

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Richland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation interview and record review the facility failed to maintain a dignified dining experience for 2 of 7 residents (Residents 25 and 215) reviewed for dignity during dining. The facility did not provide timely meals to Residents 25 and 215 who waited for their meals after the other residents had been served. This failure placed residents at risk for decreased dignity and overall, wellbeing.</p> <p>Findings included .</p> <p>&lt;Resident 25&gt;</p> <p>Review of the resident's medical record showed they were admitted to the facility on [DATE] with diagnoses including osteoporosis (a disease that weakens bones and worsens over time), muscle weakness and history of a recent fall with left knee and hip pain. Review of the residents care plan dated 06/10/2025 showed the resident was cognitively intact, ambulated with a walker and required minimal assistance from staff for basic self care tasks.</p> <p>&lt;Dinner Meal&gt;</p> <p>During an observation on 06/21/2025 at 5:11 PM dinner trays arrived in the main dining room and facility staff passed them out to the residents seated at their tables.</p> <p>During an observation on 06/21/2025 at 5:29 PM, Resident 25 sat at a table across from another resident who had been served their dinner tray and was eating. Continued observation showed Resident 25 had not received their dinner tray. The other residents in the dining room had also been served their dinner trays. Resident 25 stated, I am pretty hungry, apparently my food went out on the hall cart and didn't make it to the dining room. Resident 25 further stated This is not unusual for this place.</p> <p>During an observation on 06/21/2025 at 5:47 PM, showed Resident 25's dinner tray was brought into the dining room and placed in front of them. Numerous other residents had completed their meal and had left or were leaving the dining room when Resident 25 received their dinner tray. The resident had waited 36 minutes for their dinner tray to arrive after the other residents had been served and begun eating their dinner.</p> <p>(continued on next page)</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.

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: 505514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Richland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/21/2025 at 5:55 PM Staff H, Nursing Assistant (NA), stated Sometimes residents change their minds where they want to eat and their meal tray goes to a hall cart instead of the dining room.</p> <p>&lt;Resident 215&gt;</p> <p>Review of the residents medical record showed they had recently admitted to the facility on [DATE] with a history of a stroke (occurs when a blood vessel or vessels are blocked in the brain) and acute hemolytic anemia (a blood disorder that occurs when red blood cells are destroyed faster than the body replaces them). Review of Resident 215's care plan showed they required staff assistance for activities of daily living (ADLs) except for eating which was independent after set-up.</p> <p>&lt;Breakfast Meal&gt;</p> <p>An observation on 06/22/2025 at 7:51 AM, showed residents in the main dining room had received their breakfast trays. At 7:59 AM additional trays arrived on a cart and staff passed out breakfast trays to the residents seated at the tables.</p> <p>During an observation on 06/22/2025 at 8:17 AM, Resident 215 sat across from another resident who had been served breakfast, Resident 215 did not have a breakfast tray and was watching the other resident eat. Resident 215 stated to staff Can I get some cereal or something to eat? At 8:24 AM staff brought Resident 215 their breakfast tray (33 minutes after serving out had begun). Additionally, the residents seated at Resident 215's table had completed their breakfast and left Resident 215 eating alone.</p> <p>&lt;Lunch Meal&gt;</p> <p>During an observation on 06/23/2025 at 12:04 PM, the lunch trays arrived in the dining room and staff passed them out to the residents seated at the tables.</p> <p>During an observation on 06/23/2025 at 12:12 PM, Resident 25 sat at a table in the dining room. The other residents in the dining room were served their lunch except for Resident 25. The resident stated to staff Can I get some coffee or something? Staff I, Activities Director, left and returned to the dining room at 12:18 PM with Resident 25's lunch tray and stated they had found the resident's tray on a hall cart. Resident 25 did not receive their lunch tray until after all the other residents had been served and were eating.</p> <p>During an interview on 06/24/2025 at 10:57 AM, Staff B, Director of Nursing Services, stated they would expect the residents in the dining room to be served meal trays all together so that other residents without food did not have to wait while the other residents enjoyed their meals.</p> <p>Reference: WAC 388-97-0180(1-4)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Richland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to review and validate the Preadmission Screening and Resident Reviews ([PASRR], an assessment to ensure individuals with serious mental illness [SMI] or intellectual/developmental disabilities [ID/DD] are not inappropriately placed in nursing homes for long term care) accuracy and have the required Level 2 referral sent if residents had a positive Level 1 PASRR as required for 3 of 6 residents (Resident 27, 19 and 47) reviewed for PASRR. This failure placed the residents at risk for inappropriate long term care placement and not receiving necessary mental health care and services.</p> <p>Findings included .</p> <p>&lt;Resident 27&gt;</p> <p>Review of the medical record showed Resident 27 was admitted on [DATE] with diagnoses including dementia (a progressive disease that destroys memory and other important mental functions), major depressive disorder (MDD, a mood disorder of persistent feelings of sadness, loss of interest, changes in sleep affecting how a person feels, thinks and behaves) and anxiety. Review of the 05/22/2025 comprehensive assessment showed Resident 27 required substantial/maximal assistance of one to two staff for activities of daily living (ADLs) and had severely impaired cognition.</p> <p>Review of Resident 27's Level I PASRR, dated 05/17/2025, showed no documentation of Resident 27's diagnoses of MDD or anxiety. Further review showed a [NAME] II referral had not been completed.</p> <p>During an interview on 06/23/2025 at 1:22 PM, Staff N, Admissions Director, stated when residents were going to be admitted to the facility, they reviewed PASRR's for accuracy. Staff N stated when the PASRR's were not accurate they reached out to the hospital to ensure they were corrected before the resident was admitted to the facility. Staff N stated they did not catch Resident 27's PASSR prior to their arrival at the facility.