STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505434	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynnwood Post Acute Rehabilitation Center	5821 188th Street Southwest Lynnwood, WA 98037

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35787 Based on interview and record review, the facility failed to ensure 1 of 1 resident (Resident 1) was free from a significant medication error. The failure to provide a medication (Apixaban - used to prevent blood clots) placed Resident 1 at risk for complications with heart disease, a decline in medical condition, and a diminished quality of life. Findings included . A review of the admission Minimum Data Set (MDS-an assessment tool) dated 07/15/2024, showed Resident 1 was admitted to the facility from a local hospital on 07/09/2024 with a diagnosis list that included Atrial Fibrillation (or A-fib, a form of an abnormal heartbeat). The MDS also showed the resident had impaired thinking. In an interview on 08/05/2024 at 9:37 AM, Resident 1's Collateral Contact stated that Resident 1 did not receive their heart medication [Apixaban] for a few weeks after admitting to the facility and that they had a heart condition that required the medication to be given twice a day to prevent problems with their heart. A review of the hospital discharge medication list dated 07/09/2024 showed Apixaban take 5 milligrams (mg - a unit of measurement) by mouth two times daily for A-fib. A review of the July 2024 Medication Administration Record (MAR) showed an order for Apixaban 5 mg give 1 tablet by mouth two times a day for A-fib dated 07/19/2024. Further review of the MAR showed Resident 1 was administered the first dose of Apixaban on 07/19/2024, 10 days after they were admitted to the facility. On 08/16/2024 at 11:59 AM, Staff C, Registered Nurse (RN), stated that residents who were discharged from the hospital and admitted to the facility with medication orders should be transcribed to the MAR and administered to the residents as ordered. On 08/16/2024 at 12:11 PM, Staff D, RN, stated that on admission, the hospital discharge medication list should be transcribed to the MAR and administered as ordered. (continued on next page)

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 08/16/2024 at 1:31 PM, Staff B, Director of Nursing Services, stated that the Apixaban was not transcribed from the hospital discharge medication list when Resident 1 was admitted to the facility on [DATE]. Staff B further stated that the Apixaban should have been transcribed when the resident was admitted to the facility, but the medication was not transcribed and administered until 07/19/2024 because it was missed. On 08/16/2024 at 1:53 PM Staff A, Administrator, stated Resident 1 should have received the medication as ordered when they admitted to the facility. Reference: (WAC) 388-97-1060(3)(k)(iii)