

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 01/05/2026
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure prescriptions provided on discharge accurately reflected the residents reconciled medication list in the discharge summary for 1 of 5 sample residents (Resident 3) reviewed. This facility failure placed residents at risk for adverse medication side effects, changes in health conditions, and a diminished quality of life. Findings included. Review of the facility policy titled, Discharge Planning, dated 10/01/2021, documented, When the facility anticipates discharge, the facility will prepare discharge summary that includes, but is not limited to, the following: .Reconciliation of all pre-discharge medications with the resident's post-discharge medications. Resident 3 admitted to the facility on [DATE] with diagnoses that included rhabdomyolysis (a serious condition that results from the rapid death of muscle tissue). Review of Resident 3's admission Minimum Data Set (MDS) assessment, dated 11/28/2025, showed Resident 3 had moderate cognitive impairment. During an interview on 12/12/2025 at 9:12AM, Resident 3 said they took four medications each day after being discharged from the facility, but they did not know one of them was not theirs until their case worker came to their home and they looked at the medications together and saw that one of the medications, provided to them from the facility, clearly had someone else's name on the medication container. Resident 3 said that for several days they were taking someone else's medication and they had no idea they were doing so. Review of Resident 3's Medication Administration Record (MAR), dated December 2025, showed the resident had only three prescribed medications ordered that would be sent home with them on discharge. During an interview on 12/05/2025 at 11:01AM, Staff B, Registered Nurse and Director of Nursing Services said the facility had been made aware of an incorrect medication being sent home with Resident 3 on discharge, but they were not aware that she had been taking that medication. Staff B further stated, The nurse that did that [provided Resident 3 with another residents' medication on discharge] has already been counseled and we are working on a new process to ensure this doesn't happen again.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 505522	Facility ID: 505522 If continuation sheet Page 1 of 4

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide activities of daily living (ADL's) for resident's dependent on staff assistance related to bathing for two of three sampled residents (Resident 1 & 2) reviewed for ADLs. This failure placed residents at risk for unmet needs, poor hygiene, and a diminished quality of life. Findings included. Review of the facility's undated Shower/Tub Bath policy showed, At a minimum, the resident will be offered at least 2 full baths or showers per week. Resident 1 Resident 1 admitted to the facility on [DATE] with diagnoses including end stage renal disease (permanent kidney failure), weakness, and reduced mobility. Review of Resident 1's 5-day Minimum Data Set (MDS) assessment, dated 11/20/2025, showed Resident 1 had moderate cognitive impairment and was dependent upon staff for bathing assistance. During an interview on 11/25/2025 at 1:50PM, Resident 1 said they frequently were not assisted with bathing because they were at their regularly scheduled dialysis appointments. Review of Resident 1's Care Plan , dated 09/23/2025, showed Resident 1 required assistance with their personal hygiene and they were frequently incontinent of bowel and bladder. Review of Resident 1's Treatment Administration Record (TAR) , dated October 2025, showed Resident 1 was scheduled to receive bathing assistance every Wednesday and Sunday of the month but only received assistance with bathing five (5) out of the nine (9) times bathing assistance was scheduled. The TAR further showed Resident 1 was scheduled to be out of the facility every Monday, Wednesday, and Friday at a medical center providing dialysis services (an artificial process for removing waste products and excess fluids from the body, a process that is needed when the kidneys are not functioning properly). Because the facility scheduled showers for a time that they were at their scheduled dialysis appointments, Resident 1 did not receive four (4) showers. Review of Resident 1's TAR , dated November 2025, showed Resident 1 received assistance with bathing two(2) out of the eight (8) times bathing assistance was scheduled . The TAR further showed Resident 1 was scheduled to be out of the facility every Monday, Wednesday, and Friday at a medical center providing dialysis services. Because the facility scheduled showers for a time that they were at their scheduled dialysis appointments, Resident 1 did not receive six of their scheduled showers. Resident 2 Resident 2 admitted to the facility on [DATE] with diagnoses including cancer, reduced mobility, and weakness. Review of Resident 2's admission MDS assessment, dated 10/03/2025, showed Resident 2 had severe cognitive impairment and was dependent upon staff for bathing assistance. Review of Resident 2's Care Plan, dated 10/02/2025, showed Resident 2 required assistance with their personal hygiene. Review of Resident 2's Treatment Administration Record (TAR) , dated October 2025, documented Resident 2 did not receive their scheduled shower assistance on 10/10/2025. Review of the Progress Notes, dated October 1, 2025 through October 31, 2025, for Resident 2 showed no documentation stating why they had not received their scheduled shower assistance. During an interview on 12/05/2025 at 11:01AM, Staff B, Registered Nurse and Director of Nursing Services, said residents were scheduled for bathing assistance twice per week and if a resident was not assisted to bathe, the nurses were expected to document in the Progress Notes. Staff B reviewed the electronic medical records for Residents 1 & 2 and acknowledged that Resident 