

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 025027	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2026
NAME OF PROVIDER OR SUPPLIER Wildflower Court		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Salmon Creek Lane Juneau, AK 99801	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** .Based on record review and interview, the facility failed to follow the Preadmission Screening and Resident Review (PASRR) Level I determination and failed to notify the State of Alaska Division of Senior and Disability Services (SDS) when 1 resident (#61), out of 2 residents reviewed for PASRRs, compliance remained in the facility beyond the time-limited 90-day convalescent stay. This failed practice resulted in Resident #61 remaining in the facility without the required updated PASRR review and/or Level II evaluation to determine whether the resident required specialized services, which had the potential to adversely affect the resident's ability to attain or maintain his/her highest practicable physical, mental, and psychosocial well-being. Findings: Record review on 6/8-12/26 revealed Resident #61 was admitted to the facility with diagnoses that included depression, borderline personality disorder (a mental health condition that affects emotional regulation), and chronic pain due to trauma. Review of Resident #61's Level 1 PASRR, dated [DATE], revealed: .Convalescent care for a period of 90 days or less, as certified by the physician. If the individual stays beyond the 90 days, an individualized PASRR Level II evaluation must be completed. The facility shall notify SDS [State of Alaska, Division of Senior and Disability Services] on day 85 that it anticipates the resident will need services more than 90 days. Day 85 is: [DATE]. Review of Resident #61's Discharge summary, dated [DATE], revealed that he/she was discharged from the facility on [DATE]. As a result, Resident #61 remained in the facility beyond the approved 90 day convalescent stay without documentation that the facility notified SDS by Day 85, as required by the Level I PASRR determination, or obtained an updated PASRR review and/or Level II evaluation. During an interview on [DATE] at 1:26 PM, the Administrator (ADM) stated the facility was unable to locate any record that indicated Resident #61 received a PASSR Level II evaluation. Review of email correspondence between the surveyor and SDS, dated [DATE] at 3:34 PM, revealed: .Per PASRR processes, the facility should have notified SDS before the time limited expired ([DATE]). The resident should have had an updated PASRR vs. level II evaluation. Unfortunately, SDS was never notified of ongoing LTC [Long Term Care] stay after [DATE] and this case would be considered non-compliant with PASRR processes . Review of the facility's policy WFC [Wildflower Court]: admission Criteria, undated, revealed: . 9. All new admissions and readmissions are screened for mental disorders (MD), intellectual disabilities (ID) or related disorders (RD) per the Medicaid Pre-admission Screening and Resident Review (PASSR) process. g. The facility conducts a Level I PASRR screen for all potential admissions, regardless of payer source, to determine if the individual meets the criteria for a MD, ID, or RD. h. If the level I screen indicates that the individual may meet the criteria for MD, ID, or RD, he or she is referred to the state PASRR representative for the Level II (evaluation and determination) screening process. (1) The admitting nurse notifies the social services department when a resident is identified as having a possible (or evident) MD, ID, or RD. (2) The social worker is responsible for making referrals to the appropriate state-designated authority. i. Upon completion of the Level II evaluation, the state PASRR representative determines if the individual has a physical or mental condition, what specialized or rehabilitative services he or she needs, and whether placement at the facility is appropriate.		

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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