

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505522	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2025
NAME OF PROVIDER OR SUPPLIER  Salmon Creek Post Acute & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2811 NE 139th Street Vancouver, WA 98686	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and records review, the facility failed to inform the physician about a significant change in the residents' physical condition for 1 of 3 residents (Resident 1) reviewed for notice of changes. This failure placed residents at risk of adverse medical conditions and a diminished quality of life. Findings included. Review of the facility policy, Change in a Resident's Condition, undated, noted, The nurse will notify the resident's Attending Physician / practitioner or physician on call when there has been. significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications). Resident 1 was admitted to the facility on [DATE] with diagnoses including acute kidney failure, and acute pancreatitis (inflammation of the pancreas). The Minimum Data Set (MDS) assessment, dated 04/27/2025, showed Resident 1 was cognitively intact. Record review of Resident 1's vital signs, dated 04/21/2025-05/14/2025, showed on 05/09/2025, Resident 1 had a blood pressure of 73/48 which was clinically significant for hypotension (low blood pressure). Record review of the Care Plan for Resident 1, dated 05/20/2025, showed a focus area dated 04/21/2025 that documented, Focus: Cardiac. Intervention: observe for signs and symptoms for cardiac complications. Record review of Resident 1's Progress Notes, dated 04/07/2025-07/06/2025, showed no documented communication to or with the provider pertaining to the hypotensive episode occurring on 05/09/2025. Record review of Telsure, an electronic provider communication tool, dated 04/26/2025-05/12/2025, showed for Resident 1 no documented communication to or with the provider pertaining to the hypotensive episode occurring on 05/09/2025. In an interview on 07/31/2025 at 10:15AM Staff C, Registered Nurse and Director of Nursing said if a resident experiences any new or concerning symptoms, I would expect the nurses to assess the resident and then notify the doctor. WAC 388-97-0320.</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
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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to provide bathing assistance for 1 of 3 (Resident 1) residents reviewed for Activities of Daily Living care. This failure placed residents at risk of adverse medical conditions and a diminished quality of life. Findings included .Review of the facility policy, Shower/Tub Bath, undated, noted, At a minimum, residents will be offered at least 2 full baths or showers per week.Documentation- if the resident refused the shower/tub bath, the reason(s) why and the intervention taken.Reporting-notify the licensed nurse if the resident refuses the shower/tub bath.Resident 1 was admitted to the facility on [DATE] with diagnoses including acute kidney failure, muscle weakness, and acute pancreatitis (inflammation of the pancreas). The Minimum Data Set (MDS) assessment, dated 04/27/2025, showed Resident 1 was cognitively intact.Record review of Resident 1's Progress Note, dated 05/06/2025, showed Staff D, Registered Nurse/previous Director of Nursing Services, documented, .Asked if she [Resident 1] is getting showers and she said she had not been . Record review of the electronic document Task: ADL - Bathing/ Showering, dated 04/21/2025 through 05/15/2025, the length of stay for Resident 1, stated, Not Applicable or No for all bathing opportunities except for April 22, 2025, April 24, 2025, May 7, 2025, May 10, 2025, and May 11, 2025.In an interview on 07/31/2025 at 10:10AM, Staff B, Administrator in Training, said showers were expected to be performed according to the residents' shower schedule, which was typically twice per week.WAC 388-97-1060(2)(a)(i)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to assess and accurately document a residents wound for 1 of 3 residents (Resident 1) sampled for wound care. This failure placed residents at risk of adverse medical conditions and a diminished quality of life. Findings included. Review of the facility policy, Pressure Injury Prevention and Management, dated 10/19/2022, noted, Identification. Weekly skin observations will be conducted by a licensed nurse and findings will be documented in the resident's medical record. The facility will maintain effective and accurate data collection on the development of pressure ulcer/injuries to ensure that systems and processes are maintained to prevent development of unavoidable pressure ulcer /injuries, and that care and treatment is provided to promote healing of pressure ulcer/injury. Resident 1 was admitted to the facility on [DATE] with diagnoses including acute kidney failure, muscle weakness, and acute pancreatitis (inflammation of the pancreas). The Minimum Data Set (MDS) assessment, dated 04/27/2025, showed Resident 1 was cognitively intact. Record review of Resident 1's Orders, dated 04/23/2025, showed an order for, Weekly skin assessment due on Sunday EVEs [evenings]. Start 4/23/2025. End 5/20/2025. &amp;lt;Skin Observations&amp;gt;Record review of Skin Observations for Resident 1, dated 04/27/2025-05/15/2025, showed that, on both admit and discharge, Resident 1 had a documented wound on their coccyx (tailbone). However, documented Skin Observations conducted throughout the residents' stay did not address the coccyx wound and there is no documentation indicating the wound had healed. See the following:-04/27/2025 Skin Observation: Open area