

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	

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 - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>46033</p> <p>Based on observation, interview and record review, the facility failed to ensure residents that required urinary catheters (a tube inserted in the bladder that drained urine) had the drainage collection bags maintained in a dignified manner for 1 of 2 sampled residents (Resident 61) reviewed for resident rights. This failure placed the residents at risk for loss of dignity and decreased quality of life.</p> <p>Findings included .</p> <p>The undated Bowel and Bladder Program: Indwelling Urinary Catheters policy did not have guidance regarding dignity concerns that may have arisen related to the use of urinary catheters.</p> <p>A review of the record documented Resident 61 had diagnoses including prostate cancer that had spread to the brain, and urinary retention. The 10/11/2024 significant change assessment documented the resident had a urinary catheter and required maximum assistance of staff for toileting.</p> <p>The 08/18/2024 comprehensive care plan documented Resident 61 had altered urinary elimination related to an indwelling catheter. Staff were instructed to change the catheter if it leaked or was damaged, to ensure the drainage bag and tubing were positioned lower than the level of the bladder to allow for gravity drainage, and to provide a privacy cover for the urine collection bag at all times.</p> <p>On 12/04/2024 at 10:18 AM, Resident 61 was observed resting in their bed. The resident's urinary catheter tubing and urine collection bag were hanging on the bed frame and contained dark colored urine. A blue privacy bag, also referred to as a dignity bag, hung on the bed frame next to the urine collection bag, not in use. The resident's urine was viewable from the doorway. On 12/06/2024 at 8:56 AM, the collection bag and dignity bag were in the same positions; the bed was in a low position so that the catheter tubing and clamp to the collection bag rested on the floor.</p> <p>Resident 61's urine collection bag was observed from the hall with the dignity bag hanging next to it on 12/06/2024 at 1:33 PM, 12/09/2024 at 9:05 AM and 10:57 AM, and 12/10/2024 at 10:32 AM.</p> <p>On 12/11/2024 at 3:51 PM, Staff I, Nursing Assistant, observed Resident 61's catheter with the surveyor. The catheter tubing and urine collection bag were hung on the bedframe and the dignity bag hung next to them. Staff I stated residents' urine collection bags were supposed to be kept in the dignity bags to maintain a resident's dignity and privacy.</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: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 - Few</p>	<p>During an interview on 12/17/2024 at 12:41 PM, Staff B, Director of Nursing, stated they expected the staff to ensure the urine collection bags were placed in the dignity bags for the residents. Staff B also stated that if the tubing and collection bag had been resting on the floor the system needed changed for cleanliness reasons.</p> <p>Reference: WAC 388-97-0180(1-4)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37544</p> <p>Based on interview and record review, the facility failed to ensure informed consents, information that explained the potential risks associated with the use of psychotropic medications, were obtained prior to administration of psychotropic medications (medications that affected how the brain worked and caused changes in mood, feelings or behavior) for 2 of 6 sampled residents (Residents 20 and 60) reviewed for resident rights. This failure did not allow residents to be fully informed or to participate in their treatment.</p> <p>Findings included .</p> <p><Resident 60></p> <p>The 11/12/2024 quarterly assessment documented Resident #60 had diagnoses which included depression, a mental health condition characterized by a persistent feeling of sadness that lasted over an extended period. In addition, the assessment documented the resident had received psychotropic medication.</p> <p>Review of the Order Summary Report from 01/01/2024 through 12/06/2024 documented on 10/18/2024, a psychotropic medication, Paroxetine, had been prescribed to treat the resident's depression.</p> <p>Reviews of the November 2024 and December 2024 Medication Administration Records documented Resident 60 had received the medication daily.</p> <p>Review of Resident 60's record found no documentation that an informed consent had been completed that explained the risks and benefits of taking a psychotropic medication either verbally or written, with the resident and/or their representative prior to the resident receiving the medication.</p> <p>In an interview on 12/12/2024 at 9:48 AM, Staff H, Licensed Practical Nurse, stated informed consents for psychotropic medication were obtained by the Resident Care Managers when the medication was ordered.</p> <p>In an interview on 12/12/2024 at 1:36 PM, Staff C, Resident Care Manager, stated informed consents for psychotropic medications needed to be completed before the resident received the medication, and confirmed an informed consent had not been done for the Paroxetine.</p> <p>46033</p> <p>< Resident 20></p> <p>According to a review of the record, Resident 20 was admitted on [DATE] and had diagnoses that included stroke, failure to thrive, and depression. The 11/06/2024 admission assessment documented Resident 20 had a memory problem and took an antipsychotic medication (a type of psychotropic medication that reduced psychotic symptoms and disorganized thinking) daily.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/30/2024, a provider order was entered in the record for Resident 20 to receive quetiapine, an antipsychotic medication, twice daily to treat major depression. On 10/31/2024 goals and interventions were created in Resident 20's care plan related to the use of the antipsychotic medication they took to treat their depression.</p> <p>On 11/22/2024, a consent that included the risks and benefits of taking quetiapine was signed and entered in Resident 20's record, 23 days after the resident began receiving their medications from the facility.</p> <p>During an interview on 12/16/2024 at 11:40 AM, Staff G, Licensed Practical Nurse (LPN), stated when a resident was admitted, there was a packet of forms that were obtained. If a resident took psychotropic medications, the consent was usually obtained at that time.</p> <p>During an interview on 12/17/2024 at 9:17 AM, Staff D, LPN, Resident Care Manager, stated consent for psychotropic medications were obtained on admission or when there was a new medication being initiated. Staff D stated when the floor nurse documented in the admission assessment, they were to answer yes or no if a resident took psychotropic medications. If they answered yes, the consent for the medication opened in another window so the consent could be obtained at that time. Staff D reviewed Resident 20's admission and stated the nurse that admitted them answered no when prompted, so the consent never opened and did not get signed. Once discovered on 11/22/2024, they got the resident's consent for the quetiapine completed.</p> <p>Reference WAC 388-97-0300(3)(a), -0260, -1020(4)(a-b).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47328</p> <p>Based on observation, interview, and record review the facility failed to ensure the interdisciplinary team (IDT) assessed and determined a resident was clinically appropriate to self-administer medications safely or store medications at the bedside and care plan accordingly for 1 of 14 sampled residents (Resident 68), reviewed for resident rights. This failure placed residents at risk of access to unsecured medications, medication errors, and diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility policy titled, Self-Medication Program and Evaluation revised September 2024, showed a resident who requested to self-administer medication would be assessed for their ability to safely self-administer medications. The policy instructed staff to complete a self-medication evaluation that would be analyzed by the IDT. The policy further showed staff would determine a safe and secure location for bedside medication storage, progress notes would be made showing the resident was self-administering medication, and self-medication administration would be care planned.</p> <p>Review of the 11/28/2024 admission assessment showed Resident 68 admitted to the facility on [DATE] with diagnoses including failure to thrive and mild cognitive impairment. Resident 68 was able to clearly verbalize their needs.</p> <p>Review of the 11/22/2024 food preference record showed Resident 68 was to receive fruit punch daily with their lunch.</p> <p>Review of the 11/26/2024 baseline care plan showed no documentation Resident 68 was evaluated and determined to be safe to self-administer medications or keep medications at bedside.</p> <p>Review of the comprehensive care plan revised 11/29/2024 showed no documentation Resident 68 was evaluated and determined to be safe to self-administer medications or keep medications at bedside.</p> <p>Review of November 2024 through December 2024 nursing progress notes showed no documentation Resident 68 was evaluated and determined to be safe to self-administer medications or keep medications at bedside.</p> <p>During observation and interview on 12/04/2024 at 9:20 AM, Resident 68 stated they requested not to receive fruit punch because it caused them heartburn. Resident 68 grabbed a bottle of an over-the-counter antacid off of their bedside table, showed it to the surveyor, and Resident 68 stated they had to take a tablet once in a while. Resident 68 explained they did not have to notify staff when they took the antacid and had not notified staff when they had taken it. Resident 68 placed the bottle of antacid back on their bedside table. Similar observations of the antacid at Resident 68's bedside were made on 12/04/2024 at 3:49 PM, on 12/05/2024 at 8:35 AM, 9:56 AM, 10:52 AM, and 3:25 PM, on 12/06/2024 at 8:50 AM and 12:01 PM, on 12/09/2024 at 8:41 AM and 4:06 PM, and on 12/10/2024 at 8:39 AM.</p> <p>Review of provider orders as of 12/04/2024 showed Resident 68 had no orders for the over-the-counter antacid.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During observation and interview on 12/10/2024 at 9:46 AM, Staff G, Licensed Practical Nurse, stated they were unsure of the facility process if a resident requested to self-administer medications. Staff G observed the bottle of over-the-counter antacid on Resident 68's bedside table. Staff G acknowledged Resident 68 did not have orders for the antacid and the antacid should not have been at the bedside.</p> <p>During an interview on 12/10/2024 at 10:24 AM, Staff D, Resident Care Manager, explained if a resident chose to self-administer medication they would need to be evaluated, found to be appropriate to self-administer medications, and care planned. Staff D further stated the provider's order would include documentation if the resident could self-administer a medication or if a medication was to be stored at bedside. Staff D reviewed Resident 68's medical record. Staff D acknowledged Resident 68 did not have orders for the over-the-counter antacid and it should not have been left at the bedside without the proper steps being completed.</p> <p>During an interview on 12/10/2024 at 3:39 PM, Staff B, Director of Nursing, explained if a resident chose to self-administer medication, they would need to be cognitively intact, be evaluated for their ability to safely self-administer medications, provider orders received that identified what medications could be self-administered and/or stored at the bedside, and care planned accordingly. Staff B acknowledged medications should not be left unattended if the proper steps had not been taken.</p> <p>In an interview on 12/16/2024 at 3:27 PM, Staff A, Administrator, stated they expected staff to follow the appropriate steps if a resident chose to self-administer medications.</p> <p>Reference WAC 388-07-0440, -1060(3)(l), -1880(2)(g)(i).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>37544</p> <p>Based on observation, interview and record review, the facility failed to ensure sink faucets were safe and functional in resident rooms for 2 of 5 residents (Residents 38 and 23) reviewed for environment. Failure to have a working faucet for Resident 38, and failure to repair a loose faucet for Resident 23 placed the residents at risk for unmet care needs and diminished quality of life.</p> <p>Findings included .</p> <p><Resident 38></p> <p>The 09/13/2024 quarterly assessment documented Resident 38 was able to make decisions regarding their care and was independent to complete activities of daily living (ADLS) for oral hygiene and personal hygiene, such as washing their face, with the assistance from nursing staff to set up the supplies needed.</p> <p>On 12/04/2024 at 2:39 PM, Resident 38 was observed in their room lying in bed watching television. When asked if they received the assistance they needed to complete ADLS, Resident 38 stated it was hard to do because the water to the sink had been turned off for a few weeks due to a leak that caused water to run into the room next to theirs.</p> <p>An observation of the sink on 12/04/2024 at 3:07 PM showed the sink was dry without any visible damage, clog or odor. When the hot and cold-water handles to the faucet were turned, no water came out.</p> <p>Similar observations of the water being turned off to the sink were made on 12/05/2024 at 9:15 PM, 12/06/2024 at 9:03 AM, 12/09/2024 at 8:47 AM, and 12/10/2024 at 9:42 AM.</p> <p>In an interview on 12/13/2024 at 10:59 AM, Staff M, Nursing Assistant, stated the water to the sink had been turned off for awhile due to it leaking which caused water to flow into the storage room next door. Staff M stated to do hand hygiene with soap and water, they had to leave the room and go down the hall to the shower room, and to be able to provide ADL cares, they filled basins with warm water from another room and then took the basin to the resident's room.</p> <p>In an interview on 12/13/2024 at 2:05 PM, Staff C, Resident Care Manager, stated they were not aware the water had been turned off to the sink in Resident 38's room. Staff C stated staff would report maintenance-type issues directly to Staff A, Administrator, Staff B, Director of Nursing, and/or the maintenance department directly.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 12/16/2024 at 11:58, Staff N, Maintenance Director, stated they had been employed at the facility about a month and was not aware of the water being turned off in Resident 38's room until a few days prior. Staff N stated the facility used an app for maintenance-type issues and the staff entered any issues into the app and it alerted the maintenance department. Due to only being employed a short time ago, Staff N stated they would check the app to determine how long the water had been turned off and when the issue had been reported. At 3:37 PM, Staff N, stated they had checked the app for the past three months and no entries or reports related to Resident 38's sink/water were found.</p> <p>In an interview on 12/17/2024 at 1:59 PM, Staff A, Administrator, stated they had not been aware of any issues with Resident 38's sink or been informed the water had been turned off until a few days prior and once aware, it was addressed and fixed within 30 minutes.</p> <p>42802</p> <p><Resident 23></p> <p>According to a quarterly assessment, dated 09/12/2024, Resident 23 had diagnoses of cancer, dementia and heart failure and was on Hospice (end of life) services. The assessment further documented the resident was alert, made their needs known, and used a walker to get around.</p> <p>On 12/04/2024 at 11:19 AM, the faucet in Resident 23's room was observed to be loose and not secured to the sink. The faucet was functional, and water flowed when turned on, but the faucet could be lifted nearly an inch above the sink, before the water lines prevented it from being lifted further. The resident was aware the faucet was loose, but was not sure how long it had been like that.</p> <p>Similar observations of the loose faucet were made on 12/09/2024 at 12:02 PM and 12/13/2024 at 10:15 AM.</p> <p>During an interview on 12/13/2024 at 10:40 AM, Staff H, Licensed Practical Nurse (LPN) stated that if staff noted a maintenance issue in a resident room, they could call the maintenance staff or send a message on the computer. Staff H reported they were not aware of the loose faucet in Resident 23's room, as they mostly used hand sanitizer after cares.</p> <p>During an interview on 12/16/2024 at 2:35 PM, Staff C, Resident Care Manager (RCM) stated that if there was a maintenance issue, they would notify the maintenance staff usually in person, or by an online application. Staff C stated they were unaware of the loose faucet in Resident 23's room, and called Staff N, Maintenance Director into the office and asked them about it. Staff N did not remember any maintenance requests about it, but stated they would check.</p> <p>During an interview on 12/17/2024, Staff P, Nursing Assistant, stated that they had known about the loose faucet for at least a couple of weeks. They stated a work order had been submitted for it a couple of times, but the facility did not have any maintenance staff and nothing got done. Staff P further reported they put another work order in for it yesterday, 12/16/2024.</p> <p>During an interview on 12/17/2024 at 10:35 AM, Staff N stated they looked back for three months and did not find any maintenance tickets for the faucet in Resident 23's room. They further reported that after our conversation yesterday, they fixed the faucet.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reference: WAC 388-97-0860(2)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give residents a notice of rights, rules, services and charges.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47328</p> <p>Based on interview and record review the facility failed to routinely inform cognitively intact residents and/or the legal representatives of cognitively impaired residents of the facility rules, resident rights and responsibilities including notice of Medicaid rights for 10 of 14 sampled residents (Residents 27, 28, 30, 42, 44, 41, 68, 268, 271, and 270), reviewed for resident rights. This failure placed residents at risk of not being fully informed of their rights, unmet care needs, and diminished quality of life.</p> <p>Findings included .</p> <p><Resident 27></p> <p>Review of the 09/12/2024 admission assessment showed Resident 27 admitted to the facility on [DATE]. Resident 27 was not comatose (unresponsive), was cognitively intact, and able to clearly verbalize their needs.</p> <p>Review of Resident 27's medical record as of 12/11/2024, 90 days after their admission, showed no documentation an admission agreement that included information on basic charges, all resident rights including the right to leave and/or refuse treatment, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, smoking, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding was reviewed with Resident 27 upon their 09/12/2024 admission, as required. Additional review of the resident's record found no documentation the admission agreement and/or included paperwork had been reviewed or discussed with Resident 27 or their representative upon admission, as required.</p> <p>In an interview on 12/13/2024 at 11:20 AM, Staff F, Medical Records, stated all admission paperwork should be completed with a resident each time they admitted to the facility. Staff F acknowledged Resident 27 should of have admission paperwork completed upon their 09/06/2024 admission.</p> <p>In an interview on 12/13/2024 at 2:09 PM, Staff C, Resident Care Manager (RCM), reviewed Resident 27's medical record. Staff C acknowledged Resident 27 did not have admission paperwork completed when they admitted to the building on 09/06/2024 and should have.</p> <p><Resident 28></p> <p>Review of the 08/09/2024 admission assessment showed Resident 28 admitted to the facility on [DATE]. Resident 28 had severe cognitive impairment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the admission agreement that included information on basic charges, all resident rights including the right to leave and/or refuse treatment, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding was signed by the severely cognitively impaired Resident 28, not their representative, on 09/14/2024, 43 days after their admission. Additional review of the resident's record found no documentation the admission agreement and/or included paperwork had been reviewed or discussed with Resident 28's representative upon admission, as required.</p> <p><Resident 30></p> <p>Review of the 09/24/2024 admission assessment showed Resident 30 admitted to the facility on [DATE]. Resident 30 was not comatose, was cognitively intact, and able to clearly verbalize their needs.</p> <p>Review of the admission agreement that included information on basic charges, all resident rights including the right to leave and/or refuse treatment, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding was signed by Resident 30 on 09/26/2024, seven days after their admission. Additional review of the resident's record found no documentation the admission agreement and/or included paperwork had been reviewed or discussed with Resident 30 upon admission, as required.</p> <p><Resident 42></p> <p>Review of the 11/12/2024 admission assessment showed Resident 42 had severe cognitive impairment and admitted to the facility on [DATE].</p> <p>Review of the admission agreement that included information on basic charges, all resident rights including the right to leave and/or refuse treatment, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding was electronically signed by Resident 42's representative on 11/20/2024, 15 days after their admission. Additional review of the resident's record found no documentation the admission agreement and/or included paperwork had been reviewed or discussed with Resident 42's representative upon admission, as required.</p> <p><Resident 44></p> <p>Review of the 11/13/2024 admission assessment showed Resident 44 admitted to the facility on [DATE]. Resident 44 was not comatose, was cognitively intact, and able to clearly verbalize their needs.</p> <p>Review of the admission agreement that included information on basic charges, all resident rights including the right to leave and/or refuse treatment, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding was electronically signed by Resident 44 on 12/12/2024, 36 days after their admission. Additional review of the resident's record found no documentation the admission agreement and/or included paperwork had been reviewed or discussed with Resident 44 upon admission, as required.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	

