STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505514	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Richland Rehabilitation Center	1745 Pike Avenue Richland, WA 99354

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 00242 Based on interviews and record review the facility failed to timely and thoroughly evaluate and monitor a change of condition for 1 of 3 residents (Resident 1) reviewed for changes in condition. Failure to assess and monitor Resident 1 in a timely manner following a significant change of condition placed the resident at risk for a delay in medical treatment. Findings included . <Resident 1> Review of the medical record showed Resident 1 was admitted to the facility on [DATE] with diagnoses which included diabetes, respiratory disease, kidney disease and heart disease. Review of Resident 1's comprehensive assessment, dated 03/12/2024, showed the resident had no cognitive impairments. Review of Resident 1's plan of care, dated 03/05/2024, showed they required maximum assistance with one staff for dressing, bathing, personal hygiene; minimal to moderate assistance with one staff for transfers and walking; stand by assistance by staff for toileting; and was independent with eating. Review of a PN, dated 04/19/2024 at 1:00 PM, by Staff A, Registered Nurse, stated Resident 1 was more tired today and had a change in mentation (mental activity). Resident 1 had word salad (a jumble of extremely confused/unclear speech) this morning and was a bit more confused from their baseline. The assessment showed slight left sided mouth drooping (unknown if that was Resident 1's baseline), equal hand grips and strength. The Nurse Practitioner (NP) was consulted (unknown time) and orders were received for a urine test to be done. The ordered urine test was negative for infection. The NP advised to send Resident 1 to the emergency room due to a change in mental status. Review of Progress Notes, dated 04/19/2024 at 1:36 PM, showed Resident 1 was drowsy that morning but easily arousable. Resident 1 had some confusion. Review of an assessment of Resident 1 by the NP on 04/19/2024 (unknown time), showed the resident was seen urgently due to a change in their mentation and was confused/disoriented since the start of that day. Resident 1 was alert with drowsiness, tremors on both sides, disoriented with impaired memory, vital signs were stable and the urine test performed was negative for infection. The NP recommended to send Resident 1 to the emergency room (ER) for evaluation. (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
	505514	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Richland Rehabilitation Center	1745 Pike Avenue Richland, WA 99354

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of hospital records, dated 04/19/2024, showed Resident 1 was transferred to the ER for left-sided weakness, facial droop, headache, altered mental status and tremors. A magnetic resonance imaging (MRI, a noninvasive medical imaging test that produced detailed images of almost every internal structure in the human body, including the organs, bones, muscles and blood vessels) and computed tomography (CT, imaging test to help detect internal injuries and disease) scan were performed and were negative for stroke. The ER assessment showed Resident 1 had respiratory failure, tremors of both arms and transient ischemic attack (TIA, a short period of symptoms similar to those of a stroke). On 05/02/2024 at 9:45 AM, Staff B, Nursing Assistant (NA), stated they were Resident 1's primary caregiver on the dayshift of 04/19/2024. Staff B stated at 6:30 AM on 04/19/2024 that when they questioned Resident 1 regarding their breakfast order they made no sense with their verbal responses. Staff B had to feed Resident 1 breakfast that morning, which they usually fed themselves. At 10:00 AM the resident's confusion and the droop to the left side of their mouth got worse. Staff B and Staff C, NA, then attempted to transfer Resident 1 from the bed to their wheelchair. Resident 1 was unable to hold their body up to get out of bed. The sit to stand lift system (designed for residents with some mobility and strength and need some assistance with standing, sitting and toileting) was then attempted, however the resident was again unable to sit up to hold on to the lift. Staff B stated Resident 1 was worse that morning then the day before when Staff B provided care. Normally Resident 1 used a walker and required one staff to assist with transfers. For lunch Staff B had to break up a hamburger in pieces to feed to Resident 1. Staff B stated they had to place a piece of hamburger in the resident's hand five times to get the resident to eat. It took 45 minutes for Resident 1 to eat. The resident's tremors to their arms were bad that day. Staff A had seen Resident 1 at 7:00 AM. At 9:00 AM, Staff A performed a stroke test (testing hand grips and strength, facial symmetry to determine if features were even on both sides, speech and any leaning to the side) on the resident and stated there were no issues. In speaking with Staff D, Director of Nursing, regarding changes in Resident 1's condition, they wanted the NP to be notified. The NP evaluated Resident 1 at 11:00 AM and voiced no concerns. Staff B stated that due to the significant changes in Resident 1's condition the day was getting more frustrating as it went on, as nothing seemed to be done for the resident. Staff B stated they reported the significant changes in Resident 1's condition to Staff A, D and E, Licensed Practical Nurse/Resident Care Manager. On 05/02/2024 at 9:35 AM, Staff A, stated they only worked at the facility two to three times per month and had not cared for Resident 1 before. Staff A stated on 04/19/2024 at approximately 7:30 AM to 7:45 AM they observed drooping at the left side of the resident's mouth and their verbal responses were word salad. When the NP evaluated Resident 1 later that morning, they stated there was left sided droopiness and an altered mental status. A urine test was performed between 12:00 PM to 12:30 PM and was negative for infection. On 05/02/2024 at 10:55 AM, Staff E, stated during their initial rounds of their residents the morning of 04/19/2024 they observed Resident 1 seemed a little confused. Staff E stated they spoke with Staff A regarding their observation of Resident 1. Staff E then went to a meeting which lasted 1.5 hours. At approximately 11:30 AM on 4/19/2024 Staff E stated the NAs were getting concerned regarding Resident 1's increased confusion. Staff A then notified the NP who ordered a urine test which was negative. The NP stated because of Resident 1's increased confusion they wanted them sent to the ER for an evaluation. Staff E stated it seemed like it was an obvious TIA. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505514	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Richland Rehabilitation Center	1745 Pike Avenue Richland, WA 99354

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/02/2024 at 10:45 AM, Staff C, stated the morning of 04/19/2024 they had assisted Staff B with Resident 1. Resident 1 was more confused and had drooping of the left side of their mouth, more than usual. The resident's speech was hard to understand and their left side was slightly weaker. The resident was unable to hold onto the sit to stand lift system and their legs would not hold the resident up. Staff C stated they reported their findings to Staff A. On 05/02/2024 at 11:15 AM, Emergency Medical Technician (EMT) A, stated upon their assessment on 04/19/2024 Resident 1 could talk but had slurred speech, they were leaning to the left side and had a facial droop on the left side. They stated it looked like a stroke. When the Licensed Nurse (LN) was asked what was going on with Resident 1 they stated the resident was not feeling well. The EMT A stated it seemed like Staff B had more knowledge of Resident 1 than the LN. Staff B stated the changes in the resident's condition had been going on since 7:30 AM that morning and they had been fighting with nursing staff to send Resident 1 to the ER. On 05/02/2024 at 11:50 AM, EMT B, stated that following their assessment of Resident 1 on 04/19/2024 they called the ER and stated they needed to initiate the stroke protocol upon Resident 1's arrival. The EMT stated Resident 1 was positive on the stroke test due to tremors, fairly significant droop to the left side of their mouth, slurred speech, resident slumped to the left side and confusion. The EMT stated Staff B had made the statement they had been battling with the facility all day to call 911. Transportation from the facility to the ER was emergent, and Resident 1 was immediately taken into the CT lab for testing. Further review of PNs, dated 04/22/2024 at 11:31 AM, showed Resident 1 was readmitted to the facility following a three day stay at the hospital. Reference (WAC) 388-97-1060(1)