Location-coccyx. Additional information-redness on buttocks, 0.5cm [centimeter] x0.3cm open area on coccyx. -05/03/2025 Skin Observation: Are there any bruises, open wounds, surgical incisions, skin tears, reddened areas or other skin conditions noted, No was documented. -05/05/2025 Skin Observation: Are there any bruises, open wounds, surgical incisions, skin tears, reddened areas or other skin conditions noted, No was documented. -05/08/2025 Skin Observation: Are there any bruises, open wounds, surgical incisions, skin tears, reddened areas or other skin conditions noted, No was documented. -05/09/2025 Skin Observation: Are there any bruises, open wounds, surgical incisions, skin tears, reddened areas or other skin conditions noted, No was documented. -05/15/2025 Skin Observation: Res with 0.5x0.5cm red blanchable (when skin remains white or pale after being pressed) area just to the right of the coccyx and then area of scar tissue on coccyx . &amp;lt;Progress Notes&amp;gt;Record review of Progress Notes for Resident 1, dated 04/07/2025-07/06/2025, showed the following:-04/27/2025 Progress Note: Weekly skin observation completed. Open area to coccyx. Redness to buttocks. 0.5cm by 0.3cm open area on coccyx.-05/05/2025 Progress Note: Weekly skin observation completed. No skin concerns noted. -05/08/2025 Progress Note: Weekly skin observation completed. No skin concerns noted. -05/09/2025 Progress Note: Weekly skin observation completed. No skin concerns noted. In an interview on 07/31/2025 at 10:15PM Staff C, Registered Nurse and Director of Nursing, said the nurses should have been documenting on Resident 1's coccyx wound each week or there should have been documentation indicating the wound had healed.WAC 388-97-1060(3)(b)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure Resident 1 was free from significant medication errors when medications were not administered in accordance with provider orders for 1 of 3 sampled residents (Resident 1) reviewed for significant medication errors. This failure placed residents at risk of adverse medical conditions, a change in health conditions, and a diminished quality of life. Findings included . Review of the facility policy, Medication Administration Section 7.1, General Guidelines, dated 01/2023, noted, Medications are administered in accordance with written orders of the prescriber . The individual who administers the medication dose records the administration on the resident's MAR [Medication Administration Record] immediately following the medication being given. Resident 1 was admitted to the facility on [DATE] with diagnoses including acute kidney failure, chronic obstructive pulmonary disease [lung disease that make it difficult to breath], acute pancreatitis [inflammation of the pancreas]. The Minimum Data Set (MDS) assessment, dated 04/27/2025, showed Resident 1 was cognitively intact. Review of Resident 1's April and May 2025 MAR and Treatment Administration Record (TAR), comprehensive records of physicians' orders and the medications and treatments administered to a resident, showed the following medications or treatments were omitted/not administered: 04/21/2025 at 10:00PM Quetiapine Fumarate (medication to treat mental health conditions) Oral Tablet 25MG (milligram). Give 1 tablet by mouth one time a day for agitation. Start date 04/21/2025. 04/21/2025 at 10:00PM Rosuvastatin Calcium (medication for cholesterol management) Oral Tablet 20 MG. Give 1 tablet by mouth at bedtime. Start date 04/21/2025. 04/21/2025 at 10:00PM Vitamin C Oral Tablet. Give 1000mg by mouth two times a day for supplement. Start date 04/21/2025. 04/21/2025 at 10:00PM Fluticasone Propionate Diskus Inhalation Aerosol Powder Breath Activated [medication to assist with breathing difficulty] 50 MCG (micrograms). 1 puff inhale orally two times a day. Start date 04/21/2025 2000. 04/22/2025 at 8:00AM Spiriva Respimat Inhalation Aerosol Solution Fluticasone Propionate Diskus Inhalation Aerosol Powder 2.5MCG. 2 puffs inhale orally one time a day. Start 04/22/2025 0800. 04/22/2025 at 8:00AM Fluticasone Propionate Diskus Inhalation Aerosol Powder Breath Activated 50 MCG. 1 puff inhale orally two times a day. Start date 04/21/2025 2000. 04/22/2025 at 8:00AM Metoprolol Succinate (medication to treat blood pressure) Oral Capsule ER (extended release) 24 Hour Sprinkle 25mg. Give 12.5mg by mouth one time a day for HTN [hypertension-elevated blood pressure]. Start Date 04/22/2025 0800. 04/22/2025 at 8:00AM Potassium Chloride ER Oral Tablet Extended Release. Give 40mEq (milliequivalent) by mouth one time a day for supplement for 5 days. Start date 04/22/2025 0800. 04/24/2025 0800 Daily weight for CHF (congestive heart failure) one time a day. Start 04/22/2025. 05/01/2025 NOC 2 [night shift]. Catheter care every shift. Start date 04/28/2025. DC [discharge] date 05/20/2025. 05/07/2025 NOC 2 [night shift]. Catheter care every shift. Start date 04/28/2025. DC [discharge] date 05/20/2025. 05/10/2025 0400 Hydromorphone (pain medication) Oral Tablet 2 MG. Give 1 tablet by mouth every 4 hours for pain. Start 05/06/2025. 05/13/2025 0600 Bladder scan four times a day for post void residual (PVR, a measurement of the amount of urine remaining in the bladder after urination). Start date 05/12/2025 2000. 05/14/2025 0600 Bladder scan four times a day for PVR. Start date 05/12/2025 2000. 05/15/2025 0600 Bladder scan four times a day for PVR. Start date 05/12/2025 2000. In an interview on 07/31/2025 at 10:15AM, Staff C, Registered Nurse and Director of Nursing, said the expectation for nurses is to administer medications, care, or treatments according to the providers orders. WAC 388-97-1060 (3)(k)(iii)</p>		