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 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><Resident 41></p> <p>Review of the 11/20/2024 admission assessment showed Resident 41 admitted to the facility on [DATE]. Resident 41 had moderate cognitive impairment.</p> <p>Review of the admission agreement that included information on basic charges, all resident rights including the right to leave and/or refuse treatment, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding was electronically signed by Resident 41's representative on 11/19/2024, 6 days after their admission. Additional review of the resident's record found no documentation the admission agreement and/or included paperwork had been reviewed or discussed with Resident 41's representative upon admission, as required.</p> <p><Resident 68></p> <p>Review of the 11/28/2024 admission assessment showed Resident 68 admitted to the facility on [DATE].</p> <p>In an interview on 12/09/2024 at 11:07 AM, Resident 68 stated the facility did not review any paperwork with them upon admission.</p> <p>Review of Resident 68's medical record showed no documentation an admission agreement that included information on basic charges, all resident rights including the right to leave and/or refuse treatment, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding was reviewed, discussed and/or signed by Resident 68 upon admission, as required. Additional review of Resident 68's record found no documentation that the admission agreement and/or paperwork included had been discussed with the resident upon admission.</p> <p><Resident 268></p> <p>Review of the 12/02/2024 admission assessment showed Resident 268 admitted to the facility on [DATE]. Resident 268 was not comatose, was cognitively intact and able to clearly verbalize their needs.</p> <p>In an interview on 12/06/2024 at 11:53 AM, Resident 268 stated they did not recall reviewing or signing admission paperwork upon admission.</p> <p>Review of the admission agreement that included information on basic charges, all resident rights including the right to leave and/or refuse treatment, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding was electronically signed by Resident 268 on 12/13/2024, 18 days after their admission. Additional review of Resident 268's record found no documentation that the admission agreement and/or paperwork included had been discussed with the resident upon admission.</p> <p><Resident 271></p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the 12/06/2024 admission assessment showed Resident 271 admitted to the facility on [DATE]. Resident 271 was not comatose, was cognitively intact, and able to clearly verbalize their needs.</p> <p>Review of the admission agreement that included information on basic charges, all resident rights including the right to leave and/or refuse treatment, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding showed it had not been signed by Resident 271 as of 12/16/2024, 20 days after their admission. Additional review of Resident 271's record found no documentation that the admission agreement and/or paperwork included had been discussed with the resident upon admission.</p> <p><Resident 270></p> <p>Review of the 12/09/2024 admission assessment showed Resident 270 admitted to the facility on [DATE]. Resident 270 was cognitively intact, was not comatose, did not require assistance for health literacy, and was able to clearly verbalize their needs.</p> <p>Review of the admission agreement that included information on basic charges, all resident rights including the right to leave and/or refuse treatment, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding showed it was electronically signed by Resident 270 on 12/13/2024, 11 days after their admission. Additional review of Resident 270's record found no documentation that the admission agreement and/or paperwork included had been discussed with the resident upon admission.</p> <p>In an interview on 12/13/2024 at 10:10 AM, Staff G, Licensed Practical Nurse, explained that when a resident admitted to the facility the nurse working the floor or the resident care manager would complete a small packet of paperwork that included a one-page notification and consent form, the facility smoking rules, a skin assessment form, and a form for portable orders for life-sustaining treatment (POLST), day one of admission. Staff G was unsure if any other paperwork had to be reviewed with a resident and/or their representative upon admission.</p> <p>In an interview on 12/13/2024 at 13:31 AM, Staff F, Medical Records, explained the 29-page electronic admission agreement contained information on basic charges, all resident rights including the right to leave and/or refuse treatment, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, advanced directives, additional notifications, grievances and complaints. Staff F acknowledged residents would not be aware of the facility rules or their rights and responsibilities if admission paperwork was not reviewed and explained with new admissions and/or their legal representatives. Staff F acknowledged some residents in the facility did not have the 29-page admission paperwork completed upon admission and some residents discharged the facility prior to the admission paperwork being completed.</p> <p>In an interview on 12/13/2024 at 2:09 PM, Staff C, Resident Care Manager, was unsure how residents and/or their representatives would be aware of the facility rules or their rights and responsibilities if all the admission paperwork was not completed upon admission.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 12/16/2024 at 8:39 AM, Staff B, Director of Nursing, stated paperwork should be reviewed with a cognitively intact resident or their representative if the resident was cognitively impaired. Staff B acknowledged admission paperwork should be completed upon admission.</p> <p>In an interview on 12/16/2024 at 3:27 PM, Staff A, Administrator, stated they expected staff to complete admission paperwork within 24-72 hours of an admission and review the paperwork with the resident if they were cognitively intact or their representative if the resident had cognitive impairment.</p> <p>Refer to F578, F620, F625, and F835 for additional information.</p> <p>Reference WAC 388-97-0300 (1)(a), (7)(b).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>37544</p> <p>Based on interview and record review, the facility failed to ensure mail delivery was provided consistently, including Saturdays, for 4 of 8 sampled residents (Residents 13, 29, 44, 50) reviewed for resident rights. This failure placed residents at risk of not having their rights honored to receive and send communication through the mail, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's 08/2022 Resident Rights/Resident [NAME] of Rights policy showed residents were informed of their right to have privacy in written communication which included the right to send and promptly receive mail.</p> <p>In an interview on 12/06/2024 at 12:08 PM, Resident 13 stated they didn't get mail on the weekends because there was nobody there to hand the mail out to the residents. Per Resident 13, Staff O, Life Enrichment Assistant, received the mail when it was delivered, then handed it out to the residents, but on the weekends, there was nobody working to give the mail to Staff O.</p> <p>During a group interview on 12/06/2024 at 1:22 PM with members of the Resident Council, the group was asked if they received mail on Saturdays. Resident 13 explained to the group that they had informed the surveyor that mail was not handed out on the weekends due to there not being staff working to give the mail to Staff O. Residents 29, 44, and 50 all stated they agreed with Resident 13, that not getting mail on the weekend was a problem.</p> <p>In an interview on 12/16/2024 at 4:10 PM, Staff B, Director of Nursing, stated Staff O handed the mail out to the residents, was currently the only staff member in the activity department, and nobody was available to hand out the mail on the weekend to the residents.</p> <p>In an interview on 12/17/2024 at 8:47 AM, Staff O, stated they were given the mail when it was delivered, and then they handed it out to the residents. When asked if the residents received mail if Staff O was not working, Staff O stated they were the only staff right now in the activity department.</p> <p>Reference WAC 388-97-0500 (1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47328</p> <p>Based on interview and record review the facility failed to routinely provide written information including the facility policy on advanced directives (a written instruction, such as a living will or Durable Power of Attorney [DPOA] for health care-a document delegating to an agent the authority to make health care decisions in case the individual delegating the authority subsequently becomes incapable to do so), review and thoroughly explained information on the right to formulate advanced directives with cognitively intact residents and/or the resident's legal representative when indicated upon admission, as required for 6 of 12 sampled residents (Residents 68, 28, 271, 44, 20, and 218), reviewed for advanced directives. This failure placed residents and/or their legal representatives at risk of losing their right to have their healthcare preferences and/or decisions honored.</p> <p>Findings included .</p> <p>Review of the facility policy titled, Advanced Directives revised [DATE], showed residents had the right to refuse treatment, to participate in health care decision-making and to formulate advanced directives. The policy defined advanced directives as written instruction related to the provision of healthcare when individuals were incapacitated such as a living will, declaration to physician, durable power of attorney for healthcare, healthcare directives, portable order for life-sustaining treatment (POLST) or other written health care instruction. The policy instructed staff to provide the resident and/or the resident representative with the facilities resident rights policies including the right to formulate advanced directives, in writing with an oral explanation, prior to or upon admission. Staff were to evaluate the resident's decision-making capacity upon admission, quarterly, annually, and upon a significant change in condition and document in the medical record whether or not an advanced directive had been executed by the resident. A copy of advanced directive paperwork was to be placed in a resident's permanent medical record. The policy further showed staff were to document and care plan when a resident was determined not to have decision-making capacity and therefore decision-making was transferred to the resident's legal representative.</p> <p><Resident 20></p> <p>A review of Resident 20's record documented they were admitted on [DATE] and had diagnoses that included paralysis on one side of the body from a stroke and malnutrition. The [DATE] admission assessment documented Resident 20 had clear speech, was able to make themselves understood sometimes, and a brief interview for mental status (BIMS) was not conducted as the resident was rarely understood.</p> <p>A review of the Admission Agreement dated [DATE] that contained consents for treatment, notice of a resident's right to formulate an advanced directive and financial agreements were signed by Resident 20's sibling, who was listed on the face sheet (demographic information and contact information) as an emergency contact. A different sibling was listed on the face sheet as Resident 20's DPOA. A copy of the DPOA document was not found in the record.</p> <p>The [DATE] nursing Admission Evaluation documented Resident 20 was oriented to person, place, time and situation, and had clear speech.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The [DATE] comprehensive care plan documented Resident 20 had an advance directive and staff were to maintain advance directive documents in the resident's medical record. On [DATE], the care plan was updated to document that Resident 20 was their own health care decision maker.</p> <p>A review of Social Service progress notes from [DATE] to [DATE] had no documentation regarding Resident 20's DPOA paperwork, or any resident concerns regarding their ability to make their own decisions.</p> <p>On [DATE] at 10:14 AM, Resident 20 was observed in their room lying in bed, alert and pleasant. The resident was thin, had limited use of their left arm, and was oriented to the surroundings and their situation and was able to recall in great detail many life events. Resident 20 stated their sibling had made themselves the resident's DPOA when the resident was unconscious in the hospital from a stroke. Resident 20 stated their sibling did not have much to do with them, and they did not want them to be their DPOA anymore because they had the resident's wallet, bank card, and they wanted those items returned to them.</p> <p>On [DATE] at 10:54 AM, Resident 20 was observed in the hall talking to Staff A, Administrator. Resident 20 was heard stating their sibling had their DPOA, and they wanted the sibling removed. Staff A directed Resident 20 into the office of Staff E, Social Services Director. At 12:24 PM, Resident 20 was observed outside in the smoking area and stated to other residents present that their sibling had their wallet and money, and they wanted the sibling removed as their DPOA.</p> <p>During an interview on [DATE] at 10:45 AM, Staff E stated they attempted to have a care conference with residents within a week of admission. If life-saving instructions in the event of a code were not already in place, that was addressed immediately upon admission. Staff E stated Resident 20 was competent but seemed to forget their limitations. Staff E stated Resident 20 had talked with them several times; a care plan meeting was held on [DATE] and Resident 20's sibling was present at the resident's request. Staff E stated they notified Resident 20 there was no DPOA documentation in their record and the resident was their own responsible party so Staff E had no reason to reach out to the resident's sibling. Staff E stated they normally added a progress note when they had discussions with residents, but they had not completed one for their discussion with Resident 20 regarding the resident's DPOA yet, and they had only updated the discharge plan. Staff E stated regarding the DPOA, all that had been done was that they requested a copy from the resident's sibling, but were told by the sibling it had been given to the hospital.</p> <p><Resident 218></p> <p>A review of the record documented Resident 218 was admitted on [DATE] and had diagnoses that included malnutrition and left below the knee amputation. The [DATE] admission assessment documented Resident 218 was cognitively intact and participated in choosing their preferences for their care.</p> <p>The [DATE] care plan documented Resident 218 made all their own healthcare decisions.</p> <p>Further review of Resident 218's record identified there was no Admission Agreement that included consents for treatment, documentation that advanced directives had been offered to the resident, or that Resident 218 had received a copy of the Resident's Rights.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident 218 left the facility on [DATE] against medical advice (AMA, when one chose to leave a facility sooner than anticipated or prior to when final discharge planning events had occurred).</p> <p>On [DATE] at 1:39 PM, a copy of the Admission Agreement for Resident 218 was requested from Staff F, Medical Records. The documentation was requested again on [DATE] at 2:47 PM from Staff DD, Regional Director of Operations, when they were assisting in the Medical Records and Business Office. At 2:51 PM, Staff DD stated there was no admission paperwork. Staff DD declined to be interviewed regarding the process for completion of Admission Agreements.</p> <p>During an interview on [DATE] at 2:58 PM, Staff A, Administrator, stated there was no Admission Agreement for Resident 218 and stated the facility was looking at that process. They stated there was a vacancy in the Business Office.</p> <p><Resident 68></p> <p>Review of the [DATE] admission assessment showed Resident 68 admitted to the facility on [DATE].</p> <p>Review of the one-page notification and consent form documented you have the right to make decisions regarding your medical care, including the right to refuse or accept medical or surgical treatment and the right to formulate advanced directives. The center's clinical staff will review this with you and complete the evaluation. See attached policy and record. No policy or record was attached. The form showed it was signed by Resident 68 on [DATE].</p> <p>Review of the [DATE] Social Service Admission and Discharge Evaluation showed Resident 68 was their own responsible party to make decisions and had a POLST. No documentation was found to show the facility's policy on the right to formulate advanced directives or information on formulating advanced directives was reviewed with or provided to Resident 68.</p> <p>Review of the [DATE] advanced directive care plan showed Resident 68 had advanced directives, a POLST, and instructed staff to refer to the form for cardiopulmonary resuscitation (CPR) instructions.</p> <p>Review of [DATE] through [DATE] nursing progress notes showed no documentation the facility's policy on the right to formulate advanced directives or information on formulating advanced directives was reviewed with or provided to Resident 68.