</p> <p>&lt;Resident 19&gt;</p> <p>Review of the resident's medical record showed they were admitted to the facility on [DATE] with diagnoses including depression and cellulitis of the lower legs (an infection of the skin and tissues beneath causing redness swelling and pain). The most recent comprehensive assessment dated [DATE] showed the resident was cognitively intact. The assessment further showed the resident exhibited moderate depression symptoms as indicated by their Patient Health Questionnaire-9 (PHQ-9 a nine item diagnostic tool used to screen for depression).</p> <p>Review of Resident 19's Level 1 PASRR assessment dated [DATE] identified that the resident had a diagnosis of a mood disorder (depression) which would require a referral for a Level 2 PASRR assessment be requested for any follow up with mental health services as needed. The resident's record showed no Level 2 PASRR had been requested or received by the facility.</p> <p>During an interview on 06/24/2024 at 12:16 PM, Staff J, Social Services Director, reviewed Resident 19's record and stated they were unable to find a referral for a Level 2 PASRR as required, It should have been requested by the hospital before the resident was admitted here.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Richland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>&lt;Resident 47&gt;</p> <p>Review of the resident medical record showed the resident was admitted to the facility on [DATE] with diagnoses including a stomach wound, depression, anxiety and Post-Traumatic Stress Disorder (PTSD, a mental health condition that's caused by an extremely stressful or terrifying event). The 05/20/2025 comprehensive assessment showed the resident was cognitively intact and able to make their needs known.</p> <p>Review of Resident 47's PASRR, dated 05/13/2025, showed no documentation of the residents PTSD diagnosis.</p> <p>During an interview on 06/24/2025 at 10:04 AM, Staff J stated they, and another staff member reviewed resident PASRR's after admission to the facility for accuracy. Staff J stated that Resident 47's PASRR was not accurate and it should have had the diagnosis of PTSD.</p> <p>Reference: WAC 388-97-1975(1)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Richland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to develop a baseline care plan (BCP) within 48 hours of admission to the facility for 7 of 17 residents (Resident 19, 310, 47, 165, 213, 27, and 221) reviewed for BCP. The facility failed to document resident specific goals, physician orders, dietary orders, therapy services, and social service needs to include Preadmission Screening and Resident Review (PASRR a federally mandated process that ensures residents admitted to a nursing home were properly assessed for their mental health needs and appropriate placement). Additionally, a written summary of the BCP had not been provided to the residents and or their representatives, that included the components of the BCP. This failed practice placed residents at risk for unmet care needs and potential complications in their health status.</p> <p>Findings included .</p> <p>Review of a policy titled Care Plans-Baseline, revised 03/2022, showed the BCP needed to provided effective, person-centered resident care that met professional standards of quality care and included the minimum healthcare information to provide care. The minimum healthcare information included, initial goals based on admission orders, physician orders, dietary orders, therapy services, social services and Pre-admission Screening and Resident Review (PASRR- a federally required form that is used to help ensure individuals were not inappropriately placed in nursing homes for long term care).The policy further showed the resident and/or representative were provided a written summary of the BCP and a summary of their medications and a provision of the summary was documented in their medical record.</p> <p>&lt;Resident 19&gt;</p> <p>Review of the resident's medical record showed the resident was admitted to the facility on [DATE] with diagnoses including cellulitis (a bacterial skin infection that causes redness, swelling and pain) in their lower legs, diabetes (a chronic disease which results in too much sugar in the blood) and depression. Review of the comprehensive assessment dated [DATE] showed the resident was cognitively intact and required substantial assistance for daily care activities involving their lower extremities.</p> <p>Review of the care plan dated 05/08/2025 showed no required components for a BCP had been developed or documented on the resident's care plan within 48 hours of admission to the facility.</p> <p>During an interview on 06/22/2025 at 10:22 AM, Resident 19 stated they had not received a care plan in writing or had their medications reviewed with them when after admitting to the facility and that might have come in handy because I had questions about my medications when I first got here.</p> <p>&lt;Resident 310&gt;</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Richland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's medical record showed they were admitted to the facility on [DATE] with diagnoses including cellulitis of the face and chest wall and bipolar disorder (a disorder associated with mood swings from depression to manic episodes). Review of the comprehensive assessment dated [DATE] showed the resident was cognitively intact and required moderate assistance for dressing, grooming and personal hygiene.</p> <p>Review of the care plan dated 06/12/2025 showed no required components for a BCP had been developed within 48 hours of admission to the facility.</p> <p>&lt;Resident 47&gt;</p> <p>Review of the resident medical record showed the resident was admitted to the facility on [DATE] with diagnoses including a stomach wound, asthma (a disease where irritants that are breathed into the lungs can cause the body's airway to constrict and restrict airflow into the lungs), Post-Traumatic Stress Disorder (PTSD, a mental health condition that's caused by an extremely stressful or terrifying event) and heart complications. The 05/20/2025 comprehensive assessment showed the resident was cognitively intact, able to make their needs known and had an indwelling urinary catheter (IUC, a tube placed in the bladder which drains urine out into a collection bag).</p> <p>Record review of Resident 47's BCP, dated 05/19/2025, showed no resident specific goals or interventions for physician orders, dietary orders, social services or care and treatment of their IUC or PTSD.