 3 residents (Resident 1) reviewed for implementation of the care plan. This failure placed the resident at risk for injury and unmet care needs. Findings included. Resident 1 Review of the resident's medical record showed they were admitted with diagnoses that included multiple sclerosis (a chronic condition that damages the nervous system causing muscle weakness), epilepsy (a brain disorder which results in seizures) and osteoporosis (a disease that weakens bones). Review of the comprehensive assessment dated [DATE] showed the resident was cognitively intact and required total staff assistance to perform activities of daily living (basic tasks such as eating, grooming, mobility, transfers and personal hygiene) related to their chronic weakness. Review of Resident 1's care plan dated 09/25/2025 showed they were unable to bear weight or stand and had multiple leg contractures (a permanent tightening of muscle and tendons). The care plan directed staff to use a mechanical lift (a device which uses a sling to lift a resident for transfer purposes who no longer stands) with two staff assistance to transfer Resident 1 between surfaces such as their bed and wheelchair. During an interview on 11/14/2025 at 11:00 AM, Resident 1 stated about a week ago reported that two staff members had not used the mechanical lift to transfer them into their wheelchair and lifted me from the bed into my chair. Resident 1 stated they knew staff were supposed to use the mechanical lift to transfer them and was not sure why they didn't. In an interview on 11/14/2025 at 11:50 AM, Staff B, Resident Care Manager (RCM), stated they were aware of the incident that had occurred with Resident 1 in which staff performed an inappropriate manual lift transfer and did not use the mechanical lift. They should not have done that. I changed the transfer on the resident's care plan last July to a two-person mechanical lift because they are so fragile. Staff B further stated an incident investigation had been completed related to staff not following Resident 1's care plan. Review of an incident investigation dated 11/04/2025 at 2:00 PM showed on 11/03/2025 during the day shift Staff C nursing assistant (NA) and Staff D, NA, stated during the morning on day shift they had lifted Resident 1 from their bed to the wheelchair manually and did not use the mechanical lift. During an interview on 11/18/2025 at 10:10 AM, Staff A, Director of Nursing, stated they had completed an investigation into the incident on 11/03/2025 and had established that Staff C and Staff D had not followed Resident 1' care plan directives for transfer guidelines. Staff A stated the resident was very fragile and had a history of pathological fractures (a bone fracture caused by weakness of the bone structure) and required a mechanical lift to protect them from injury. Reference WAC 388-97-(1)(2)(a)(b)</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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