</p> <p>In an interview on [DATE] at 11:07 AM, Resident 68 stated facility staff did not review or explain things to them upon admission.</p> <p><Resident 28></p> <p>Review of the [DATE] admission assessment showed Resident 28 admitted to the facility on [DATE]. Resident 28 had severe cognitive impairment.</p> <p>Review of the admission agreement that showed information on advanced directives was provided, reviewed, explained, and understood was signed by the severely cognitively impaired Resident 28 on [DATE], not their legal representative, as required.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of [DATE] through [DATE] nursing progress notes showed no documentation information on advanced directives was provided, reviewed, explained, to Resident 28's legal representative, as required.</p> <p>Review of the [DATE] healthcare decision maker care plan showed Resident 28 made their own healthcare decisions and instructed staff to advise the resident on their right to establish advanced directives.</p> <p><Resident 271></p> <p>Review of the [DATE] admission agreement showed Resident 271 admitted to the facility on [DATE]. Resident 271 was not comatose (unresponsive), was cognitively intact and able to clearly verbalize their needs.</p> <p>Review of [DATE] through [DATE] nursing progress notes showed no documentation was found that showed information on advanced directives was provided, reviewed, explained, to Resident 271, as required.</p> <p>Review of the admission agreement that showed information on advanced directives was provided, reviewed, explained, and understood was not signed by Resident 271 or staff, as of [DATE], 12 days after their admission.</p> <p>Review of the [DATE] healthcare decision maker care plan showed Resident 271 made their own healthcare decisions.</p> <p><Resident 44></p> <p>Review of the [DATE] admission assessment showed Resident 44 admitted to the facility on [DATE]. Resident 44 was not comatose, was cognitively intact and able to clearly verbalize their needs.</p> <p>Review of the one-page notification and consent form documented you have the right to make decisions regarding your medical care, including the right to refuse or accept medical or surgical treatment and the right to formulate advanced directives. The center's clinical staff will review this with you and complete the evaluation. See attached policy and record. No policy or record was attached. The form showed it was signed by Resident 44 on [DATE].</p> <p>Review of [DATE] nursing progress notes showed Resident 44 was alert and oriented on [DATE], day of admission. No documentation was found that showed information on advanced directives was provided, reviewed, explained, to Resident 44, as required.</p> <p>In an interview on [DATE] at 10:10 AM, Staff G, Licensed Practical Nurse, stated admission paperwork should be reviewed with residents when they are cognitively intact and their legal representative when the resident had cognitive impairment, upon admission.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on [DATE] at 10:31 AM, Staff F, Medical Records, stated information on formulating advanced directives including the facility policy was part of the 29-page electronic admission paperwork. Staff F further stated information on advanced directives should be reviewed with the resident when they are cognitively intact and their legal representative when the resident had cognitive impairment, upon admission. Staff F was unsure how a resident or their legal representative would be aware of their rights if the information was not review and/or explained to them.</p> <p>In an interview on [DATE] at 2:09 PM, Staff C, Resident Care Manager, stated they were unsure what facility staff was responsible for reviewing the 29-page electronic admission paperwork that included information on the right to formulate advanced directives. Staff C further stated it was outside of their scope of knowledge on how residents and/or their representatives would be informed of their rights if paperwork was not reviewed with them. Staff C acknowledged paperwork should be reviewed with the resident if they were cognitively intact and with their legal representative if the resident had cognitive impairment.</p> <p>In an interview on [DATE] at 8:39 AM, Staff B, stated the 29-page admission paperwork that included information on the right to formulate advanced directives should be reviewed with the resident if they were cognitively intact and their legal representative if the resident had cognitive impairment. Staff B further stated the admission paperwork including information on advanced directives should be reviewed, explained, and completed upon admission. Staff B acknowledged residents and/or their legal representative would not be informed of their rights if it was not documented.</p> <p>In an interview on [DATE] at 3:27 PM, Staff A, Administrator, stated paperwork should be reviewed with a cognitively intact resident and their legal representative if the resident had cognitive impairment. Staff A stated they expected staff to review, explain, and complete the 29-page admission paperwork that included information on the right to formulate advanced directives within ,d+[DATE] hours of admission.</p> <p>Refer to F572, F620, F625, and F835 for additional information.</p> <p>46033</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47328</p> <p>Based on interview and record review the facility failed to establish and implement an effective admission policy with all the required components, failed to not require a third-party guarantee of payment to the facility as a condition of admission, and failed to routinely review and complete admission paperwork with cognitively intact residents and/or the resident's legal representative when indicated upon admission, as required for 10 of 14 sampled residents (Resident 27, 28, 30, 42, 44, 41, 68, 268, 271, and 270), reviewed for admission. This failure placed residents at risk of not being fully informed of their rights, unmet care needs, and diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility policy titled, Admission Policy revised September 2024, showed the facility offered 24 hours a day, seven days a week admissions based on resident needs and center ability to meet the identified needs. The policy further showed the facility would utilize a 24 hours a day, seven day a week admission plan by instituting a central admissions team and utilize the weekend manager program for weekend admissions. The facility would provide a 24 hours, seven days a week admission plan that allowed referrals and admission to be accepted 24 hours, seven days a week. Marketing that admissions were available 24 hours, seven days a week would be done, and staff would be educated on the policy.</p> <p><Resident 27></p> <p>Review of the 06/14/2024 admission assessment showed Resident 27 admitted to the facility on [DATE]. Resident 27 was cognitively intact and able to clearly verbalize their needs.</p> <p>Review of the admission agreement that included information on basic charges, physician care, bed hold, all resident rights including the right to leave and/or refuse treatment, refunds, room transfers, privacy, resident trust account, payments, discontinuation of Medicaid or Medicare, denial of Medicare and Medicaid, interest on late payments, resident identification, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding showed it was electronically signed by Resident 27 on 06/13/2024, 6 days after their admission.</p> <p>Review of the 08/06/2024 discharge assessment showed Resident 27 discharged the facility to the community on 08/06/2024, with a return not anticipated.</p> <p>Review of the 09/12/2024 admission assessment showed Resident 27 readmitted to the facility on [DATE]. Resident 27 was not comatose (unresponsive), was cognitively intact, and able to clearly verbalize their needs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of September 2024 nursing progress notes showed no documentation the admission agreement that included information on basic charges, physician care, bed hold, all resident rights including the right to leave and/or refuse treatment, refunds, room transfers, privacy, resident trust account, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, resident identification, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding was reviewed and/or discussed with Resident 27 upon admission, as required.</p> <p>Further review of Resident 27's medical record as of 12/11/2024, 90 days after their 09/12/2024 admission, showed no documentation an admission agreement that included information on basic charges, physician care, bed hold, all resident rights including the right to leave and/or refuse treatment, refunds, room transfers, privacy, resident trust account, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, resident identification, smoking, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding was reviewed with Resident 27 upon their 09/12/2024 re-admission, as required.</p> <p>In an interview on 12/13/2024 at 11:20 AM, Staff F, Medical Records, stated all admission paperwork should be completed with a resident each time they admitted to the facility. Staff F acknowledged Resident 27 should of had admission paperwork completed upon their 09/06/2024 admission.</p> <p>In an interview on 12/13/2024 at 2:09 PM, Staff C, Resident Care Manager (RCM), reviewed Resident 27's medical record. Staff C acknowledged Resident 27 did not have admission paperwork completed when they admitted to the building on 09/06/2024 and should have.</p> <p><Resident 28></p> <p>Review of the 08/09/2024 admission assessment showed Resident 28 admitted to the facility on [DATE]. Resident 28 had severe cognitive impairment.</p> <p>Review of November 2024 nursing progress notes showed no documentation the admission agreement that included information on basic charges, physician care, bed hold, all resident rights including the right to leave and/or refuse treatment, refunds, room transfers, privacy, resident trust account, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, resident identification, smoking, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding was reviewed and/or discussed with Resident 28 or their representative upon admission, as required.</p> <p>Review of the admission agreement that included information on basic charges, physician care, bed hold, all resident rights including the right to leave and/or refuse treatment, refunds, room transfers, privacy, resident trust account, payments, discontinuation of Medicaid or Medicare, denial of Medicare and Medicaid, interest on late payments, resident identification, smoking, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding showed it was signed by the severely cognitively impaired Resident 28, not their representative, on 09/14/2024, 43 days after their admission.</p> <p><Resident 30></p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the 09/24/2024 admission assessment showed Resident 30 admitted to the facility on [DATE]. Resident 30 was not comatose, was cognitively intact, and able to clearly verbalize their needs.</p> <p>Review of September 2024 nursing progress notes showed no documentation the admission agreement that included information on basic charges, physician care, bed hold, all resident rights including the right to leave and/or refuse treatment, refunds, room transfers, privacy, resident trust account, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, resident identification, smoking, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding was reviewed and/or discussed with Resident 30 upon admission, as required.</p> <p>Review of the admission agreement that included information on basic charges, physician care, bed hold, all resident rights including the right to leave and/or refuse treatment, refunds, room transfers, privacy, resident trust account, payments, discontinuation of Medicaid or Medicare, denial of Medicare and Medicaid, interest on late payments, resident identification, smoking, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding showed it was signed by Resident 30 on 09/26/2024, 7 days after their admission.</p> <p><Resident 42></p> <p>Review of the 11/12/2024 admission assessment showed Resident 42 admitted to the facility on [DATE]. Resident 42 had severe cognitive impairment.</p> <p>Review of a one-page notification and consent form documented in consideration of the medical services received, I hereby assign to the center any third-party payments due to me or that may become due to me under any and all policies of insurance held by me or for my benefits for services rendered by the center. I do hereby authorize and direct that all insurance benefit payments be made direct to the center. The form showed it was signed by the severely cognitively impaired Resident 42, not their representative, on 11/05/2024.</p> <p>Review of November 2024 nursing progress notes showed no documentation the admission agreement that included information on basic charges, physician care, bed hold, all resident rights including the right to leave and/or refuse treatment, refunds, room transfers, privacy, resident trust account, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, resident identification, smoking, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding was reviewed and/or discussed with Resident 42 or their representative upon admission, as required.</p> <p>Review of the admission agreement that included information on basic charges, physician care, bed hold, all resident rights including the right to leave and/or refuse treatment, refunds, room transfers, privacy, resident trust account, payments, discontinuation of Medicaid or Medicare, denial of Medicare and Medicaid, interest on late payments, resident identification, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding showed it was electronically signed by Resident 42's representative on 11/20/2024, 15 days after their admission.</p> <p><Resident 44></p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the 11/13/2024 admission assessment showed Resident 44 admitted to the facility on [DATE]. Resident 44 was not comatose, was cognitively intact, and able to clearly verbalize their needs.</p> <p>Review of a one-page notification and consent form documented in consideration of the medical services received, I hereby assign to the center any third-party payments due to me or that may become due to me under any and all policies of insurance held by me or for my benefits for services rendered by the center. I do hereby authorize and direct that all insurance benefit payments be made direct to the center. The form showed it was signed by Resident 44 on 11/06/2024.</p> <p>Review of November 2024 nursing progress notes showed no documentation the admission agreement that included information on basic charges, physician care, bed hold, all resident rights including the right to leave and/or refuse treatment, refunds, room transfers, privacy, resident trust account, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, resident identification, smoking, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding was reviewed and/or discussed with Resident 44 upon admission, as required.</p> <p>Review of the admission agreement that included information on basic charges, physician care, bed hold, all resident rights including the right to leave and/or refuse treatment, refunds, room transfers, privacy, resident trust account, payments, discontinuation of Medicaid or Medicare, denial of Medicare and Medicaid, interest on late payments, resident identification, smoking, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding showed it was electronically signed by Resident 44 on 12/12/2024, 36 days after their admission.</p> <p><Resident 41></p> <p>Review of the 11/20/2024 admission assessment showed Resident 41 admitted to the facility on [DATE]. Resident 41 had moderate cognitive impairment.</p> <p>Review of November 2024 nursing progress notes showed no documentation the admission agreement that included information on basic charges, physician care, bed hold, all resident rights including the right to leave and/or refuse treatment, refunds, room transfers, privacy, resident trust account, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, resident identification, smoking, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding was reviewed and/or discussed with Resident 41 or their representative upon admission, as required.</p> <p>Review of the admission agreement that included information on basic charges, physician care, bed hold, all resident rights including the right to leave and/or refuse treatment, refunds, room transfers, privacy, resident trust account, payments, discontinuation of Medicaid or Medicare, denial of Medicare and Medicaid, interest on late payments, resident identification, smoking, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding showed it was electronically signed by Resident 41's representative on 11/19/2024, 6 days after their admission.</p> <p><Resident 68></p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the 11/28/2024 admission assessment showed Resident 68 admitted to the facility on [DATE].</p> <p>Review of a one-page notification and consent form documented in consideration of the medical services received, I hereby assign to the center any third-party payments due to me or that may become due to me under any and all policies of insurance held by me or for my benefits for services rendered by the center. I do hereby authorize and direct that all insurance benefit payments be made direct to the center. The form showed it was signed by Resident 68 on 11/21/2024.</p> <p>In an interview on 12/09/2024 at 11:07 AM, Resident 68 stated the facility did not review any paperwork with them upon admission.</p> <p>Review of November 2024 nursing progress notes showed no documentation the admission agreement that included information on basic charges, physician care, bed hold, all resident rights including the right to leave and/or refuse treatment, refunds, room transfers, privacy, resident trust account, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, resident identification, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding was reviewed and/or discussed with Resident 68 upon admission, as required.</p> <p>Further review of Resident 68's medical record showed no documentation an admission agreement that included information on basic charges, physician care, bed hold, all resident rights including the right to leave and/or refuse treatment, refunds, room transfers, privacy, resident trust account, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, resident identification, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding was reviewed with Resident 68 upon admission, as required. No admission agreement was found.</p> <p><Resident 268></p> <p>Review of the 12/02/2024 admission assessment showed Resident 268 admitted to the facility on [DATE]. Resident 268 was not comatose, was cognitively intact and able to clearly verbalize their needs.</p> <p>Review of a one-page notification and consent form documented in consideration of the medical services received, I hereby assign to the center any third-party payments due to me or that may become due to me under any and all policies of insurance held by me or for my benefits for services rendered by the center. I do hereby authorize and direct that all insurance benefit payments be made direct to the center. The form showed it was signed by Resident 268 on 11/25/2024.</p> <p>In an interview on 12/06/2024 at 11:53 AM, Resident 268 stated they did not recall reviewing or signing admission paperwork upon admission.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of November 2024 nursing progress notes showed no documentation the admission agreement that included information on basic charges, physician care, bed hold, all resident rights including the right to leave and/or refuse treatment, refunds, room transfers, privacy, resident trust account, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, resident identification, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding was reviewed and/or discussed with Resident 268 upon admission, as required.