</p> <p>&lt;Resident 165&gt;</p> <p>Review of the resident medical record showed the resident was admitted to the facility on [DATE] with diagnoses including left leg fracture/hip surgery, long term respiratory failure, cerebral palsy (a disorder developed in early childhood that affects the bodies movement, muscle coordination, that can lead to stiff/weak muscles and involuntary/uncontrollable movements of body parts), asthma and obstructive sleep apnea (a condition where the walls of the throat relax and narrow during sleep, interrupting normal breathing). The 06/07/2025 comprehensive assessment showed the resident had moderately impaired cognition but was able to understand others and make their needs known. Resident 165 required substantial to maximal assistance from nursing staff for their personal hygiene, mouth hygiene and upper body dressing. Additionally, Resident 165 required special treatment/procedures for their tracheostomy tube (a mechanical device inserted into a surgically created opening made in the neck, known as a tracheostomy, which assists with breathing).</p> <p>Record review of Resident 165's BCP, dated 06/06/2025, showed no resident specific goals or interventions for physician orders, dietary orders, social services or care and treatment of their tracheostomy tube.</p> <p>&lt;Resident 213&gt;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Richland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the medical record showed Resident 213 was admitted on [DATE] with diagnoses including cellulitis, pressure ulcers (damage to an area of the skin caused by constant pressure on an area that causes tissue damage), end-stage renal disease (a condition in which the kidneys lose the ability to remove waste and balance fluids in the body) and dependence on renal (kidney) dialysis (a procedure to remove waste products and excess fluid from the blood). Review of a nursing skilled note dated 06/21/2025 showed Resident 213 required maximum assistance of one to two staff for activities of daily living (ADLs) and was able to make their needs known.</p> <p>Review of Resident 213's BCP dated 06/22/2025 showed no resident specific goals or interventions for physician orders, dietary orders, social services or care and treatment of their medical conditions.</p> <p>&lt;Resident 27&gt;</p> <p>Review of the medical record showed Resident 27 was admitted on [DATE] with diagnoses including metabolic encephalopathy (a condition caused by a chemical imbalance in the blood that affects thinking, memory, mood and alertness), aftercare for joint replacement surgery, and dementia (a progressive disease that destroys memory and other important mental functions). Review of the 05/22/2025 comprehensive assessment showed Resident 27 required substantial/maximal assistance of one to two staff for ADLs and had severely impaired cognition.</p> <p>Review of Resident 27's BCP dated 05/17/2025 showed no resident specific goals or interventions for physician orders, dietary orders, social services or care and treatment of their medical conditions.</p> <p>&lt;Resident 221&gt;</p> <p>Review of the medical record showed Resident 221 was admitted on [DATE] with diagnoses including aftercare of healing of broken hip socket, stroke (a medical emergency that occurs when blood flow the brain is disrupted and deprives the brain of oxygen, leading to brain damage, disability or death) with left sided weakness, and respiratory failure. Review of the 06/06/2025 admission assessment showed Resident 221 required substantial/dependent of one to two staff ADLs and had moderately impaired cognition.</p> <p>Review of Resident 221's BCP dated 06/02/2025 showed no resident specific goals or interventions for physician orders, dietary orders, social services or care and treatment of their medical conditions.</p> <p>During an interview on 06/23/2025 at 11:26 AM, Staff K, Resident Care Manager (RCM), stated they completed an assessment of the resident when they were admitted , to develop a care plan that met the basic needs of the resident. Staff K stated the first care plan developed does not include initial goals, physician orders, therapy goals or social services information and further stated I put what they need to have for their basic care needs.</p> <p>During an interview on 06/23/2025 at 11:56 AM, Staff L, RCM stated they included on the initial care plan basic activities of daily care needs which did not include the other required components of a BCP. Staff L stated they would only include medications if the resident asked, I was not aware of this requirement for a BCP to be developed within 48 hours.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Richland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/24/2025 at 10:47 AM, Staff M, Assistant Regional Director for Clinical Services, stated they had reviewed Resident's 19, 310, 47, 165, 213, 27, and 221 records and acknowledged that no BCP's had been developed for residents within 48 hours of admission to the facility.</p> <p>Reference: WAC 388-97-1020(3)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Richland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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 observation, interview and record review the facility failed to develop and/or implement comprehensive resident centered care plans for 3 of 6 residents (Residents 21, 27 and 47) reviewed for care planning. This failure placed residents at risk for unmet care needs.</p> <p>Findings included .</p> <p>Review of a policy titled, Care Plans, Comprehensive Person-Centered, revised 03/2022 showed the facility would develop and implement a comprehensive, person-centered care plan that had measurable objectives to meet the resident's physical, psychosocial and functional needs created from the resident's comprehensive assessment.</p> <p>&lt;Resident 21&gt;</p> <p>Review of Resident 21's medical record showed they were re-admitted on [DATE] with diagnoses including dementia with behavioral disturbance (a progressive disease that destroys memory and other important mental functions, with agitation, physical aggression, wandering, and hoarding), diabetes (a disease that results in too much sugar in the blood), depression and anxiety. The 03/20/2025 comprehensive assessment showed Resident 21 required substantial/dependent assistance of one to two staff members for activities of daily living (ADLs) and had moderate impaired cognition.</p> <p>Review of Resident 21's social history assessment dated [DATE], showed they chewed tobacco.</p> <p>Review of Resident 21's care plan showed no resident focus areas, goals or interventions for tobacco use.