STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505406	A. Building B. Wing	06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Christian Health Care Center	855 Aaron Drive Lynden, WA 98264

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the Level 1 PASRR (Pre-admission Screening and Resident Review; an assessment used to identify residents with a Serious Mental Illness [SMI] or intellectual disabilities were not inappropriately placed in a nursing facility for long term care) was accurate for 1 of 5 residents (Resident 62). The facility failed to identify a SMI or that there was a suspicion of SMI upon admission for a resident with depression. This failure placed residents at risk for psychological decline and unmet psychosocial needs.Findings included.Review of a facility policy titled, PASRR, revised date 05/2026, documented social service staff review the PASRR screen as part of their intake process. Should they identify or credibly suspect SMI, they will complete a new Level I.Resident 62 was admitted to the facility on [DATE].Review of Resident 62's hospital PASRR Level I assessment, dated 02/05/2025, documented no history of SMI.Review of the hospital Discharge summary, dated [DATE], showed Resident 62 was on mirtazapine (an antidepressant medication).Review of Resident 62's medication history showed an order for mirtazapine to be given daily for depression, ordered on 02/06/2025.Review of Resident 62's informed consent for psychotropic (medications that affect mood and behavior) medications form, dated 02/06/2025, documented the resident took mirtazapine for depression.During an interview on 06/10/2026 at 10:15 AM, Staff D, Social Services, reported the admission coordinator reviewed the PASRR for accuracy before admission. Staff D reviewed Resident 62's PASRR level 1 form and reported that the resident did not have a diagnosis for depression at the hospital, and they could not answer if the admission coordinator had reviewed medications to ensure the PASRR was accurate. Staff D reported the admission coordinator was unavailable this week.During an interview on 06/11/2026 at 9:06 AM, Staff B, Director of Nursing Services, stated if Resident 62 had received mirtazapine for depression, then a new PASRR Level 1 should have been completed.Refer to WAC 388-97-1975 (1)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review, the facility failed to manage and reconcile controlled medications in 1 of 3 medication storage rooms (Baker Hall/Medicare unit) reviewed. This failure allowed for the potential risk of diversion of resident's medications. Findings included . Review of facility policy titled Medication Storage in the Facility, dated 05/09/2018, documented under Controlled Substance Storage: B. Schedule II - V medications and other medications subject to abuse or diversion arestored in a permanently affixed, double locked compartment separate from all other medications per state regulation. C. Controlled substances that require refrigeration are stored within a locked box within the refrigerator. This box must be attached to the inside of the refrigerator. E. At each shift change, a physical inventory of all controlled substances, including refrigerated items, is conducted by two licensed nurses and is documented. During an observation and interview on 06/10/2026 at 1:10 PM, Staff E, Nurse Manager/Registered Nurse (RN) opened the door for the surveyor to inspect the medication room on [NAME] Hall/Medicare Unit. Upon entering the room, a medication refrigerator was observed underneath the counter and was locked. Staff E had a key on their ring and was able to unlock the refrigerator. After the fridge was unlocked the door was opened and a small plastic locked container was observed on the shelf inside. The plastic box was easily removed from the fridge and placed on the countertop. Staff E unlocked the plastic container so the contents could be inspected. This surveyor removed a small plastic bag containing 4 vials of Lorazepam (anti-anxiety schedule IV-controlled medication). Staff E stated that the pharmacy was the only one that monitors, counts and refills this emergency box. Staff E stated that nursing staff at the facility do not count or monitor these medications when locked in the fridge and each nurse working has a key to access the med rooms and locked box in the fridge. During an observation/interview on 06/10/2026 at 1:20 PM Staff F, RN, opened the door of the medication room at the Cascade nurses' station (300 hall), for an inspection. Staff F unlocked the medication fridge and inside was a plastic locked box that was locked. Staff F unlocked the small plastic box that contained four resident specific insulin pens. Staff F was asked if there were any controlled medications that were locked in this fridge and what was the process for monitoring and accounting for those drugs, they stated two nurses would come in there at change of shift when counting narcotics and count whatever was in there that was controlled and that would be documented in the narcotic ledger. In an interview on 06/11/2026 at 10:41 AM, Staff B, Director of Nursing stated that the pharmacy was the only one that would complete audits of the locked emergency plastic boxes containing controlled medications in the fridges at the nurses. Staff B stated that in 30 years of nursing, nurses have never counted or audited controlled medications in the emergency kits, unless they are resident specific. Reference WAC 388-97-1300(2)