</p> <p>Review of the admission agreement that included information on basic charges, physician care, bed hold, all resident rights including the right to leave and/or refuse treatment, refunds, room transfers, privacy, resident trust account, payments, discontinuation of Medicaid or Medicare, denial of Medicare and Medicaid, interest on late payments, resident identification, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding showed it was electronically signed by Resident 268 on 12/13/2024, 18 days after their admission.</p> <p><Resident 271></p> <p>Review of the 12/06/2024 admission assessment showed Resident 271 admitted to the facility on [DATE]. Resident 271 was not comatose, was cognitively intact, and able to clearly verbalize their needs.</p> <p>Review of November 2024 nursing progress notes showed no documentation the admission agreement that included information on basic charges, physician care, bed hold, all resident rights including the right to leave and/or refuse treatment, refunds, room transfers, privacy, resident trust account, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, resident identification, smoking, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding was reviewed and/or discussed with Resident 271 upon admission, as required.</p> <p>Review of the admission agreement that included information on basic charges, physician care, bed hold, all resident rights including the right to leave and/or refuse treatment, refunds, room transfers, privacy, resident trust account, payments, discontinuation of Medicaid or Medicare, denial of Medicare and Medicaid, interest on late payments, resident identification, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding showed it had not been signed by Resident 271 as of 12/16/2024, 20 days after their admission.</p> <p><Resident 270></p> <p>Review of the 12/09/2024 admission assessment showed Resident 270 admitted to the facility on [DATE]. Resident 270 was cognitively intact, was not comatose, did not require assistance for health literacy, and was able to clearly verbalize their needs.</p> <p>Review of a one-page notification and consent form documented in consideration of the medical services received, I hereby assign to the center any third-party payments due to me or that may become due to me under any and all policies of insurance held by me or for my benefits for services rendered by the center. I do hereby authorize and direct that all insurance benefit payments be made direct to the center. The form showed it was signed by Resident 270 on 12/02/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of December 2024 nursing progress notes showed no documentation the admission agreement that included information on basic charges, physician care, bed hold, all resident rights including the right to leave and/or refuse treatment, refunds, room transfers, privacy, resident trust account, payments, discontinuation of Medicaid or Medicare, Denial of Medicare and Medicaid, interest on late payments, resident identification, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding was reviewed and/or discussed with Resident 270 upon admission, as required.</p> <p>Review of the admission agreement that included information on basic charges, physician care, bed hold, all resident rights including the right to leave and/or refuse treatment, refunds, room transfers, privacy, resident trust account, payments, discontinuation of Medicaid or Medicare, denial of Medicare and Medicaid, interest on late payments, resident identification, advanced directives, additional notifications, grievances and complaints, and acknowledgement of understanding showed it was electronically signed by Resident 270 on 12/13/2024, 11 days after their admission.</p> <p>In an interview on 12/13/2024 at 10:10 AM, Staff G, Licensed Practical Nurse, explained that when a resident admitted to the facility the nurse working the floor or the RCM would complete a small packet of paperwork that included a one-page notification and consent form, the facility smoking rules, a skin assessment form, and a form for portable orders for life-sustaining treatment (POLST), day one of admission. Staff G was unsure if any other paperwork had to be reviewed with a resident and/or their representative upon admission.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During interview and record review on 12/13/2024 at 13:31 AM, Staff F, Medical Records, confirmed the admission paperwork should be completed as stated by Staff G. Staff F provided a copy of the packet. The packet was nine pages and included a licensed nurse checklist, nursing assistant checklist, the one-page notification and consent form, a diet requisition form, the facility smoking allowed policy, an agreement to accept responsibility for a smoking resident related to the facility was a no smoking center, a personal effect inventory sheet, an admission skin assessment sheet, and a POLST form. Staff F continued to explain there were also 29-pages of electronic admission paperwork that included the admission agreement, voluntary arbitration agreement, notification and consent form, media release form, in house provider consent form, a heart and kidney specialist consent form, podiatrist consent form, a chronic care management care consent, advanced directives policy, advanced directive record form, bed hold policy, a list of facility room and therapy rates, care conference policy and care planning process, equipment safety form with items not allowed in the facility, information on emergency preparedness, disabled persons accessibility program information, non-discrimination policy, grievance policy, a corporate compliance hotline flyer, mandatory reporter abuse hotline information flyer, resident rights policy, resident bill of rights policy, notice of privacy, long-term care minimum data set system information, discharge management policy, personal item inventory policy, release of information consent, no smoking policy, electronic nicotine delivery system policy, and an understand the aging process informative letter that should be completed day one of admission with the resident if they were cognitively intact or with the resident's legal representative if the resident had cognitive impairment. Staff F further stated the 29-page electronic admission paperwork was completed by the business office manager. Staff F acknowledged residents would not be aware of their rights if admission paperwork was not reviewed and explained with new admissions. Staff F acknowledged some residents in the facility did not have the 29-page admission paperwork completed upon admission and some residents discharged the facility prior to the admission paperwork being completed. Staff F provided a paper list of residents that did not have the 29-page admission paperwork completed. Review of the list provided showed 14 out of 18 residents admitted [DATE] through 11/29/2024 did not have the paperwork completed and 4 out of 5 resident discharged the facility prior to having admission paperwork completed.</p> <p>In an interview on 12/13/2024 at 2:09 PM, Staff C, RCM, explained their portion of the admission process included entering provider orders, ordering medications, completing a nursing admission assessment, initiating care plans, and completing the small 9-page paper packet of paperwork. Staff C was unsure which staff were responsible for completing the 29-page electronic admission paperwork. Staff C was unsure how residents and/or their representatives would be aware of their rights if all the admission paperwork was not completed upon admission.</p> <p>In an interview on 12/16/2024 at 8:39 AM, Staff B, Director of Nursing, explained the floor nurse or the RCM completed the nine page paperwork packet along with entering orders, ordering medications and completing the admission assessments. Staff B further stated the business office manager or medical records was to review and complete the 29-page electronic admission paperwork upon admission. Staff B stated paperwork should be reviewed with a cognitively intact resident or their legal representative if the resident was cognitively impaired. Staff B acknowledged admission paperwork should be completed upon admission.</p> <p>In an interview on 12/16/2024 at 3:27 PM, Staff A, Administrator, stated they expected staff to complete admission paperwork within 24-72 hours of an admission and review the paperwork with the resident if they were cognitively intact or their representative if the resident had cognitive impairment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	

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 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Refer to F572, F578, F625, and F835 for additional information.</p> <p>Reference WAC 388-97-0040 (1).</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47328</p> <p>Based on interview and record review the facility failed to review and provide written information regarding bed holds (the right to pay the facility to hold their room/bed while hospitalized or on therapeutic leave) including the facility's policy to cognitively intact resident and/or the legal representatives of cognitively impaired residents upon admission for 8 of 14 sampled residents (Resident 27, 28, 42, 44, 68, 268, 270, and 271), reviewed for admission. This failure placed residents at risk for a lack of knowledge regarding the right to a bed-hold while they were hospitalized or on a therapeutic leave.</p> <p>Findings included .</p> <p>Review of the facility policy titled, Bed Hold: Notification of Bed Hold Policy and Return (Voluntary Transfer to Hospital and Therapeutic Leave) implemented September 2022, showed the resident and/or the resident representative would be provided written notice of the bed hold policy at time of admission. The policy further showed the facility required a written notice be provided to the resident, family member or responsible party regarding the resident's bed hold rights and the center's bed hold policy.</p> <p><Resident 27></p> <p>Review of the 09/12/2024 admission assessment showed Resident 27 admitted to the facility on [DATE]. Resident 27 was not comatose (unresponsive), was cognitively intact, and able to clearly verbalize their needs.</p> <p>Review of September 2024 nursing progress notes showed no documentation the admission agreement which included information on bed hold was reviewed and/or discussed with Resident 27 upon admission.</p> <p>Further review of Resident 27's medical record as of 12/11/2024, 90 days after their 09/12/2024 admission, showed no documentation an admission agreement that included information on bed hold was reviewed with Resident 27 upon their 09/12/2024 admission.</p> <p><Resident 28></p> <p>Review of the 08/09/2024 admission assessment showed Resident 28 admitted to the facility on [DATE]. Resident 28 had severe cognitive impairment.</p> <p>Review of November 2024 nursing progress notes showed no documentation the admission agreement which included information on bed hold was reviewed and/or discussed with Resident 28 or their representative upon admission.</p> <p>Review of the admission agreement that included information on bed hold showed it was signed by the severely cognitively impaired Resident 28, not their representative, on 09/14/2024, 43 days after their admission.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><Resident 42></p> <p>Review of the 11/12/2024 admission assessment showed Resident 42 admitted to the facility on [DATE]. Resident 42 had severe cognitive impairment.</p> <p>Review of November 2024 nursing progress notes showed no documentation the admission agreement which included information on bed hold was reviewed and/or discussed with Resident 42 or their representative upon admission.</p> <p>Review of the admission agreement that included information on bed hold showed it was electronically signed by Resident 42's representative on 11/20/2024, 15 days after their admission.</p> <p><Resident 44></p> <p>Review of the 11/13/2024 admission assessment showed Resident 44 admitted to the facility on [DATE]. Resident 44 was not comatose, was cognitively intact, and able to clearly verbalize their needs.</p> <p>Review of November 2024 nursing progress notes showed no documentation the admission agreement which included information on bed hold was reviewed and/or discussed with Resident 44 upon admission.</p> <p>Review of the admission agreement that included information on bed hold showed it was electronically signed by Resident 44 on 12/12/2024, 36 days after their admission.</p> <p><Resident 68></p> <p>Review of the 11/28/2024 admission assessment showed Resident 68 admitted to the facility on [DATE].</p> <p>In an interview on 12/09/2024 at 11:07 AM, Resident 68 stated the facility did not review any paperwork with them upon admission.</p> <p>Further review of Resident 68's medical record showed no documentation an admission agreement which included information on bed hold was reviewed with Resident 68 upon admission.</p> <p>Review of November 2024 nursing progress notes showed no documentation the admission agreement that included information on bed hold was reviewed and/or discussed with Resident 68 upon admission.</p> <p><Resident 268></p> <p>Review of the 12/02/2024 admission assessment showed Resident 268 admitted to the facility on [DATE]. Resident 268 was not comatose, was cognitively intact and able to clearly verbalize their needs.</p> <p>In an interview on 12/06/2024 at 11:53 AM, Resident 268 stated they did not recall reviewing or signing admission paperwork upon admission.</p> <p>Review of November 2024 nursing progress notes showed no documentation the admission agreement which included information on bed hold was reviewed and/or discussed with Resident 268 upon admission.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the admission agreement that included information on bed hold showed it was electronically signed by Resident 268 on 12/13/2024, 18 days after their admission.</p> <p><Resident 271></p> <p>Review of the 12/06/2024 admission assessment showed Resident 271 admitted to the facility on [DATE]. Resident 271 was not comatose, was cognitively intact, and able to clearly verbalize their needs.</p> <p>Review of November 2024 nursing progress notes showed no documentation the admission agreement which included information on bed hold was reviewed and/or discussed with Resident 271 upon admission.</p> <p>Review of the admission agreement that included information on bed hold showed it had not been signed by Resident 271 as of 12/16/2024, 20 days after their admission.</p> <p><Resident 270></p> <p>Review of the 12/09/2024 admission assessment showed Resident 270 admitted to the facility on [DATE]. Resident 270 was cognitively intact, was not comatose, did not require assistance for health literacy, and was able to clearly verbalize their needs.</p> <p>Review of December 2024 nursing progress notes showed no documentation the admission agreement which included information on bed hold was reviewed and/or discussed with Resident 270 upon admission.</p> <p>Review of the admission agreement that included information on bed hold showed it was electronically signed by Resident 270 on 12/13/2024, 11 days after their admission.</p> <p>In an interview on 12/13/2024 at 10:10 AM, Staff G, Licensed Practical Nurse, explained that when a resident admitted to the facility the nurse working the floor or the resident care manager would complete a small packet of paperwork that included a one-page notification and consent form, the facility smoking rules, a skin assessment form, and a form for portable orders for life-sustaining treatment (POLST), day one of admission. Staff G was unsure if any other paperwork had to be reviewed with a resident and/or their representative upon admission.</p> <p>In an interview on 12/13/2024 at 13:31 AM, Staff F, Medical Records, explained the 29-pages electronic admission paperwork included information on the facility's bed hold policy should be completed day one of admission with the resident if they were cognitively intact or with the resident's legal representative if the resident had cognitive impairment. Staff F acknowledged residents would not be aware of their bed hold rights if admission paperwork was not reviewed and explained with new admissions or their legal representative.</p> <p>In an interview on 12/13/2024 at 2:09 PM, Staff C, RCM, was unsure which staff were responsible for reviewing, explaining, and completing the 29-page electronic admission paperwork that included information on the facility's bed hold policy. Staff C was unsure how residents and/or their representatives would be aware of their bed hold rights if all the admission paperwork was not completed upon admission.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 12/16/2024 at 8:39 AM, Staff B, Director of Nursing, stated the business office manager or medical records was to review and complete the 29-page electronic admission paperwork that included information on the facility's bed hold policy, upon admission. Staff B stated paperwork should be reviewed with a cognitively intact resident or their representative if the resident was cognitively impaired. Staff B acknowledged admission paperwork should be completed upon admission.</p> <p>In an interview on 12/16/2024 at 3:27 PM, Staff A, Administrator, stated they expected staff to review, explain, and complete admission paperwork that included information on the facility's bed hold policy within 24-72 hours of an admission and review the paperwork with the resident if they were cognitively intact or their legal representative if the resident had cognitive impairment.</p> <p>Refer to F572, F578, F620 and F835 for additional information.</p> <p>Reference WAC 388-97-0120 (4)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37544</p> <p>Based on interview and record review, the facility failed to ensure residents with newly evident mental conditions were referred for a Preadmission Screening and Resident Review (PASRR, an evaluation that ensured residents received the appropriate behavioral health services), and were referred for behavioral health services once recommended for 3 of 11 sampled residents (Residents 35, 54 and 60) reviewed. Specifically, Residents 35 and 60 were diagnosed with depression and started on psychotropic medication therapy (medications that altered mood, behavior and brain function) and a PASRR level I screening and referral for level II was not completed, and Resident 54 had PASRR level II recommendations for behavioral health services and the recommendations were not implemented timely.</p> <p>Findings included .</p> <p>The 04/26/2023 PASRR Requirements facility policy documented the center strives to ensure that PASRR documentation is correct at the time of admission. The facility was to immediately complete a new level I screening using the standardized form if the facility found that a resident, not previously determined to have a serious mental illness, developed symptoms and were to refer the resident to the mental health PASRR evaluator for further recommendations. Additionally, the facility was to provide any specialized services and interventions recommended by the level II evaluator.</p> <p><Resident 60></p> <p>The 08/12/2024 admission assessment documented Resident 60 had admitted to the facility in August 2024 from the hospital and had no mental health/psychiatric diagnoses.</p> <p>Review of Resident 60's record showed a level I PASRR was completed prior to admission on 08/01/2024 by the hospital. The assessment documented the resident did not have any serious mental health indicators/diagnoses, and a level II PASRR assessment (a more in-depth assessment to identify if specialized mental health services were required), was not indicated.</p> <p>Review of the 11/12/2024 quarterly assessment documented Resident #60 now had a diagnosis of depression, a mental health condition characterized by a persistent feeling of sadness that lasted over an extended period. In addition, the assessment documented the resident had received psychotropic medication.