</p> <p>During an observation and interview on 06/21/2025 at 3:32 PM, Resident 21 was lying in their bed with their bedside table next to them. The bedside table contained two opened cans of chewing tobacco. Resident 21 stated they had been chewing tobacco for years and they swallowed the tobacco.</p> <p>During an interview on 06/24/2025 at 11:46 AM, Staff A, Administrator, stated residents who used tobacco would need to be reviewed and the facility would need to determine how to meet their needs. Staff A stated their tobacco usage would need to be identified on their care plans. Staff A stated they were unaware if this had been completed for Resident 21.</p> <p>&lt;Resident 27&gt;</p> <p>Review of the medical record showed Resident 27 was admitted on [DATE] with diagnoses including metabolic encephalopathy (a condition caused by a chemical imbalance in the blood that affects thinking, memory, mood and alertness), aftercare for joint replacement surgery, and dementia (a progressive disease that destroys memory and other important mental functions). Review of the 05/22/2025 comprehensive assessment showed Resident 27 required substantial/maximal assistance of one to two staff for ADLs and had severely impaired cognition.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Richland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 27's care plan showed no identified areas related to their diagnoses, medications, nutrition, pain, fall risk, or mood and behavior.</p> <p>&lt;Resident 47&gt;</p> <p>Review of the resident medical record showed the resident was admitted to the facility on [DATE] with diagnoses including a stomach wound, asthma (a disease where irritants that are breathed into the lungs can cause the body's airway to constrict and restrict airflow into the lungs), Post-Traumatic Stress Disorder (PTSD, a mental health condition that can be caused by experiencing or witnessing life-threatening, extremely stressful or terrifying events) and heart complications. The 05/20/2025 comprehensive assessment showed the resident was cognitively intact, able to make their needs known.</p> <p>Review of Resident 47's social history assessment dated [DATE] showed the resident had been evaluated for significant life events (a tool used to provide insight into a resident's prior trauma history) and five of the 17 questions were marked positive for having occurred with the resident.</p> <p>Record review of Resident 47's care plan, updated 06/12/2025 showed no care plan development had been completed regarding the resident's diagnosis of PTSD or the evaluation regarding the resident traumatic history.</p> <p>During an interview on 06/24/2025 at 12:35 PM, Staff B, Director of Nursing, stated they expected resident care plans to be comprehensive and person-centered. Staff B stated their comprehensive assessment should initiate the care area assessments (CAA-triggered responses related to the resident's problems, needs or strengths) to include nutrition, skin, falls, toileting, pain and diagnoses. The care plan needed to be individualized and encompass the resident's moods, behaviors, medications and any other identified concerns.</p> <p>Reference: WAC 388-97-1020(1)(2)(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Richland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide the necessary respiratory care and services consistent with professional standards of practice for 1 of 1 resident (Resident 165), reviewed for respiratory care with tracheostomy tubes (a mechanical device inserted into a surgically created opening made in the neck, known as a tracheostomy, which assists with breathing), by failing to ensure; A) residents had the required emergent tracheostomy tube equipment immediately accessible, at the resident's bedside, B) nursing staff comprehensively assessed and documented a residents tracheostomy tube care, C) nursing staff had the required training/competencies (a series of knowledge, abilities, skills, experiences and behaviors, which leads to effective performance of staff regarding resident cares) to perform tracheostomy care and emergency interventions and, D) policies and procedures for residents requiring specific types of respiratory care/services regarding emergency care along with staffing implementation of emergency intervention and provision (the action of providing or supplying something) of appropriate equipment at the residents bedside. This failure placed the resident at an increased risk for negative outcomes in case of accidental extubation (the unintentional removal of the tracheostomy tube) and unmet care needs.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Tracheostomy Care, dated April 2022, and Changing a Disposable Inner Cannula (a tube situated inside the tracheostomy tube that can be discharged after its use) reviewed March 2019, showed that facility staff were to perform tracheostomy care per the physician's order, change a tracheostomy's disposable inner cannula at least once per day and that facility staff should refer to the Lippincott Manual (a reference for fundamental nursing tasks according to established standards of practice). Additionally, the policies showed no information on staff training/competencies (a series of knowledge, abilities, skills, experiences and behaviors, which leads to effective performance of staff regarding resident cares) of emergency intervention for respiratory (matters related to the lungs) complications or the appropriate equipment needed at the resident's bedside for immediate access in case of unplanned extubation.</p> <p>Review of Lippincott Nursing Procedures 8th edition, dated 2019, showed during tracheostomy care when changing the tracheostomy ties (straps that hold the tracheostomy tube in place), .research overwhelmingly recommends a two-person technique for changing a tracheostomy tube securing device to prevent tube dislodgment .</p> <p>Review of Lippincott Manual of Nursing Practice 11th edition, dated 2019, showed that residents with tracheostomies needed emergency equipment available at all times, at the residents bedside and included an extra tracheostomy tubes (inner and outer tracheostomy tubes), bag/mask resuscitation device (also called an Ambu bag, is a device for rapidly providing rescue breathing during emergency situations), obturator (a device that guides the outer tracheostomy tube through the surgically created opening in the neck and needed for emergent unplanned extubations).