| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 505407 | A. Building<br>B. Wing | 05/30/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Mountain View Rehabilitation and Care Center | 5925 47th Avenue NE<br>Marysville, WA 98270 |

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 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42927<br><br>Based on interview and record review the facility failed to notify the responsible party when a medication order had been changed for 1 of 1 (Resident #1) residents reviewed for a change of condition. The failure to not inform the resident representative of a high-risk medication change placed them at risk not to be informed of the risks and benefits and violated a resident right to be involved in health care decision making.<br><br>Findings included .<br><br>Review of a facility policy titled, Notification-Physician or Responsible Party, revised date May 2016, showed that the responsible party was to be notified if there was a change in resident's treatment and the notification was to be made within 24 hours.<br><br>Definitions:<br><br>- Antipsychotic medication- a class of psychiatric medications used to treat psychosis and affect a person's mood, thinking and behavior. Side effects can cause drowsiness.<br><br>- Psychosis- a state where a person loses touch with reality, often experiencing hallucinations (seeing or hearing things that aren't there) and/or delusions (holding false beliefs that are not shared by others)<br><br>Resident 1 was admitted to the facility on [DATE]. Review of the Minimum Data Set Assessment (assessment of conditions and care needs), dated 02/28/2025, showed resident had moderately impaired cognitive ability.<br><br>Review of Resident 1's physician order history for antipsychotic medication use, documented Resident 1 was admitted on risperidone (an antipsychotic medication) 0.5miligram(mg) twice daily. On 03/12/2025, the dose of risperidone was increased to 0.5mg once a day and 1mg at bedtime. On 03/19/2025, the dose of risperidone was increased to 1mg twice a day.<br><br>Review of the clinical record showed no documentation that the responsible party had been notified of the medication changes on 03/12/2025 or 03/19/2025.<br><br>(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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 505407 | A. Building<br>B. Wing | 05/30/2025 |

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| Mountain View Rehabilitation and Care Center | 5925 47th Avenue NE<br>Marysville, WA 98270 |

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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 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 05/30/2025 at 3:34 PM, Staff B, Resident Care Manager/Registered Nurse, reported that the responsible party for Resident 1 was very concerned with the use of medications that could cause drowsiness. Staff B reported they had processed the risperidone dose order change on 03/12/2025. Staff B reported they did not notify the responsible party when they processed the order. Staff B reported they did not see documentation in the clinical record that the responsible party had been notified.<br><br>During an interview on 05/30/2025 at 3:41 PM, Staff A, Director of Nursing Services, reported the provider had reviewed Resident 1's medications due to agitation and had increased the dosage of the risperidone. Staff A reported they had processed the risperidone dose order change on 03/19/2025. Staff A stated they did not see documentation that the responsible party had been notified of the medication dose increase.<br><br>Reference WAC 388-97-0320 (1)(c) |