</p> <p>Review of the Order Summary Report from 01/01/2024 through 12/06/2024 documented on 10/18/2024, a psychotropic medication, Paroxetine, had been prescribed to treat the symptoms of depression.</p> <p>Reviews of the November 2024 and December 2024 Medication Administration Records documented Resident 60 had received the medication daily.</p> <p>Additional record review found no documentation that the facility completed a new level I PASRR and referred the resident to the mental health PASRR evaluator to have a level II assessment completed as required, after identifying Resident 60 had developed symptoms consistent with a serious mental illness.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 12/10/2024 from 1:10 PM to 1:47 PM, Staff E, Social Services Director stated a PASRR level I needed to be done prior to a resident being admitted and redone when there was a change in the resident's mental health/condition, and serious mental illness would need a PASRR level II completed. When asked what qualified as a serious mental illness, Staff E stated that serious mental illnesses included delusional disorders, bipolar disorder (a mental illness characterized by extreme mood swings), and schizophrenia (a mental illness characterized by hallucinations, delusions, disorganized thinking and behavior). When asked if a new PASRR and a referral for a level II evaluation had been completed for Resident 60 after the addition of the depression diagnosis, Staff E stated it was their understanding that a depression diagnosis would not need a new PASRR or referral as it was not considered a serious mental illness, so it had not been completed.</p> <p>46033</p> <p><Resident 35></p> <p>A review of the record documented Resident 35 was originally admitted on [DATE] and had diagnoses including kidney disease dependent on dialysis (a mechanical way of removing waste from the body when the kidneys no longer function) and history of other mental and behavioral disorders not specified.</p> <p>Prior to admission to the facility, a level I PASRR screening was completed on 09/23/2024 and indicated Resident 35 had no serious mental illness and did not require a referral for further level II evaluation by the state behavioral health assessor.</p> <p>The 10/09/2024 Admission comprehensive assessment documented Resident 35 had a mood severity assessment completed and a score of 00, no symptoms, was assigned. Resident 35 was not taking psychotropic medications (antipsychotics, antidepressants or anti-anxiety medications for example).</p> <p>Further record review documented Resident 35 was hospitalized from 10/23/2024 to 11/06/2024. On 11/07/2024, a provider order was given to administer escitalopram, a psychotropic medication, daily to Resident 35 for depression.</p> <p>The 11/13/2024 significant change assessment documented Resident 35 took an antidepressant medication daily and had a mood severity score of 2; little interest or pleasure in doing things and feeling down or hopeless for several days during the evaluation period.</p> <p>On 12/06/2024 at 1:15 PM, Medical Records staff was asked for documentation that showed a second PASRR evaluation had been completed for Resident 35 when their antidepressant medication was initiated. None was provided.</p> <p><Resident 54></p> <p>A review of the record documented Resident 54 was admitted on [DATE] and had diagnoses that included stimulant induced psychotic disorder.</p> <p>Prior to admission to the facility, Resident 54 had a PASSR level II completed in 03/2024 that documented the resident required behavioral health services once admitted to the facility. Further review of the record showed Resident 54 was not seen by the behavioral health provider until 09/17/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/10/2024 at 1:10 PM, Staff E, Social Services Director, stated it had not been their practice to refer for a PASRR evaluation for medication changes so they would not have sent a referral for Resident 35. Staff E was unsure why behavioral health services for Resident 54 had been delayed. Staff E stated at the time Resident 54 was admitted , they were unsure of the PASRR process in general so that may have contributed to the delay.</p> <p>During an interview on 12/17/2024 at 12:41 PM, Staff B, Director of Nursing, stated Resident 54's referral to behavioral health was not timely. It was important the resident PASRRs were completed correctly and the referrals sent timely so the residents could receive the services they needed to maintain good mental health.</p> <p>Reference: WAC 388-97-1915 (4)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46033</p> <p>Based on interview and record review, the facility failed to ensure residents with histories of mental disorders were screened appropriately for a need for specialized behavioral health services prior to admission as required for 2 of 11 sampled residents (Residents 20 and 61) reviewed. This failure placed residents at risk for unmet behavioral health needs and potential decline in their psycho-social well-being.</p> <p>Findings included .</p> <p>A State of [NAME] Department of Social and Health Services Dear Nursing Facility Administrator letter dated June 6, 2024, provided clarification to the Pre-Admission Screening and Resident Review (PASRR) process. The initial screening, referred to as a PASRR Level I, was to be completed prior to the nursing facility admission with the purpose of identifying individuals who have or may have serious mental illness or intellectual disability. Those that had been identified with any of the qualifying criteria required a PASRR Level II referral prior to admission. The Level II evaluation identified specialized services required for the resident and were those that generally exceeded the typical services provided by nursing facilities. The Level II referral was required prior to nursing facility admission irrespective of the resident's reported stability. The letter documented if any questions in section 1A were marked yes, a Level II PASRR was required.</p> <p><Resident 20></p> <p>A review of the record documented Resident 20 was admitted on [DATE] and had diagnoses that included depression and adult failure to thrive. The 11/06/2024 comprehensive admission assessment documented Resident 20 took an antipsychotic medication (medication that treated mood and anxiety disorders by altering brain chemistry) daily.</p> <p>The 10/31/2024 care plan documented Resident 20 used antipsychotic medication related to major depression. Staff were instructed to monitor for medication side effects and effectiveness in treating the target behavior of self-isolation.</p> <p>A PASRR Level I screening was completed at the hospital on 10/29/2024. Section 1A did not identify that Resident 20 had a serious mental illness, and the resident was not referred for a Level II evaluation prior to their admission to the facility as required.</p> <p><Resident 61></p> <p>A review of the record documented Resident 61 was admitted on [DATE] and had diagnoses that included prostate cancer that had spread to the brain and depression. The 08/24/2024 comprehensive admission assessment documented Resident 61 received antidepressant medication (medication used to treat depression) daily.</p> <p>The 08/18/2024 care plan documented Resident 61 used antidepressant medication related to depression. Staff were instructed to monitor for medication side effects and effectiveness in treating the target behavior of sadness.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	

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 - Few</p>	<p>A PASSR Level I screening was completed at the hospital on 08/02/2024. Section 1A did not identify that Resident 61 had a serious mental illness, and the resident was not referred for a Level II evaluation prior to their admission to the facility as required.</p> <p>During an interview on 12/10/2024 at 1:10 PM, Staff E, Social Services Director, stated Staff B, Director of Nursing, had a list of diagnoses that qualified as a serious mental illness that required a Level II evaluation. Staff E stated if they were unsure if a resident had a serious mental illness, they checked with Staff B. Staff E reviewed the records for Residents 20 and 61 and stated Resident 20 had a diagnosis of major depressive disorder but the hospital PASRR Level I showed the resident had no serious mental illness. Staff E stated they should have had a Level II evaluation. Staff E stated they previously understood that Resident 61's diagnosis was of depression only, so a Level II evaluation was not indicated. Staff E then agreed that the Level II evaluator would be the one to determine if a resident's depression was serious or not.</p> <p>Reference WAC 388-97-1915 (1)(2)(a-c).</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 - Few</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** 46033</p> <p>Based on observation, interview and record review, the facility failed to ensure baseline care plan goals and interventions related to dialysis (a mechanical way of removing waste from the body when the kidneys no longer function) needs were developed in the required timeframe for 2 of 7 sampled residents (Residents 63 and 220) reviewed for dialysis care. This failure put the residents at risk for unmet complex dialysis care needs and potential undesired health complications.</p> <p>Findings included .</p> <p><Resident 63></p> <p>A review of the record documented Resident 63 was admitted to the facility on [DATE] and had diagnoses including end-stage renal disease (ESRD, lack of kidney function) and was dependent on dialysis.</p> <p>The 10/29/2024 nursing Admission Evaluation documented Resident 63 was not incontinent of urine, had no urinary catheter, and did not receive dialysis. There was no mention what type of dialysis access the resident had or where it was located on the resident.</p> <p>The 10/31/2024 Provider History and Physical documented Resident 63 was transferred from a skilled nursing facility in a neighboring state for management of the resident's diabetes and dialysis with a goal of transfer to an adult family home for more independent living.</p> <p>Review of the 10/29/2024 comprehensive care plan showed goals and interventions related to Resident 63's dialysis needs were initiated on 11/26/2024. No documentation was found that showed a baseline care plan that included goals and interventions for dialysis had been developed within 48 hours of admission, as required.</p> <p><Resident 220></p> <p>A review of the record documented Resident 220 was admitted on [DATE] and had diagnoses including Cardiac Arrest (emergency life threatening shut down of a body's vital functions) and ESRD and was dependent on dialysis. The resident was discharged from the facility on 07/31/2024.</p> <p>The 06/21/2024 hospital history and physical documented Resident 220 had missed a long stretch of dialysis sessions related to travel plans that had gone awry. The last session was on 06/09/2024. Per the documentation, the resident was sent for a dialysis session from the Emergency Department, and while there went into cardiac arrest, likely from electrolyte and blood sugar imbalances in conjunction with a seizure.</p> <p>The 07/15/2024 nursing Admission Evaluation documented Resident 220 was not incontinent of urine, had no urinary catheter and questions regarding dialysis were left blank.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 - Few</p>	<p>The comprehensive care plan initiated on 07/15/2024 had no goals or interventions developed regarding the resident's dialysis needs for the entirety of the resident's stay.</p> <p>During an interview on 12/13/2024 at 11:01 AM, Staff C, Resident Care Manager, stated the care plan development was a multi-step process; the admission assessment was completed first because the assessment triggered the goals and interventions that were part of the care plan. Facility staff received information regarding new admissions from the central admission staff that included diagnoses and other pertinent information. After the initial care plan was initiated from the admission assessment, the interdisciplinary team met generally in the first 2-3 days and added goals and interventions to the care plans. Staff C stated the initial basic care plan needed to address the care needs of the residents.</p> <p>During an interview on 12/17/2024 at 12:41 PM, Staff B, Director of Nursing, stated the staff would need to know the type of dialysis access a resident had, where they received their dialysis treatments, and what to monitor for such as complications among other needs. They expected staff to identify and include this information on the basic care plan.</p> <p>Reference: WAC 388-97-1020(3)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40845</p> <p>Based on interview and record review the facility failed to complete a discharge summary with all the required components including a recapitulation of the resident's stay, the resident's status at time of discharge, a medication reconciliation, or a discharge plan of care, as required for 1 of 2 sampled residents (Resident 66), reviewed for discharge. This failure placed residents at risk of unsafe discharges, unmet care needs and diminished quality of life.</p> <p>Findings included .</p> <p>Review of the 09/05/2024 admission assessment showed Resident 66 admitted to the facility on [DATE].</p> <p>Review of the 09/06/2024 discharge assessment showed Resident 66 discharged the facility on 09/06/2024.</p> <p>Review of September 2024 nursing progress notes showed no progress notes had been documented for Resident 66.</p> <p>In a telephone interview on 12/16/2024 at 11:45 AM, Resident 66 stated they left the facility against medical advice (AMA) because they were unhappy with their room. Resident 66 further stated they signed an AMA form prior to leaving the facility.</p> <p>Further review of Resident 66's medical record showed no AMA form was found.</p> <p>In an interview on 12/16/2024 at 12:30 PM, Staff D, Resident Care Manager (RCM), stated when a resident left AMA the nurse or RCM were to discuss the AMA form with the resident and explain why it's a bad decision to discharge AMA. Staff D further stated they were to notify the physician, director of nursing (DNS), and the Administrator of any residents that wanted to discharge AMA and progress notes that included preventative actions taken should be documented. Staff D reviewed Resident 66's medical record. Staff D acknowledged no AMA documentation could be found.</p> <p>In an interview on 12/16/2024 at 12:45 PM, Staff F, Medical Records, reviewed Resident 66's medical record. Staff F acknowledged no AMA documents were found into Resident 66's record.</p> <p>In an interview on 12/16/2024 at 2:02 PM, Staff B, DNS, stated they expected a discharge summary, AMA form, and progress note be documented if or when a resident chose to discharge AMA. Staff B further stated that notifications should be made to the physician, the resident's next of kin (legal representative), Administrator, DNS, and the Ombudsman (neutral third party who helps residents with concerns about their care). Staff B acknowledged no documentation could be found regarding the Resident 66's discharge.</p> <p>In an interview on 12/16/2024 at 4:11 PM, Staff E, Social Service Director, stated when a resident discharged AMA the facility did not take any additional steps, except to notify Adult Protective Services. No documentation was found or provided that showed Adult Protective Services was notified.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	

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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Refer to F 835 for additional information.</p> <p>Reference: WAC 388-97-0080 (7)(a)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47328</p> <p>Based on observation, interview, and record review the facility failed to address subtherapeutic (less than therapeutic) blood values for a resident on a blood thinner, routinely implement the bowel protocol when indicated, and administer medications as ordered for 3 of 6 sampled residents (Residents 268, 27, and 29), reviewed unnecessary medications. This failure placed residents at risk of potentially avoidable accidents, medical complications, and diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility policy titled, Coumadin [blood thinner] and Other Anticoagulant [blood thinner] Medication revised January 2024, showed blood test monitoring would occur for resident who received Coumadin, per provider orders. The policy instructed staff to enter blood test orders into the resident's medical record, complete laboratory requisition paperwork, and implement an anticoagulant care plan to monitor for signs and/or symptoms of bleeding.</p> <p>Review of the facility policy titled, Management of Constipation revised November 2023, defined constipation as three or more days without a bowel movement (BM). BMs would be monitored via clinical alerts and nursing staff was to assess a resident identified with no or small BM documented in 64 hours. The policy showed the clinical alert would be cleared once a progress note with documented findings and interventions were documented. The policy included examples of oral and rectal laxatives that could be used to relieve constipation, with a provider order.</p> <p><Resident 268></p> <p>Review of the 12/02/2024 admission assessment showed Resident 268 admitted to the facility on [DATE] with diagnoses including heart failure (heart cannot pump enough blood to meet the body's needs), aortic valve stenosis (narrowed heart valve), and cor pulmonale (heart failure that causes high blood pressure in lung vessels). The assessment further showed Resident 268 received blood thinners, was cognitively intact and able to clearly verbalize their needs.</p> <p>Review of 11/25/2024 hospital discharge orders showed Resident 268 was to receive Coumadin daily and have a prothrombin time and international normalized ratio (PT/INR, blood test that measured how long blood took to clot) obtained on 11/27/2024 with a goal range of 2-3.</p> <p>Review of facility provider orders showed a 11/25/2024 order for Resident 268 to have a PT/INR drawn every morning with a goal range of 2-3.</p> <p>Review of the November 2024 and December 2024 Medication Administration Record (MAR) showed the PT/INR signed and documented as obtained on 11/26/2024, 11/27/2024, 11/28/2024, 11/29/2024, 11/30/2024, 12/01/2024, 12/02/2024, 12/03/2024, and 12/04/2024.</p> <p>Review of the 11/26/2024 PT/INR results showed Resident 268's level was 1.89, below the desired goal range of 2-3.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Further review of Resident 268's records showed no documentation of PT/INR results for 11/27/2024, 11/28/2024, 11/29/2024, 11/30/2024, 12/01/2024, 12/02/2024, 12/03/2024, or 12/04/2024.</p> <p>Review of the provider communication book from 11/02/2024 through 12/05/2024 showed no documentation the provider was notified of Resident 268's low 11/26/2024 PT/INR results.</p> <p>Review of the 11/26/2024 admission provider note showed Resident 268 was to take Coumadin with INR monitoring. No documentation was found to show the provider reviewed the low 11/26/2024 PT/INR results.</p> <p>Review of the 11/26/2024 cardiology (specialist that specialized in the heart, blood vessels, and circulatory system) progress notes showed no documentation Resident 268 was on Coumadin with PT/INR monitoring.</p> <p>Review of the 11/27/2024 provider progress note showed Resident 268 took Coumadin. No documentation was found to show the provider reviewed the low 11/26/2024 PT/INR results.</p> <p>Review of the 12/03/2024 cardiologist follow-up progress note showed Resident 268 took Coumadin. No documentation was found to show the provider reviewed the low 11/26/2024 PT/INR results.</p> <p>Review of nursing progress notes from 11/25/2024 through 12/06/2024 showed no documentation the provider was notified of the low 11/26/2024 PT/INR results.