</p> <p>Review of the facility's policy titled, Training Requirements, dated July 2019 showed that new and existing facility staff would receive job specific training. The training would be specific to the facility's resident population and federal and state mandated training requirements. Additionally, the facility would utilize the facility assessment to ensure training addressed the facility resident population.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Richland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Facility Assessment for 07/19/2023 to 07/18/2024, showed the facility identified tracheostomies in their resident population and that nursing staff would have the required training/competencies to care for the residents.</p> <p>&lt;Resident 165&gt;</p> <p>Review of the resident medical record showed they were admitted on [DATE] with diagnoses including left leg fracture/hip surgery, long term respiratory failure, cerebral palsy (a disorder developed in early childhood that affects the bodies movement, muscle coordination, that can lead to stiff/weak muscles and involuntary/uncontrollable movements of body parts), asthma (a disease where irritants that are breathed into the lungs can cause the body's airway to constrict and restrict airflow into the lungs) and obstructive sleep apnea (a condition where the walls of the throat relax and narrow during sleep, interrupting normal breathing). The 06/07/2025 comprehensive assessment showed the resident had moderately impaired cognition but was able to understand others and make their needs known. Resident 165 needed substantial to maximal assistance from nursing staff for their personal hygiene, mouth hygiene and upper body dressing. Additionally, Resident 165 required special treatment/procedures for their tracheostomy.</p> <p>Review of Resident 165's admission assessment dated [DATE] showed the resident had a tracheostomy and Resident self manages Trach care- nursing to supervise. The record showed no further assessment/evaluation of the resident's level of ability regarding tracheostomy care, how the resident/staff were to participate/assist in the tracheostomy treatment.</p> <p>Review of Resident 165's care plan, dated 06/06/2025 and updated 06/17/2025 showed no resident specific goals, interventions/tasks for Resident 165's tracheostomy.</p> <p>During a concurrent observation and interview on 06/21/2025 at 7:09 PM showed Resident 165 in their bed, tracheostomy in place with brown, thick discharge around the bottom edge of the resident's tracheostomy tube holder. The resident had a Passy Muir (a one valve that allows a resident to speak) and was able to converse. The resident made contradicting (information that was the opposite of the previous information already obtained) statements and was confused on how tracheostomy care was performed/completed at their home versus the last two weeks in the facility and if tracheostomy care was being completed by the nursing staff or not.</p> <p>During a concurrent observation and follow-up interview on 06/23/2025 at 8:07 AM, the resident stated their home care giver (referring to a private care giver that visits the resident while at home to provide care) completed all their tracheostomy care and changed out whole tracheostomy (inner/outer tubes and tube holder) one time every week. Resident 165 stated the inner tracheostomy tube was supposed to be changed every day but had not been changed out in the past two days. The resident then stated that it might have been the facility's nursing staff that was changing out their tracheostomy tubes. Resident 165 informed the surveyor that they were no longer completing their own tracheostomy care due to the increased risk of infections, which was why they had a home care giver that changed it. Additionally, observations showed that tracheostomy supplies in/on the resident nightstand did not have the emergency obturator or Ambu bag with tracheostomy attachment equipment at the resident's bedside.</p> <p>Review of Resident 165 treatment administration record for June 2025, showed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Richland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>&bull;</p> <p>Orders for staff to change the resident's inner cannula every day and as needed. The documentation showed from 06/07/2025 to 06/23/2025 every day, except 06/23/2025, Staff O, Registered Nurse (RN), Staff P, RN and Staff Q, Licensed Practical Nurse (LPN), documented that Resident 165's tracheostomy care was completed.</p> <p>&bull;</p> <p>Orders for staff to change the resident's tracheostomy ties/tube holder every day and .nursing to supervise resident with task. From 06/09/2025 to 06/23/2025 showed that every day, except 06/23/2025, Staff O, Staff P, RN and Staff Q documented that Resident 165's tracheostomy care was completed per their supervision.</p> <p>&bull;</p> <p>Orders for staff to change the resident's outer/inner tracheostomy tubes every week and nursing was to supervise the resident with the task. Documentation showed that Staff P, per their supervision, completed the care on 06/09/2025 and 06/16/2025.</p> <p>Review of Staff P's progress notes on Resident 165 daily assessments for 06/07/2025, 06/09/2025, 06/10/2025, 06/15/2025 and 06/16/2025, showed the resident was alert/oriented and managed their own tracheostomy care under nurse supervision and emergency tracheostomy suctioning was at the resident's bedside. The documentation showed no further assessment/evaluation of the resident's level of ability regarding their tracheostomy care, how the resident/Staff P might have participated, or what type of supervision was needed regarding the resident's tracheostomy care.</p> <p>Review of Staff O's progress notes on Resident 165 daily assessments for 06/07/2025, 06/08/2025, 06/11/2025, 06/12/2025, 06/13/2025, 06/14/2025, 06/17/2025, 06/18/2025, 06/19/2025 and 06/20/2025, showed that tracheostomy care was completed and no further evaluation of the resident's level of ability regarding their tracheostomy care, how the resident/Staff O might have participated in the residents tracheostomy care, or what type of supervision was needed regarding the resident's tracheostomy care.</p> <p>Review of Staff Q's progress notes on Resident 165 daily assessments for 06/21/2025 and 06/22/2025 showed the resident was alert/oriented, with no assessment of the resident's level of ability regarding their tracheostomy care, how the resident/Staff Q might have participated in Resident 165's tracheostomy care, or what type of supervision was needed regarding the resident's tracheostomy care.