1 had their bathing assistance scheduled for the same day of the week as their dialysis appointments. Reference WAC 388-97-1060 (2)(c)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents were free from significant medication errors when medications were not administered in accordance with provider orders for 2 of 5 sampled residents (Residents 2 & 4) reviewed for significant medication errors. This failure placed residents at risk of adverse medical conditions, a change in health condition, and a diminished quality of life. Findings included. Review of the facility policy, Medication Administration Section 7.1, General Guidelines, dated January 2023, showed, 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, comprehensive records of physicians' orders and the medications and treatments administered to a resident] immediately following the medication being given. Resident 2 Resident 2 was admitted to the facility on [DATE] with diagnoses including metastatic cancer (cancer that spreads from where it started to a distant part of the body), chronic respiratory failure (a condition where the lungs can't adequately oxygenate the blood or remove carbon dioxide), hypertension (high blood pressure), reduced mobility, and weakness. Review of Resident 2's admission Minimum Data Set (MDS, an assessment tool), dated 10/03/2025, showed Resident 2 had severe cognitive impairment. Review of Resident 2's October 2025 and November 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:-10/09/2025 Night Shift. Catheter (a thin flexible tube used to drain urine from the bladder) care every shift. Document output every shift, for Foley care.-10/10/2025 Evening Shift. Catheter care every shift. Document output every shift, for Foley care.-10/10/2025 Complete skin observation weekly on Friday evening shift.-10/15/2025 Evening Shift. Triad (a skin barrier cream used to protect skin from moisture), apply to bilateral buttock every day and night shift for skin breakdown.-10/15/2025 Night Shift. Wound care: barrier cream to buttocks every shift and as needed every shift.-10/16/2025 0000 Bladder scan every 6 hours, straight catheter for PVR>350cc (for management of urinary retention the bladder scanner first checks urine volume; if it's high, a sterile straight catheter is inserted to drain the bladder, then removed).-10/16/2025 6:00AM Bladder scan every 6 hours, straight catheter for PVR>350cc.-10/17/2025 6:00AM Bladder scan every 6 hours, straight catheter for PVR>350cc.-10/22/2025 Evening Shift. Triad, apply to bilateral buttock every day and night shift for skin breakdown.-11/13/2025 Evening Shift. Complete skin observation weekly on Thursday evening shift.-11/17/2025 Night Shift. Posterior thigh redness-apply a thin layer of barrier cream every day and night shift for wound care.-11/17/2025 Night Shift. Triad, apply to bilateral buttock every day and night shift for skin breakdown.-11/17/2025 Night Shift. Catheter care every shift for retention.-11/24/2025 Evening Shift. Catheter care every shift for retention.-11/24/2025 Night Shift. Catheter care every shift for retention.-11/24/2025 Night Shift. Posterior thigh redness-apply a thin layer of barrier cream every day and night shift for wound care.-11/24/2025 Night Shift. Bilateral heel boots (cushioned heel protectors that relieve pressure and prevent sores). Ensure placement while in bed. Resident 4 Resident 4 was admitted to the facility on [DATE] with diagnoses including metabolic encephalopathy (a group of neurologic disorders characterized by an alteration in mental status) and a urinary tract infection. The admission Minimum Data Set (MDS) assessment, dated 10/17/2025, showed Resident 4 had severely impaired cognition. Review of Resident 4's October 2025 and November 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:-11/20/2025</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>at 5:00AM Levothyroxine Sodium (thyroid medication) Oral Tablet 112MCG (micrograms). Give 1 tablet by mouth, one time a day. For thyroid, take before breakfast.-11/07/2025 at 6:00AM Acetaminophen Oral Tablet 325MG (milligrams). Give 2 tablet by mouth four times a day.-11/20/2025 at 6:00AM Acetaminophen Oral Tablet 325MG. Give 2 tablets by mouth, four times a day.-11/07/2025 Day Shift. Document orthostatic blood pressure.-11/07/2025 Day Shift. Document orthostatic blood pressure.-11/07/2025 Weekly weight every Friday day shift.-11/02/2025 Night Shift. Barrier cream to be applied to coccyx every shift and as needed with soilage/incontinence episodes r/t [related to] redness until resolved.-11/03/2025 Evening Shift. Barrier cream to be applied to coccyx every shift and as needed with soilage/incontinence episodes r/t [related to] redness until resolved.-11/06/2025 Night Shift. Barrier cream to be applied to coccyx every shift and as needed with soilage/incontinence episodes r/t [related to] redness until resolved.-11/07/2025 Day Shift. Barrier cream to be applied to coccyx every shift and as needed with soilage/incontinence episodes r/t [related to] redness until resolved.-11/02/2025 Night Shift. Elevate head of bed to alleviate/ prevent shortness of breath while lying flat, every shift for preventative measures.-11/03/2025 Evening Shift. Elevate head of bed to alleviate/ prevent shortness of breath while lying flat, every shift for preventative measures.-11/06/2025 Night Shift. Elevate head of bed to alleviate/ prevent shortness of breath while lying flat, every shift for preventative measures.-11/07/2025 Day Shift. Elevate head of bed to alleviate/ prevent shortness of breath while lying flat, every shift for preventative measures. On 01/05/2026 at 11:01AM, Staff B, Registered Nurse and Director of Resident Services, said if there was a blank spot on the MAR or TAR, it meant it was not done or was not documented. While reviewing the October 2025 and November 2025 MAR and TAR for Residents 2 and 4, Staff B noted the blank spots and said those should not be blank. Reference WAC 388-97-1260 (3)(k)(iii)</p>		