</p> <p>In an interview on 12/06/2024 at 11:53 AM, Resident 268 stated they had taken Coumadin for eight years. Resident 268 further stated they were unsure if their PT/INR level had been checked since they arrived at the facility or how often it was to be checked.</p> <p>In an interview on 12/06/2024 at 12:13 PM, Staff G, Licensed Practical Nurse (LPN), stated Resident 268 took Coumadin daily and had their PT/INR checked by an outside laboratory.</p> <p>In an interview on 12/06/2024 at 12:47 PM, Resident 268's PT/INR results for 11/27/2024, 11/28/2024, 11/29/2024, 11/30/2024, 12/01/2024, 12/02/2024, 12/03/2024, and 12/04/2024 were requested from Staff F, Medical Records.</p> <p>In a follow-up interview on 12/06/2024 at 12:52 PM, Staff G, stated Resident 268 was at risk for blood clots if the PT/INR level was low.</p> <p>In a follow-up interview on 12/06/2024 at 1:11 PM, Staff F, stated Resident 268 was ordered to have their PT/INR drawn daily but the only PT/INR drawn was on 11/26/2024.</p> <p>In an interview on 12/06/2024 at 1:21 PM, Staff C, Resident Care Manager, explained when a resident was on Coumadin, they usually had PT/INR orders to check blood clotting levels. Staff C reviewed Resident 268's medical record. Staff C stated Resident 268's PT/INR orders were transcribed into the medical record incorrectly, the PT/INR was entered as daily, but the hospital only ordered it to be drawn once on 11/27/2024. Staff C acknowledged they were unable to find documentation the 11/26/2024 low PT/INR results were reported or reviewed by the provider. Staff C acknowledged Resident 268 was at risk for stroke, blood clots, and potential negative outcomes including death.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A brief record review on 12/06/2024 of all current residents, showed no other residents were on Coumadin.</p> <p>During an interview on 12/06/2024 at 2:30 PM, Staff C, RCM stated that they notified the provider, who ordered an immediate PT/INR for Resident 268. They further clarified that the laboratory staff was already at the facility to draw the lab.</p> <p>In an interview on 12/12/2024 at 10:55 AM, Staff B, Director of Nursing, stated residents on Coumadin had PT/INR blood work obtained per provide orders to attempt to maintain their levels within their goal parameters. Staff B acknowledged the provider had not been notified of Resident 268's 11/26/2024 low PT/INR results and they should have been.</p> <p>In an interview on 12/16/2024 at 3:27 PM, Staff A, Administrator, stated they expects staff to follow-up on PT/INR results as indicated.</p> <p><Resident 27></p> <p>Review of the 09/12/2024 admission assessment showed Resident 27 had diagnoses including arthritis and hemiplegia (weakness or paralysis on one side of the body). The assessment further showed Resident 27 required moderate staff assistance to complete toileting hygiene. Resident 27 was cognitively intact and able to make their needs known.</p> <p>Review of the 09/06/2024 self-care performance deficit care plan showed Resident 27 was independent with toileting and required extensive staff assistance for hygiene. The bowel elimination care plan revised 11/29/2024 instructed staff to observe pattern of incontinence, provide incontinence products and assistance with personal hygiene.</p> <p>Review of the November 2024 and December 2024 bowel movement (BM) record showed the following:</p> <ul style="list-style-type: none"> - 11/1/2024 medium BM, -11/06/2024 medium BM (after 5 days without a BM) - 11/13/2024 two medium BM (after 7 days without a BM) - 11/23/2024 medium BM, 11/27/2024 large BM (after 4 days without a BM) - 11/30/2024 medium BM. - 12/02/2024 medium BM, no documentation of BM through 12/09/2024 (7 days without a BM). <p>Review of provider orders showed 09/06/2024 order for Resident 27 to be administered a liquid oral laxative on day three of not having a BM. A 09/06/2024 order showed Resident 27 was to be administered a laxative suppository if no results from the liquid oral laxative after 12 hours. A 09/06/2024 order showed Resident 27 was to be administered an enema (liquid laxative inserted rectally) if no results from the suppository after six hours.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the November 2024 through December 2024 medication administration record (MAR) showed Resident 27 was administered the liquid oral laxative once on 11/12/2024.</p> <p>Review of November 2024 through December 2024 nursing progress notes showed no documentation Resident 27 was assessed related to constipation or bowel interventions implemented.</p> <p>Review of the provider communication book from 11/02/2024 through 12/05/2024 showed no documentation the provider was notified of Resident 27's constipation issues.</p> <p>Review of November 2024 through December 2024 provider progress notes showed no documentation the provider was informed of Resident 27's constipation issues.</p> <p>In an interview on 12/10/2024 at 11:46 AM, Staff J, Nursing Assistant, stated BM were documented in the resident electronic medical record, the system would trigger an alert if no BMs were documented in 64 hours and the nurse would follow-up. Staff J was unsure of the facility bowel protocol but stated a resident was at risk for a bowel obstruction if they had unrelieved constipation.</p> <p>In an interview on 12/10/2024 at 12:38 PM, Staff G, Licensed Practical Nurse, explained BM were documented in the resident's electronic medical record and the system would trigger an alert if no BMs were documented in 64 hours. Staff G further stated the facility bowel protocol started when a resident did not have a BM documented in three days or 64 hours and bowel interventions administered would be documented in the MAR. Staff G acknowledged a resident was at risk of bowel blockages from unrelieved constipation.</p> <p>In an interview on 12/10/2024 at 12:35 PM, Staff D, Resident Care Manager, stated BMs were documented in the electronic medical record and the facility bowel protocol would start if a resident did not have a BM after three days. Staff D explained the facility also had standing orders for constipation and resistant constipation that could also be implemented as needed. Staff D further stated a resident was at risk of bowel blockages from unrelieved constipation. Staff D reviewed Resident 27's medical record. Staff D acknowledged Resident 27's last BM was documented as 12/02/2024, eight days prior.</p> <p>In an interview on 12/10/2024 at 3:44 PM, Staff B, Director of Nursing, stated BMs were documented in the electronic medical record, the facility bowel protocol would start if a resident did not have a BM after three days with interventions administered documented in the MAR. Staff B further stated a resident was at risk of bowel obstructions from unrelieved constipation. Staff B was notified Resident 27's last documented BM was 12/02/2024, eight days prior. Staff B stated staff should have implemented the bowel protocol and notified the provider.</p> <p>In an interview on 12/16/2024 at 3:27 PM, Staff A, Administrator, stated they expected staff to implement the bowel protocol when indicated.</p> <p>42802</p> <p><Oxygen parameters></p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>According to a quarterly assessment dated [DATE], Resident 29 had diagnoses which included Chronic Obstructive Pulmonary Disease (COPD, a progressive lung disease which causes obstruction of the airflow), respiratory failure, and hypertension (high blood pressure).</p> <p>Resident 29 was observed wearing oxygen on 12/04/2024 at 1:39 PM, 12/09/2024 at 11:42 PM and 12/11/2024 at 9:39 AM.</p> <p>On 12/12/2024 at 1:45 PM, Resident 29 was observed seated in their room, with their oxygen tubing wrapped around the positioning bar on their bed. They stated that they don't need the oxygen on all of the time.</p> <p>A review of Resident 29's medical record showed a current order, dated 08/02/2023, for Oxygen 1-4 liters (measure of the oxygen flow) to keep oxygen saturations (O2 sats) between 88-90 % (a reading of percentage of oxygen in the blood.)</p> <p>A review of the November 2024 Medication Administration Record (MAR) documented the oxygen saturation levels were above the 90% parameter 46 out of 60 times checked, while the resident was on oxygen.</p> <p>A review of the December 2024 MAR from 12/02/2024 and 12/06/2024 documented the oxygen saturation levels were above 90%, eight of 11 times checked, while the resident was on oxygen.</p> <p>During an interview on 12/13/2024 at 10:40 AM, Staff H, Licensed Practical Nurse (LPN) stated that if a resident's O2 sat levels were outside of the range on the provider order, they should check with the doctor.</p> <p>During an interview on 12/16/2024 at 2:35 PM, Staff C, Resident Care Manager (RCM) viewed Resident 29's oxygen order and said the nurses should have checked with the doctor, and acknowledged that the current doctors orders for oxygen were not followed.</p> <p>During an interview on 12/16/2024 at 11:29 AM, Staff V, Medical Doctor (MD), stated that for people in the later stages of COPD, it could be detrimental to get too much oxygen. Staff V further stated that for Resident 29, they did not have any adverse effect from the oxygen use. Staff V acknowledged that the order was not followed as written and staff should have been clarified with the physician.</p> <p><Blood pressure parameters></p> <p>According to a quarterly assessment dated [DATE], Resident 29 had diagnoses which included Chronic Obstructive Pulmonary Disease (COPD, a progressive lung disease which causes obstruction of the airflow), respiratory failure, and hypertension (high blood pressure).</p> <p>A review of Resident 29's medical record showed a current order for Lisinopril 5mg (a blood pressure medication) every day for hypertension. The order documented to hold the medication if the systolic blood pressure (SBP, the top number) was less than 100 or the diastolic blood pressure (DBP, the bottom number) was less than 60.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the November 2024 Medication Administration Record (MAR) documented the diastolic blood pressure was below the ordered parameter of 60, and was given on the following dates:</p> <ul style="list-style-type: none"> - 11/04/2024 the blood pressure (BP) was 133/55 - 11/10/2024 the BP was 118/42 - 11/12/2024 the BP was 124/57 - 11/13/2024 the BP was 100/59 - 11/15/2024 the BP was 102/37 <p>During an interview on 12/13/2024 at 1:18 PM, Staff U, LPN, stated that the Nursing Assistants (NA's) would check the BP and put it in the computer. Then the nurse looked the BP documented, and gave the medication or held it, depending on the reading. Sometimes the nurse would re-check the BP and gave the medication if within range. When shown Resident 29's November MAR, they stated that the Linsinopril should have been held, or if it the BP was rechecked and within the ordered range, the second BP reading should have been documented.</p> <p>During an interview on 12/16/2024 at 2:35 PM, Staff C, RCM, stated they expected nurses to not give the medication if it was outside of the ordered parameters. They further clarified that if the BP was rechecked, staff should document the new reading when the medication was given.</p> <p>Reference: WAC 388-97-1060(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47328</p> <p>Based on observation, interview, and record review the facility failed to evaluate and assess a resident for substance use disorder, thoroughly assess for safe smoking abilities, and monitor a resident after they sustained a fall for 3 of 5 sampled residents (Resident 68, 20, and 23), reviewed for accident hazards and supervision. This failure placed residents at risk of potentially avoidable accidents, unmet care needs, and diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility policy titled, Management of Residents with Substance Use Disorder revised December 2024, defined a substance use disorder (SUD) as recurrent use of alcohol and/or drugs that cause significant impairment. Residents would be assessed upon admission for SUD and/or history of SUD using the social service admission and discharge evaluation. The policy further showed residents with a SUD would have increased monitoring and have care planned interventions.</p> <p>Review of the facility policy titled, Smoking- [NAME] Center Smoking Allowed implemented August 2022, showed the facility permitted smoking in posted designated areas outside of the center. Smoking materials were to be stored in a locked cabinet in the resident's room or at the nursing station. Residents who retained their own smoking materials were not to share smoking materials with others. The policy showed handwritten lines that crossed out the section of the policy showing the facility offered supervised smoking- individuals assessed to require supervision with smoking may only smoke under staff supervision, in designated areas at designated times, and may be required to adhere to other safety requirements. The policy further showed all resident who smoked would be screened using the smoking safety data collection assessment to assess their ability to safely smoke independently upon admission, quarterly, and with a significant change of condition. The results of the assessment would be discussed with the resident and/or their representative and care planned accordingly.</p> <p>A facility policy titled Fall/Injury Management-Post Fall or Injury, revised 01/30/2023, documented the final step of the process was to continue documentation each shift for 72 hours. Further assessment beyond 72 hours was based on resident's condition or physician order.</p> <p><Resident 68></p> <p>Review of the 11/28/2024 admission assessment showed Resident 68 admitted to the facility on [DATE] with diagnoses including alcohol abuse with intoxication, alcohol cirrhosis of liver (severe and irreversible liver condition caused by long-term, excessive alcohol consumption) with ascites (fluid buildup in the abdomen) and tobacco use.</p> <p>Review of the 11/28/2024 social service admission and discharge evaluation showed Resident 68 had no problems with or treatment for drug or alcohol abuse identified.</p> <p>Review of the 11/28/2024 smoking evaluation showed Resident 68 was assessed an identified to safely smoke independently.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the 11/29/2024 care plan showed Resident 68 was at risk for pain and malnutrition r/t alcohol cirrhosis of liver with ascites and instructed staff to administer pain medications and dietary supplements as ordered. No SUD goals or interventions were found.</p> <p>Review of the 12/09/2024 social service admission and discharge evaluation showed Resident 68 had a problem with or treatment for drug or alcohol abuse identified with alcoholic cirrhosis of liver with ascites and alcohol abuse with intoxication listed.</p> <p>Review of November 2024 and December 2024 nursing progress notes showed no documentation Resident 68 was assessed for risks related to their SUD.</p> <p>In an interview on 12/04/2024 at 9:26 AM, Resident 68 stated they smoked both cigaretted and doobies. Resident 68 proceeded to take a small square tin out of their front jacket pocket that contained two pre-rolled Marijuana cigarettes. Resident 68 stated they had a nightstand drawer with a lock on it.</p> <p>In an interview on 12/16/2024 at 11:56 AM, Staff L, Nursing Assistant, stated a SUD was when a person had an addiction. Staff L further stated a resident with a SUD would have interventions listed on their care plan.</p> <p>In an interview on 12/16/2024 at 1:46 PM, Staff G, Licensed Practical Nurse, was unsure what facility staff were trained to recognize signs and/or symptoms of substance use. Staff G further stated a resident with a SUD would be assessed and have interventions care planned.</p> <p>In an interview on 12/16/2024 at 1:50 PM, with Staff E, Social Service Director, and Staff K, Social Service Assistant. Both Staff E and K stated a SUD was when a person had addiction issues and struggled with use of substances such as illicit drugs, alcohol and/or medications. Both staff where unsure which staff were trained to recognize signs and/or symptoms of substance use. Staff E stated communication between the interdisciplinary team was important if or when a resident had a SUD. Staff E was unaware of a facility assessment that evaluated for risks associated with a SUD. Staff E further stated if a resident had a SUD, it would be addressed in their care plan with interventions implemented. Staff E stated residents were informed upon admission that Marijuana was a substance that was not allowed in the facility. Staff F acknowledged Resident 68 should not of had Marijuana cigarettes in the facility.</p> <p>In an interview on 12/16/2024 at 2:07 PM, Staff D, Resident Care Manager, stated they were unsure which staff were trained to recognize signs and/or symptoms or substance use, if the facility had an assessment to assess for risks associated with a SUD, or the facility process for dealing with potential emergencies related to substance use.</p> <p>In an interview on 12/17/2024 at 10:59 AM, Staff B, Director of Nursing, stated the facility had no specific assessment to assess for risks associated with a SUD, all staff were trained to recognize signs and/or symptoms of substance use, and a resident with a SUD would have a care plan with interventions. Staff B acknowledged Resident 68 should not of had Marijuana cigarettes in the facility.</p> <p>In an interview on 12/17/2024 at 11:33 AM, Staff A, Administrator, stated they expected staff to appropriately screen, assess, monitor, and care plan residents with SUD. Staff A acknowledged Resident 68 should not of had Marijuana cigarettes in the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Refer to F572 for additional information</p> <p>46033</p> <p><Resident 20></p> <p>A review of the record documented Resident 20 had diagnoses including adult failure to thrive and hemiplegia (paralysis on one side of the body) after a stroke. The 11/06/2024 admission assessment had no Brief Interview for Mental Status completed (BIMS, a mandatory tool used to identify the cognitive condition of residents upon admission to a long-term care facility) because the resident was rarely understood and had a memory problem. Resident 20 had impaired upper and lower extremities on one side of their body, used a manual wheelchair, and required moderate assistance transferring from the bed to a chair and wheeling at least 150 feet in a corridor or similar space.</p> <p>On 12/09/2024 a Smoking Evaluation was completed and documented Resident 20's decision-making ability was consistent and appropriate, and their cognition did not impact their ability to smoke independently. Also, Resident 20 was at risk for falls, but their mobility and dexterity did not impact their ability to smoke independently. The evaluation documented Resident 20 was observed and demonstrated the ability to use the ashtray, light a cigarette and maintain control of their cigarette. It was determined Resident 20 was able to independently smoke safely.</p> <p>On 12/09/2024, Resident 20's careplan was updated to include the resident was at risk for injury when smoking related to-risk for smoking r/t hemiplegia; Interventions included to complete the Smoking Evaluation, review the smoking policy with the resident, and store smoking materials in a locked box or cabinet. Smoking materials were defined as cigarettes, electronic cigarettes, cigars, pipes, tobacco, inhaled tobacco substitutes, matches, lighters and other sources of ignition.</p> <p>On 12/09/2024 at 12:24 PM, Resident 20 was observed in their wheelchair outside in the designated smoking area. Resident 20 was handed two cigarettes by Resident 68. Resident 68 lit Resident 20's cigarette. At 12:35 PM, Resident 20 was by themselves in the smoking area and attempted to get back in the facility. The door was open and the resident struggled to get their wheelchair over the door jamb. The door banged on the wheels as the resident attempted to scoot over the hump. Resident 68 happened to appear, opened the door further and pushed Resident 20 inside. Once inside, Resident 20 was overheard saying they had to try to remember where their room was.