</p> <p>During an interview on 06/23/2025 at 12:36 PM, Staff K, Resident Care Manager, stated that when a resident was admitted to the facility with a tracheostomy, they put orders for tracheostomy care, which included changing out the inner tracheostomy tube, the tube holder and tracheostomy ties every day. Staff K stated that an obturator and Ambu bag were to be placed at the resident's bedside. Staff K stated that when a resident performed their own tracheostomy care, an evaluation of the resident's ability to perform the task would be completed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Richland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview over the phone on 06/23/2025 at 2:15 PM, Staff Q stated they were not the routine nurse that cared for Resident 165 .I may have done something (regarding Resident 165's tracheostomy care) but I do not recall .</p> <p>During an interview over the phone on 06/24/2025 at 2:18 PM, when asked about completing Resident 165 tracheostomy inner/outer tube changes and tracheostomy ties/tube holder changes, Staff P stated they had offered to do Resident 165's tracheostomy care but the resident had refused, and Staff P had not competed tracheostomy care. Staff P stated they had not observed Resident 165 change out the tracheostomy tube, tube holder, and ties but had verified that the resident could communicate how to perform their own tracheostomy care.</p> <p>During an interview on 06/24/2025 at 2:38 PM, Staff A, Administrator, was informed that Staff O still needed to be interviewed for the ongoing investigation and discussed the need to complete interviews with Staff Q and Staff P. Staff A stated that Staff O, Q and P had not completed training or competencies regarding resident tracheostomy care (staff were unavailable for contact).</p> <p>During an interview on 06/24/2025 at 2:49 PM, Staff K stated that an assessment should have been completed regarding Resident 165's level of ability to perform their tracheostomy care, how the resident participated/completed their tracheostomy care and what supervision would be required by staff. Staff K stated they had not completed an assessment regarding the resident's ability to perform their tracheostomy care. Staff K stated the orders to have the inner/outer tracheostomy tube changed were not correct because that would mean staff would be changing out the whole tracheostomy tube, which was not what the staff should be completing. Staff K stated the correct process with Resident 165's tracheostomy care was not being followed, and nursing staff should not be charting that it was completed.</p> <p>During an interview on 06/24/2025 at 3:03 PM, Staff D, Infection Control Nurse and Staff R, Central Supply, Staff D stated that during Resident 165's admission, an assessment of the resident's ability to perform their tracheostomy care and what supervision would be required by the nursing staff should have been completed. Staff D and Staff R stated that emergency equipment, an Ambu bag, had not been in the resident's room. Staff D stated they did not know when the obturator was placed in the resident's room, but it had been in plain view on 06/24/2025, inside the resident's nightstand and would have been seen by the surveyor if it was there on 06/23/2025, but Staff D confirmed that it was currently at the resident's bedside.</p> <p>During an interview on 06/25/2025 at 7:43 AM, Staff B, Director of Nursing Services, stated they were unable to find an evaluation of Resident 165's ability to perform their own tracheostomy care in the resident's record and so Staff B completed one. Staff B stated that Resident 165 could not perform their own tracheostomy care and needed assistance from nursing staff. Staff B stated Resident 165 knew the process for their tracheostomy changes but required staff to complete the task.</p> <p>During an interview on 06/25/2025 at 8:59 AM, Staff B and Staff D stated they expected that nursing staff would have the required training/competencies completed and that emergent tracheostomy tube equipment would have been readily available at the resident's bedside, but the correct process was not followed. When inquired about nursing staff documenting supervision/completion on Resident 165's treatment administration for the tracheostomy inner/outer tube change out and the tracheostomy ties/tube holder change out, even though Resident 165 was unable to perform their own tracheostomy care, Staff B and Staff D were unable to comment nor present any documentation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Richland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/25/2025 at 11:41 AM, Staff M, Assistant Regional Director for Clinical Services, stated that it was expected that nursing staff would conduct an evaluation regarding Resident 165's ability to perform their own tracheostomy care. Staff M stated the expectation would be for nursing staff to have received the training/competencies if a newly admitted resident had a tracheostomy.</p> <p>Reference: WAC 388-97-1060(3)(j)(iv)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Richland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>Based on observation and interview, the facility failed to ensure expired medications were properly disposed of for 1 of 1 medication rooms (Medication Room) reviewed for medication storage. This failure placed the residents at risk for receiving expired, ineffective, and/or compromised medications.</p> <p>Findings included .</p> <p>Review of the policy titled, Storage of Medication, dated 01/2023, showed outdated medications would be immediately removed from stock and disposed of.</p> <p>An observation on 06/21/2025 at 2:19 PM with Staff E, Licensed Practical Nurse (LPN), showed the medication room contained the following:</p> <ul style="list-style-type: none"> &bull; Blood collection needles, four boxes, each containing 48 needles, expired 03/31/2025. &bull; Adult multivitamins, one partial bottle containing 32 tablets, expired 02/2025. &bull; Non-steroidal pain reliever, one bottle of 100 tablets, expired 03/2025. &bull; Magnesium with calcium supplement, one partial bottle of 26 tablets, expired 09/2024. &bull; Vitamin D, one partial bottle of 84 tablets, expired 05/2025. &bull; Dairy lactase enzyme supplements, two bottles of 60 caplets each, expired 04/2025. &bull; Vitamin E supplements, one partial bottle of 84 tablets, expired 04/2025. &bull; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Richland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allergy medication, one partial bottle (eight tablets), expired 12/2024 and one full bottle (100 tablets), expired 01/2025.</p> <p>&bull;</p> <p>Iron supplement, one partial bottle of 24 tablets, expired 02/2025.</p> <p>&bull;</p> <p>Oral pain relief gel, three tubes, expired 02/2024, 07/2024, and 02/2025.</p> <p>&bull;</p> <p>Moisture mouth gel, eight tubes, expired 12/2024.</p> <p>&bull;</p> <p>Glucose (a source of energy in the body) control solution (used to verify the accuracy of glucose testing meters), one kit, expired 11/14/2023.