</p> <p>On 12/11/2024 at 11:58 AM, Surveyors in the facility conference room heard noises through the window that looked out towards the smoking area. Resident 20 was observed outside groaning and said loudly, Oh. Oh! I may need help. The resident was halfway through the door but was unable to get their wheelchair over the door jamb again. An unidentified person was seen reaching their arm out. They grabbed Resident 20 by the arm and pulled them back inside the building. The resident had been outside in a long sleeve t-shirt and the temperature obtained from a surveyor's mobile device showed the outside temperature was 35 degrees.</p> <p>On 12/11/2024 at 1:55 PM, Resident 20 was outside in the designated smoking area attempting to get back in the building. They were half in, slightly rocking back and forth but could not get enough momentum to propel their front wheels over the door jamb. A staff member walked by and pulled Resident 20 back into the facility then continued down the hall.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/17/2024 at 9:17 AM, Staff D, Resident Care Manager, stated the nurse on the unit completed a smoking evaluation once it was identified that a resident smoked. Staff D stated Resident 20 did not smoke initially and in theory the person that completed the smoking evaluation observed the resident. Staff D stated they did not have any residents currently that required assistance to smoke. They had not seen Resident 20 struggle to get back in the building but agreed it was a potential safety issue if the resident was unable to get back inside.</p> <p>During an interview on 12/17/2024 at 12:41 PM, Staff B, Director of Nursing, stated they had completed the Smoking Evaluation document regarding Resident 20's ability to smoke independently. Staff B stated they were usually the person that observed residents to determine their ability to smoke safely. A resident had to be able to handle their smoking materials independently and staff did not go to the smoking area to supervise the residents. They had watched Resident 20 smoke, but had not observed the resident attempt to get back in the building and was unaware that the resident struggled. Staff B stated this was a safety concern.</p> <p>42802</p> <p><Resident 23></p> <p>According to a quarterly assessment, dated 09/12/2024, Resident 23 had diagnoses of cancer, dementia and heart failure and was on Hospice (end-of-life) services. The assessment further documented the resident was alert, made their needs known, and used a walker to get around, without staff assistance.</p> <p>A nursing progress note, dated 12/03/2024 at 1:34 PM, documented Resident 23 was found on the floor of their room, and they were unable to describe what happened. The resident reported pain to their right ribs at the time and was given a dose of pain medication. The resident care manager, hospice agency and the provider were notified. The note further showed No neuro checks (evaluation of a residents mentation, alertness, pupil response and strength/reflexes) as per hospice orders, monitoring ribs for pain and bruises, no bruises at this time.</p> <p>The facility fall investigation, dated 12/06/2024, documented that the fall was unwitnessed, there were no injuries observed immediately after the fall and the resident reported pain to their right ribs.</p> <p>The medical record from 12/03/2024 through 12/07/2024 was reviewed. No notes that showed the resident was assessed for any latent injury following their fall (such as bruising or change in their mentation/level of consciousness) were found. No neuro checks were found in the record.</p> <p>During an interview on 12/13/2024 at 10:27 AM, Staff L, Nursing assistant (NA) stated that if a resident fell, they would notify the nurse who would assess them. If the resident hit their head or may have hit their head, (if the fall was not seen by staff), the nurse would do neuro checks.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/13/2024 at 10:40 AM, Staff H, Licensed Practical Nurse (LPN) stated that following a resident fall, they should be assessed for bleeding, bruising and their mental status. If the resident's fall was witnessed and they did not hit their head, there was no need to do neuro checks. If the resident had an unwitnessed fall, should do neuro checks in case they hit their head. Staff H further clarified that the resident was placed on alert charting for 72 hours, so the nurses documented an evaluation for latent injuries every shift.</p> <p>During a follow-up interview on 12/16/2024 at 1:45 AM, Staff H stated that when Hospice was notified about Resident 23's fall, they were told they did not need to do neuro checks. Staff H further stated at the time of Resident 23's fall, Staff H did not know to put a resident on alert for three days following a fall.</p> <p>During an interview on 12/16/2024 at 2:35 PM, Staff C, Resident Care Manager (RCM) acknowledged the documentation to ensure the resident had no further injuries from their fall was not done, as required.</p> <p>Reference: WAC 388-97-1060(3)(g)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>46033</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident with symptoms of a urinary tract infection (UTI) had interventions implemented timely for 1 of 2 sampled residents (Resident 218) reviewed for UTIs. This failure placed the resident at risk of worsening infection, deterioration of their health and decreased quality of life.</p> <p>Findings included .</p> <p>A review of the record documented Resident 218 had diagnoses that included left below the knee amputation related to gangrene (death of tissue due to lack of blood flow). The 11/27/2024 admission assessment documented Resident 218 was cognitively intact, was occasionally incontinent of urine, required supervision assistance for toileting, and used a wheelchair independently for mobility.</p> <p>The 11/20/2024 care plan had no goals or interventions developed related to the resident's elimination patterns.</p> <p>On 12/01/2024, a provider order was given to send a urine sample for a urinalysis with culture and sensitivity (UA C&S, laboratory examination of urine to detect various substances or the presence of bacteria and what antibiotic was needed to treat if indicated) for Resident 218's symptoms of urinary frequency (voiding frequent small amounts) and urgency (sudden intense need to urinate), both signs of a possible UTI.</p> <p>A 12/01/2024 Staff CC, Licensed Practical Nurse, progress note documented they were made aware by Resident 218 that the resident was having urinary frequency and urgency. A urine sample was collected, and the urine was cloudy, dark in color and had a foul odor. The on-call provider was notified and a urinalysis with culture and sensitivity (UA C&S) was ordered.</p> <p>A 12/07/2024 Staff V, Medical Director progress note documented Resident 218 had a positive urine culture, but the resident had discharged from the facility earlier against medical advice (AMA, when a resident chose to leave earlier than their anticipated or official discharge).</p> <p>A UA C&S result dated 12/08/2024 documented Resident 218 had a urinary tract infection from e-coli and a bacterial strain of enterococcus resistant to some antibiotics.</p> <p>On 12/04/2024 at 2:50 PM, Resident 218 was interviewed in their room. The resident was dressed, clean and seated in their wheelchair. Resident 218 stated they were concerned about the facility's lab procedures. They stated they had a UTI the week prior and it took two days to get the lab sample sent out and they still had not heard back what the results were. Resident 218 stated it hurt to urinate, and they felt like they had to go all the time and was constantly in the bathroom.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/12/2024 at 11:57 AM, Staff CC stated that on Saturday, 11/30/2024, Resident 218 reported they had urinary frequency and urgency. Staff CC stated they notified the resident that the lab did not do STAT labs (labs that require immediate collection and processing) on Fridays or Saturdays. Staff CC stated they called the on-call provider on Sunday, 12/01/2024, then collected the sample from the resident. Staff CC stated the lab picked up the urine sample late that same afternoon. They stated if there are urgent test results, the lab usually called or sent a fax to the facility. Staff CC stated they were called with the urinalysis results on Saturday 12/08/2024, but Resident 218 had already left AMA. Staff CC stated at times, the lab sent a preliminary result (showed evidence of infection prior to the culture being complete), but the providers did not order antibiotics until the urine culture results came back.</p> <p>During an interview on 12/16/2024 at 10:21 AM, Staff V, Medical Director, stated it was their practice to prescribe a broad-spectrum antibiotic (one that killed many types of bacteria) and then narrow it once the culture came back. They stated they had concerns about the facility's process for determining if a resident had a UTI. They stated they had advocated for using a researched criteria (Loeb) that differed from the one currently used by the facility (McGeer) to determine the presence of a UTI and bedside testing such as a urine dipstick that allowed the providers to know right away if a resident required treatment but had received pushback. Staff V stated if a few changes were made, it allowed a UTI to be caught instead of becoming follow-up care that extended over several days and multiple providers. Staff V stated there were also many times when they made rounds and the residents were not present or available to be seen, and that was the case for Resident 218. It was their medical opinion that these situations delayed care and that urosepsis (severe UTI that spread to the bloodstream, a life-threatening condition that required immediate attention) or related concerns were one of the main reasons their residents were sent to the emergency room .</p> <p>During an interview on 12/17/2024 at 12:41 PM, Staff B, Director of Nursing, stated their lab service did not perform routine labs on weekends, only STATS. The urine sample for Resident 218 could have been picked up and processed, however. They stated waiting over 24 hours to send the urine sample was not timely. Staff B stated the facility usually received preliminary lab results fairly quickly, however, after review of Resident 218's record stated they did not see a preliminary result for that resident's urinalysis.</p> <p>Reference WAC 388-97-1060 (3)(c).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>37544</p> <p>Based on observation, interview and record review, the facility failed to ensure physician orders for nutrition were transcribed completely for one of two sampled residents (60) reviewed for tube feeding (a medical device used to deliver nutrients through a tube directly inserted into the stomach). Failure to ensure previous physician orders for tube feeding formula and water flushes were discontinued when new orders were obtained, placed the resident at risk for adverse medical and nutritional complications.</p> <p>Findings included .</p> <p><Resident 60></p> <p>The 11/12/2024 quarterly assessment documented Resident 60 had diagnoses which included stroke and received more than 51 percent of their calories and water through a feeding tube.</p> <p>On 12/05/2024 at 9:11 AM, Resident 60 was observed sleeping in their bed. A tube feeding formula bag and water bag were hanging on the intravenous pole (IV pole: a medical device that holds bags that delivered fluids to a resident). Both bags were labeled with the date the bag was hung, and the type of formula and fluid in the bag. Observation of the tube feeding pump (a medical device used to deliver a specific amount of nutrition and fluids at a set rate over a specified period of time) showed the rate for the tube feeding formula was set at 250 milliliters (ml) an hour and the water bag rate was set at 130 ml an hour.</p> <p>Review of the Order Summary Report from 08/01/2024 through 12/06/2024 documented on 11/22/2024 the physician ordered Glucerna (a formula used to provide calories/nutrition) to be administered four times a day at the rate of 250 ml an hour and it was to be given over a two-hour time period or until 550 ml had been given. In addition, the physician ordered the resident was to receive a water flush four times a day via the tube in the amount of 130 ml each time for a total amount of 500 ml a day.</p> <p>Review of the December 2024 Medication Administration Record documented Resident 60 was receiving the Glucerna and water flushes as ordered, however the record also contained the previous tube feeding formula (Osmolite) and water flush orders which appeared to have been administered at the same time until being discontinued on 12/04/2024. All of the orders documented the amount given.</p> <p>Review of the November 2024 MAR documented the Glucerna and water flush orders had been started on 11/22/2024 as ordered, but the order for the Osmolite formula to be given four times a day at the rate of 275 ml and hour for two hours, and the water flush order of 125 ml four times a day, were not discontinued.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 12/12/2024 from 9:33 to 9:48 AM, Staff H, Licensed Practical Nurse, stated Resident 60 received their nutrition mainly through the use of the feeding tube. When asked about the duplicate orders for the tube feeding formulas and water flushes, Staff H reviewed the MARS and stated the Osmolite order and water flush should have been discontinued when the Glucerna and new water flush order had been received. Staff H stated the pump was set at the correct rates, and did not believe the resident had received both formulas and water flushes.</p> <p>In an interview on 12/12/2024 at 1:50 PM, Staff C, Resident Care Manager, was asked about the conflicting tube feeding and water flush orders, and after review of Resident 60's physician orders and MARS, confirmed the previous formula and water flush orders were not discontinued 11/22/2024 when the new order for the Glucerna and water flush had been obtained. With regards to the documentation that showed the amounts given for both sets of formula/water flush orders, Staff C stated the tube feeding pump was a two pump system and as it was programmed correctly, they did not believe the resident received both formulas/water flushes. Staff C stated they believed the nursing staff did not fully read the orders and instead just documented the amounts specified in the orders.</p> <p>Reference WAC 388-97-1060 (3)(f).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>46033</p> <p>Based on observation, interview and record review, the facility failed to ensure dialysis (a mechanical way of removing waste from the body when the kidneys no longer function) care was delivered comprehensively for 4 of 7 sampled residents (Residents 30, 32, 35, and 63) reviewed for dialysis care. Specifically, individualized care plans were not developed, medications were omitted on days residents attended dialysis treatments, and fluid intake was not monitored for those on fluid restrictions, and one resident had blood drawn from an extremity that had a non-functioning fistula (a surgical connection of a vein and artery, usually in one arm used to conduct dialysis, also referred to as a graft) that was the potential cause of a large hematoma. This failure placed the residents at risk for deterioration of their chronic health conditions and unmet care needs.</p> <p>See also F655-Baseline care plan, and F760-Significant Medication Errors</p> <p>Findings included .</p> <p><Resident 30></p> <p>A review of the 09/24/2024 admission assessment documented Resident 30 had diagnoses that included end-stage renal disease (ESRD, kidneys no longer function) dependent on dialysis. The resident cognitively intact and was able to participate in their health care decisions.</p> <p>The 09/19/2024 care plan documented Resident 30 received dialysis three days a week on Mondays, Wednesdays and Fridays. Staff were instructed to administer medications according to the provider and dialysis center recommendations, apply direct pressure to the graft site for 15 minutes or longer if bleeding after dialysis, monitor for complications and report any to the provider. The care plan did not have instructions regarding where the dialysis access was located on the resident, who was to manage any dressing changes if indicated, or if it was permissible to take blood pressures or blood draws in an arm that contained a graft, for example.</p> <p>Resident 30 had an order to take sevelamer (a medication that reduced the level of phosphorous in the blood in residents on dialysis) with their meals daily, and to send the medicine with the resident to dialysis. A review of the December 2024 medication administration record (MAR) documented the resident did not receive their sevelamer on 12/02/24, 12/04/2024, 12/06/2024, and 12/09/2024, on dialysis days. A code 3 was entered on the MAR that indicated the resident was out of the facility without their medications.</p> <p>A 12/09/2024 provider progress note documented staff had concerns related to a non-functioning fistula on Resident 30's left arm. The note documented the graft had not been used in over a year, and staff notified the provider of a possible hematoma (collection of blood under the skin) versus an abscess (infected pocket under the skin). The note documented it was possible a tourniquet (a band wrapped tightly around an extremity often used when drawing blood to make veins more visible) had been placed over the graft for a blood draw the previous Sunday. The plan was to continue to observe and monitor the area.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/12/2024 at 11:20 AM, Resident 20's medication administration was observed with Staff G, Licensed Practical Nurse (LPN). The resident stated they did not take their sevelamer unless they had food as it made them nauseous, and they did not take it at dialysis. Resident 30 was observed to have bruises visible on the backs of both hands and forearms. Resident 30 had a fistula present on their left forearm. A large dark purple bruise similar is size to the palm of a hand with a raised bump similar in size to an egg was present over the top of the fistula. Resident 30 stated their platelet (part of the blood that clumped together to help stop bleeding) count was low and the lab had drawn their blood. The resident stated the lab staff had tried to obtain blood from their right arm, but could not, so put the tourniquet around their left wrist and got blood from their left hand. Resident 30 stated after that, the bruise had developed in their arm. Resident 30 stated they knew they should not have blood draws or blood pressures in their left arm, but did not know what else to do once the lab was unable to get the blood from their right side. Resident 30 stated they knew what to do if they bled and when they were to notify staff if they felt differently.</p> <p><Resident 32></p> <p>A review of the 11/20/2024 admission assessment documented Resident 32 had diagnoses that included ESRD dependent on dialysis and heart failure (ineffective heart pumping that created fluid build up in the extremities). Resident 32 was moderately cognitively impaired but was able to make their needs known.</p> <p>Resident 32 had provider orders that included the following:</p> <ul style="list-style-type: none"> -Dialysis three days a week on Mondays, Wednesdays, and Fridays at 11:30. -Sevelamer three times a day before meals; send sack lunch and sevelamer to dialysis with the resident. -1500 milliliter (ml) fluid restriction in 24 hours (one 8-ounce cup of fluid=240ml). Dietary provided 240ml at breakfast, 360ml at lunch and dinner, and nursing provided 180ml each shift to equal 1500ml daily. <p>The 11/14/2024 care plan documented Resident 32 received dialysis. Staff were instructed to administer medications according to the provider and dialysis center recommendations, check the dialysis access site post-treatment and monitor the site and resident for complications and notify the provider.</p> <p>A dialysis center report dated 11/27/2024 was scanned in Resident 32's medical record. The report contained orders for facility consideration:</p> <ul style="list-style-type: none"> -Standard fistula/left upper arm, active and in use -No blood pressures, blood draws, or IV's in the access arm <p>These were not included in Resident 32's plan of care.</p> <p>A review of the December medication administration record (MAR) documented sevelamer was sent to dialysis with Resident 32 on 12/02/24, 12/04/2024, and 12/06/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Nursing Assistant fluid intake and fluid intakes documented on the December MAR added together showed the resident exceeded their fluid restriction on the following dates:</p> <p>-12/13/2024-1620ml</p> <p>-12/15/2024-2160ml</p> <p>-12/16/2024-1790ml</p> <p>On 12/10/2024 at 10:03 AM, Resident 32 was observed in their room. They were seated on the edge of their bed. There was a coffee cup and glass of milk on their breakfast tray and both were drank, a large container of Arizona Iced tea, and a water bottle on the overbed table, both half full.</p> <p><Resident 35></p> <p>A review of the 11/13/2024 significant change assessment documented Resident 35 had diagnoses that included ESRD dependent on dialysis and malnutrition. Resident 35 was moderately cognitively impaired.</p> <p>The 11/12/2024 care plan documented Resident 35 was dependent on dialysis related to ESRD. Staff were instructed to send to dialysis as ordered, monitor for changes in mental status, monitor and report signs and symptoms of acute failure and plan rest periods. The care plan did not address where the resident's dialysis access site was, who would monitor it or who would change the dressings if indicated.</p> <p>Resident 35 had provider orders that included the following:</p> <p>-Dialysis three times weekly on Tuesdays, Thursdays and Saturdays</p> <p>-1500ml fluid restriction. Nursing to provide 180ml fluids on each shift, dietary to provide 320 ml at breakfast, lunch and dinner. Document total amount provided every shift.</p> <p>A review of the Nursing Assistant fluid intakes and November 2024 and December 2024 MARs documented Resident 35 exceeded their fluid restriction on the following days when added together:</p> <p>11/18/2024 -1615ml</p> <p>11/26/2024-1630ml</p> <p>12/11/2024-1620ml</p> <p>On 12/05/2024 at 11:11 AM, Resident 35 was observed in their room. A half full large water bottle was on the overbed table next to the resident. Resident 35 stated they were supposed to be on a fluid restriction. Resident 35 stated they kind of kept track of their intake on their own but was unsure who or where the fluids were monitored.</p> <p><Resident 63></p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	