</p> <p>During an interview on 06/21/2025 at 3:33 PM, Staff F, LPN, stated partial bottles of medications should not be stored in the same area as the full bottles. They stated the expired medications should not have been in with the non-expired medications. They stated they did not know if anyone was responsible or assigned to checking the medication room for expired medications.</p> <p>During an interview on 06/23/2025 at 2:17 PM, Staff A, Administrator, stated the process included the Director of Nursing Services providing oversight. There should be a process for the nurses to perform routine checks and dispose of expired medications.</p> <p>Reference: WAC 388-97-1300(2)(4)(i)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Richland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>Based on interview and record review, the facility failed to explain the arbitration agreement (a legal document that required the use of a third party to resolve a dispute) in its entirety, including the right to cancel the agreement within 30 calendar days, in a manner and language that the resident understood for 3 of 4 residents (Resident 30, 40, and 52) reviewed for binding arbitration. This failure placed the residents at risk for losing legal protection, lack of understanding of the legal document, and the right to a jury or court hearing.</p> <p>Findings included .</p> <p>Review of an undated document titled, Alternative Dispute Resolution Agreement Between Resident and Facility (ADR), showed that signing an arbitration agreement was not a condition of admission and the decision to sign the agreement was entirely voluntary. The agreement could be cancelled by the resident by delivering written notice of the cancellation to the facility no later than 30 days after the resident or their representative signed the agreement. The agreement showed the resident and/or their representative had received a copy of the agreement, had read or had been read by their representative, either or both of whom understands the agreement and had the opportunity to ask any questions related to the agreement.</p> <p>&lt;Resident 30&gt;</p> <p>Review of the medical record showed Resident 30 was admitted to the facility with diagnoses including cerebral infarction (a condition where a part of the brain tissue dies due to a lack of blood supply), respiratory failure, and anxiety. The 04/06/2025 comprehensive assessment showed Resident 30 required partial to moderate assistance of one staff member for activities of daily living (ADLs). The assessment also showed Resident 30 had an intact cognition.</p> <p>Review of Resident 30's medical record showed they signed an ADR on 10/03/2024.</p> <p>During a Resident Council (a group of residents that meet regularly to improve the quality of life and care in the nursing home) meeting on 06/22/2025 at 4:02 PM, Resident 30 stated they put a bunch of stuff in front of you, and you had to sign it to be admitted .</p> <p>&lt;Resident 40&gt;</p> <p>Review of the medical record showed Resident 40 was admitted to the facility with diagnoses including after care for a surgical amputation (the removal of all or part of a limb or extremity), infection at the amputation site, and respiratory failure. The 06/02/2025 comprehensive assessment showed Resident 40 required partial assistance of one staff member for ADLs. The assessment also showed Resident 40 had an intact cognition.</p> <p>Review of Resident 40's medical record showed they signed an ADR on 04/08/2025.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Richland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/23/2025 at 1:12 PM, Resident 40 stated the facility did not explain the ADR in detail. They stated they were not told they could cancel the ADR in 30 days. Resident 40 stated they felt they needed to sign the agreement to be admitted to the facility. They stated they were not told it was optional, but it was presented as we need you to sign it.</p> <p>&lt;Resident 52&gt;</p> <p>Review of the medical record showed Resident 52 was admitted to the facility with diagnoses including aftercare of injuries sustained in a motor vehicle collision, diabetes (a group of diseases that result in too much sugar in the blood), and muscle weakness. The 05/31/2025 comprehensive assessment showed Resident 52 required partial to dependent assistance of one to two staff members for ADLs. The assessment also showed Resident 52 was cognitively intact.</p> <p>Review of Resident 52's medical record showed they signed an ADR on 05/28/2025.</p> <p>During an interview on 06/23/2025 at 1:28 PM, Resident 52 stated the facility did not explain the ADR. They stated they did not know they signed the ADR and were not aware they had 30 days to cancel it.</p> <p>During an interview on 06/23/2025 at 11:53 AM, Staff N, Admissions Director, stated the ADRs were part of the admissions packet. They stated they reviewed all the forms in the admissions packet with the resident or their representative, including the options of not signing the ADR and the ability to cancel the agreement within 30 days of signing. Staff N stated they had trained Staff G, Transportation Specialist/Nursing Assistant, on the process for reviewing ADRs.</p> <p>During an interview on 06/23/2025 at 1:47 PM, Staff G stated they completed admission paperwork and ADRs with new admissions. They stated they explained the ADR was a way to use an arbitrator rather than suing the facility. Staff G stated they informed the new admissions that they had 30 days to cancel their admission paperwork, not specifically the ADR.</p> <p>During an interview on 06/23/2025 at 2:08 PM, Staff A, Administrator, stated the process of completing the ADR included explaining to the resident that it was a binding agreement that was an amicable (friendly or peaceful) way to solve disagreements with the facility that was a quicker process (than using a jury) avoiding costs and time. They stated the ADR was not a condition of admission to the facility. Staff A stated Staff N trained Staff G on completion of the admission paperwork, including the ADR, and was unsure why the residents felt the ADR was not explained to them.</p> <p>Reference: WAC 388-97-1620(2)(b)(i)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Richland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure influenza and pneumococcal immunizations were offered and risks and benefits of the immunizations were provided to 2 of 5 residents (Resident 30 and 42) reviewed for immunization and infection control. This failure placed the residents at risk for illness, lack of knowledge to make medical decisions, and spread of communicable diseases.</p> <p>Findings included .</p> <p>Review of a policy titled, Influenza and Pneumococcal Immunizations, revised 10/03/2023, showed the facility would offer the influenza and pneumococcal immunizations to residents. The facility would review the risks and benefits of the immunization with the resident and/or their representative. The resident and/or their representative could refuse the immunizations. Immunization declinations and the reason for the declination were recorded in the resident's medical record.</p> <p>&lt;Resident 30&gt;</p> <p>Review of the medical record showed Resident 30 was admitted to the facility on [DATE] with diagnoses including a stroke (a condition that occurs when a blood clot or broken vessel prevents blood from getting to the brain), immunodeficiency (a weakened immune system that makes it less effective at fighting off infections and diseases), and anxiety. The 04/06/2025 comprehensive assessment showed Resident 30 required partial to moderate assistance of one staff member for activities of daily living (ADLs). The assessment also showed Resident 30 had an intact cognition.</p> <p>Record review of Resident 30's medical record showed they were not offered an influenza or pneumococcal immunization. The record also showed no documentation of education provided on the risks and benefits of the immunization.</p> <p>During an interview on 06/23/2025 at 1:34 PM, Resident 30 stated they did not remember anyone reviewing immunizations with them.</p> <p>&lt;Resident 42&gt;</p> <p>Review of the medical record showed Resident 42 was admitted to the facility on [DATE] with diagnoses including a urinary tract infection, malnutrition, and repeated falls. The 05/11/2025 comprehensive assessment showed Resident 42 required moderate/maximum assistance of one staff member for ADLs. The assessment also showed Resident 42 had a moderately impaired cognition.</p> <p>Review of Resident 42's medical record showed no documentation that a pneumococcal immunization was offered, or risks and benefits had been provided to the resident or their representative.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Richland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/21/2025 on 2:48 PM, Staff D, Infection Control Nurse, stated they reviewed all new admission immunizations upon admission. They stated if the resident did not have influenza or pneumococcal immunizations, they would offer them. Staff D stated they provided education, risks, and benefits for immunizations. They stated when a resident declined immunizations, they would document that on the consent/declination form. During a follow-up interview on 06/23/2025, Staff D stated they spoke to Resident 30 and Resident 42 regarding immunizations. They stated both Resident 30 and Resident 42 did not remember any previous conversations regarding immunizations and both residents declined needing them.</p> <p>During an interview on 06/23/2025 at 1:53 PM, Staff B, Director of Nursing Services, stated the process for ensuring residents were immunized included reviewing the immunizations upon admission, offering the immunizations and obtaining a consent. They stated the resident would have the option to decline the immunization and that would also be documented. Staff B stated the process would include providing risks and benefits to the residents and documenting that.</p> <p>During an interview on 06/23/2025 at 2:05 PM, Staff A, Administrator, stated they were confident the residents were offered immunizations but there was no documentation in the record.</p> <p>Reference: WAC 388-97-1340(1)(2)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505514	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Richland Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p>Based on interview and record review the facility failed to ensure implementation and maintenance of an effective training program for new or existing staff, prior to staff independently providing services to residents and annually, related to; A) effective communications, resident's rights/facility's responsibilities, abuse/neglect and dementia management regarding abuse prevention, infection prevention/control, and compliance/ethics program trainings for 1 of 3 staff (Staff Q) reviewed for training requirements and, B) Quality Assurance and Performance Improvement (QAPI, a process to maintain and improve safety/quality of residents in a nursing home) training for 3 of 3 staff (Staff Q, O, and P) reviewed for training requirements. This failure placed residents at increased risk for unmet care needs and inadequate care from unqualified staff.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Training Requirements, dated July 2019 showed that new and existing facility staff would receive job specific training. The training would be specific to the facility's resident population and federal and state mandated training requirements. Additionally, the facility would utilize the facility assessment to ensure training addressed the facility resident population.</p> <p>Review of the Facility Assessment for 07/19/2023 to 07/18/2024, showed the facility identified their resident population and that nursing staff would have the required training to care for the residents.</p> <p>During an interview on 06/24/2025 at 1:51 PM, Staff A, Administrator, stated that nursing staff completed their annual required training through Relias (an electronic/online training platform for healthcare).</p> <p>Review of staff personal records for Staff Q, License Practical Nurse, hired 01/31/2025, showed no documentation that Staff Q had completed the required training regarding effective communications, resident's rights/facility's responsibilities, abuse/neglect and dementia management regarding abuse prevention, infection prevention/control, compliance/ethics and QAPI.</p> <p>Review of the 2024/2025 Relias training records for Staff O, Registered Nurse (RN), hired 02/03/2015, showed no documentation that Staff O had completed the required annual training for QAPI.</p> <p>Review of the 2024/2025 Relias training records for Staff P, RN, hired 07/28/2020, showed no documentation that Staff P had completed the required annual training for QAPI.</p> <p>During an interview on 06/27/2025 at 10:50 AM, Staff A stated they were still looking for QAPI training for Staff O and Staff P. Staff A stated that Staff Q was a new staff member and they were still looking for all of the staff members required training. Staff A stated they would be setting up a better process next year with obtaining and documenting the required training on new and existing staff.</p> <p>Reference: WAC 388-97-1680(2)(b)(i, ii)(c)</p>		