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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the 11/05/2024 admission assessment documented Resident 63 had diagnoses that included ESRD dependent on dialysis and high blood sugar. Resident 63 was moderately cognitively impaired.</p> <p>Resident 63 had provider orders that included the following:</p> <ul style="list-style-type: none"> -Dialysis three times weekly on Mondays, Wednesdays and Fridays. -Sevelamer three times daily before meals, send a sack lunch and send sevelamer to dialysis with the resident. -1200ml Fluid Restriction in 24 hours; nursing to give 160ml each shift, and dietary to provide 240cc's with each meal. <p>A review of the December MAR documented the sevelamer was sent to dialysis with the Resident each day of dialysis except those days the resident was hospitalized .</p> <p>A review of the Nursing Assistant fluid intake and December MAR intakes added together showed Resident 63 exceeded their fluid restriction on the following dates:</p> <p>12/10/2024-1680ml</p> <p>12/11/2024-1350ml</p> <p>12/12/2024-1350ml</p> <p>12/13/2024-1330ml</p> <p>12/14/2024-1710ml</p> <p>On 12/17/2024 at 9:03 AM, Resident 63 was not in their room. The resident had 3 containers of supplement drink, one can of Soft-drink, one half-full cup of coffee, and one empty water bottle on their overbed table.</p> <p>During an interview on 12/10/2024 at 10:03 AM, Staff FF, LPN, stated sevelamer was sent to dialysis with Resident 32. After review of communication forms from the dialysis center, Staff FF stated they were unsure why the form did not document that the sevelamer was given to the resident when at dialysis but Resident 32 was able to verify if they took the medication or not.</p> <p>During an interview on 12/10/2024 at 10:48 AM, Resident 32 stated at dialysis they were only given a vitamin and that was after they had eaten their lunch. Resident 32 stated the pill they were supposed to take before their meals was only taken when they were at the facility.</p> <p>During a telephone interview on 12/11/2024 at 1:10 PM, the Registered Nurse in charge at the dialysis center where Residents 32 and 63 had dialysis sessions stated the dialysis center did not administer medications that resident brought with them. The medications would have to be taken by the resident, and only if the resident was able to self-administer their medication and if the resident remembered to take it.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/13/2024 at 9:11 AM, Staff R, Nursing Assistant (NA), stated they took care of Resident 30 often. Staff R stated they knew what residents had dialysis by looking in the appointment book. Staff R stated there was usually a sign in a resident's room or a resident might have on a bracelet that notified the staff they were not to take blood pressures or blood draws in a resident's arm where their access was. The information was also supposed to be in the resident's care plan or the nurse should know that. Staff usually knew how to care for residents who received dialysis by how much experience they had, but Staff R instructed other staff to always check the care plan.</p> <p>During an interview on 12/16/2024 at 9:49 AM, Staff G, LPN, stated the care plans did not always include important information for the residents that received dialysis, such as which provider they would contact-the dialysis center or the facility's provider or who was to manage a resident's dressings, or if blood pressures were not to be taken in a specific arm. They stated that information would be helpful, especially if there were agency staff that were unfamiliar with the residents.</p> <p>During an interview on 12/17/2024 at 9:06 AM, Staff P, NA, stated nurses notified them if a resident had a fluid restriction but if not, it popped up on their computer screen when they went to document. Staff P stated Resident 63 drank coffee all day long. The resident went to the store and bought their own juice too. When they documented for residents, they were able to tell if a resident had a fluid restriction because there was a separate task to document the fluids and Resident 63 did not have that task so their fluids were documented where the food intake was documented. They could always add more to the amount already documented. Their documentation did not include what the nurses gave the residents.</p> <p>During an interview on 12/17/2024 at 12:10 PM, Staff B, Director of Nursing, stated staff knew a resident was on a fluid restriction because it was in the care plan. The order directed how much was given by dietary and how much was given by nursing. After review of the Nursing Assistant task and MARs, Staff B stated they were unsure how the fluid amounts were monitored-the two areas did not show a total intake, and there was no where that the total was documented. It was important to know how much fluid the resident drank. They could become overloaded with fluid if not monitored. Staff B stated staff needed to know what type of access a dialysis resident had, where it was located, and what to monitor. Staff B was also not aware that medications were being omitted for dialysis residents and they had already begun to work on correcting that.</p> <p>Reference: WAC 388-97-1900 (1), (6)(a-c).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46033</p> <p>Based on observation, interview and record review, the facility failed to have a system in place that identified residents that were survivors of trauma in order to eliminate or mitigate triggers (a stimulus that causes an adverse emotional response for one with a history of trauma) for 1 of 2 sampled residents (Resident 20) reviewed. This failure put the resident at risk for re-traumatization and for decline in their psycho-social well being.</p> <p>Findings included .</p> <p>A review of the record documented Resident 20 had diagnoses that included hemiplegia (paralysis on one side of the body) after a stroke, depression, and failure to thrive. The [DATE] admission assessment documented Resident 20 had memory problems, required moderate assistance for most of their activities of daily living (ADLs), and took an antipsychotic medication (medications that changed brain function, mood and behavior).</p> <p>A hospital history and physical documented Resident 20 was seen for profound weakness and left leg pain and swelling. The note documented the resident was at the hospital primarily for social reasons; the resident was unable to walk more than a few steps and generally sat on their couch in their motor home but was unsure if their motorhome had been towed.</p> <p>The [DATE] nursing Admission Evaluation documented Resident 20 did not take antipsychotic medications or other psychotherapeutic medications. The assessment did not include an evaluation or mention of any social concerns, situations or trauma that may have impacted the resident's health and wellbeing.</p> <p>An admission evaluation by a Social Worker was not documented for Resident 20.</p> <p>A baseline care plan was initiated for Resident 20 on [DATE]. On [DATE], the care plan was updated to include potential for complications related to discharge planning that included financial limitations, little/no support at home, prior living environment not possible due to the resident's motorhome was towed and their family was unsure where it was. Interventions included to assess the need for durable medical equipment of home health services prior to discharge, discuss discharge status regularly, and discuss with family to see if there were any concerns regarding the resident's discharge plan.</p> <p>The resident's care plan did not have goals or interventions developed that addressed the resident's social concerns, or factors that had a potential to impact their psycho-social well being.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 10:08 AM, Resident 20 was observed lying in bed. The resident was thin for their stature, had long unclipped fingernails, long stringy hair, and a long unkempt beard that hung down to their chest. Resident 20 stated they were unsure what happened to their motorhome, wallet and cell phone and it upset them. They had one sibling of several that was the only one who had been involved with the resident recently. Resident 20 stated when they were [AGE] years old, they were removed from their mother and sent to a youth farm. At the age of 14, they ran away from the farm and hitch-hiked back to Idaho, where they knew a foster family that took them in. Resident 20 stated they had a son that died from a fentanyl overdose and a daughter that died at birth. Resident 20's sibling entered the resident's room at that time, and stated the resident's motorhome had no electricity or running water and smelled of human waste. Resident 20's sibling stated they were unsure what became of the motorhome.</p> <p>During an interview on [DATE] at 11:32 AM, Staff E, Social Services Director, stated if a nurse came to them and said that a resident had experienced trauma Staff E then assessed them. They stated a social work admission evaluation was completed when residents were admitted that contained questions regarding any trauma a resident might have experienced. Staff E reviewed Resident 20's record and stated they did not see that the social work evaluation had been completed for Resident 20. Staff E stated previously, they had been screening residents they were told to screen for trauma. They were unsure what the appropriate procedure for identifying trauma was and if all residents were to be evaluated for trauma. Staff E agreed Resident 20 needed to be evaluated for trauma.</p> <p>During an interview on [DATE] at 3:14 PM, Staff S, Nursing Assistant, stated they had not heard of trauma informed care. They stated if residents had fears or concerns related to their care the nursing assistants passed that information along in report at shift change. Staff S stated they were unsure if things that might trigger a resident or traumatize them were written down anywhere. Staff S stated they had information about how to transfer a resident or things like that but nothing about what might trigger a resident. They stated knowing that information would be helpful. Staff S stated they did not remember receiving any education regarding trauma informed care.</p> <p>During an interview on [DATE] at 12:41 PM, Staff B, Director of Nursing, stated there was a resident evaluation that was to be completed on admission regarding trauma informed care; every resident was to be screened. Staff B stated based on Resident 20's diagnoses and depression, they likely experienced trauma. Staff B stated the benefit of knowing if a resident had experienced trauma in their life was that appropriate services could be implemented to help manage the trauma and triggers could be identified so the resident was not re-traumatized.</p> <p>Reference: WAC [DATE](3)(e)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>37544</p> <p>Based on interview and record review, the facility failed to ensure nursing assistant and licensed nurses competencies/skill sets or performance evaluations were completed yearly as required for 6 out of 10 sampled employees reviewed for sufficient and competent nurse staffing. This failure had the potential to place the residents at risk for unmet care needs and impact the quality of care provided.</p> <p>Findings included .</p> <p>In an interview on 12/13/2024 at 11:02 AM, Staff M, Nursing Assistant, stated the facility used to do evaluations and skills fairs, but they hadn't been done in about two years.</p> <p>Review of employee files found no documentation of staff competencies/skill sets or yearly performance evaluations for the following:</p> <ul style="list-style-type: none"> - Staff C, Resident Care Manager, hired 10/09/2023 - Staff M, hired 10/19/2018 - Staff R, Nursing Assistant, hired 02/04/2020 - Staff U, Licensed Practical Nurse, hired 12/14/2012 - Staff X, Nursing Assistant, hired 12/18/2019 - Staff Y, Registered Nurse, hired 03/18/2015 <p>In an interview on 12/17/2024 at 11:36 AM, Staff B, Director of Nursing, stated competencies and performance evaluations should be done yearly and Staff A, Administrator had asked the Human Resource Department for requested employee records.</p> <p>In an interview on 12/17/2024 at 1:46 PM, Staff W, Human Resources, stated no evaluations/competency/skills set documentation had been found for the requested employees, and the facility was in the process of auditing and getting them completed.</p> <p>Reference WAC 388-97-1080 (1), 1090 (1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46033</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident received the appropriate services to address their mental health needs timely for 1 of 2 sampled residents (Resident 54) reviewed. This failure put the resident at risk of having unmet behavioral health needs and a deterioration of their psychosocial well being.</p> <p>Findings included .</p> <p>A review of the record documented Resident 54 was admitted on [DATE] and had diagnoses that included stimulant induced psychotic disorder. The 03/2024 PASRR Level II evaluation completed prior to the resident's admission to the facility documented Resident 54 met criteria for nursing home level of care and required behavioral health services once admitted .</p> <p>The 03/27/2024 Social Services Admission Evaluation documented Resident 54's stay was expected to be short term stay; the question regarding mood and behavior, PASRR, and involvement of psychiatric services were blank.</p> <p>The 03/25/2024 care plan documented Resident 54 demonstrated verbally abusive behaviors, swore and threw objects at staff and made sexually inappropriate comments related to their mental illness. Staff were to provide care in pairs at all times, calmly walk away if the resident became aggressive, and document the observed behaviors. Resident 54 had potential to demonstrate physical behaviors and had poor impulse control and anger. Staff were to help set goals for more pleasant behavior and anticipate the resident's needs.</p> <p>On 06/11/2024, Resident 54 filed a grievance that documented their concern that no one had discussed trauma informed care with them. The grievance form documented the resident's concern that they had no trauma informed care evaluation, and no trauma related care plan and that they needed this because of their history. Remedial actions listed on the form were to schedule a care conference for Resident 54 and complete a trauma evaluation.</p> <p>A 06/12/2024 progress note documented that a care conference was held and Resident 54's discharge needs were discussed, and options were being discussed with the resident's family.</p> <p>A 07/12/2024 Social Services progress note documented a Level II PASSR referral was being sent Resident 54 because of psychotic behavior.</p> <p>On 08/23/2024 a provider order was given to send a Behavioral Health referral for Resident 54.</p> <p>A 09/17/2024 Behavioral Health Nurse Practitioner progress note documented Resident 54 was evaluated for agitation and a medication was ordered. There was no earlier progress note for a behavioral health provider in the resident's record.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/10/2024 at 2:18 PM, Staff E, Social Services Director, stated sometime in June or July, a counselor came in to talk to Resident 54, but the resident was not willing to talk to anyone except for a Pastor that they knew. The resident stated at the time that they did not want the service. Staff E was uncertain why the behavioral health referral had not been completed when Resident 54 was admitted . They stated at the time Resident 54 was admitted , they were unfamiliar with how the PASRR process worked, and this might have contributed to the delay in services for Resident 54.</p> <p>During an interview on 12/12/2024 at 1:47 PM, Staff B, Director of Nursing, stated if Resident 54 was admitted in March of 2024 but had not been seen by a Behavioral Health provider until September 2024, that was not timely and the referral should have been sent earlier.</p> <p>Reference: WAC 388-97-1915</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47328</p> <p>Based on interview and record review the facility failed to consistently complete monthly medication regimen reviews and follow-up on recommendations timely, as required for 3 of 6 sampled residents (Resident 27, 29, and 60), reviewed for unnecessary medications. This failure placed residents at risk of receiving unnecessary medications, potential diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility policy titled, Medication Monitoring Medication Regimen Review and Reporting dated January 2024, showed a medication regimen review (MRR) included a review of a resident's medical record performed by the consultant pharmacist in order to prevent, identify, report, and resolve medication-related problems, medication errors, or other irregularities. The policy further showed the pharmacist would submit a report with recommendations to the facility nurses, physicians, and the care planning team within 48 hours of MRR completion. Recommendations would be acted upon within 30 calendar days. The provider was to either accept and act upon the report and recommendations or reject all or some of the report with rationale documented in the resident's medical records.</p> <p><Resident 27></p> <p>Review of the 09/12/2024 admission assessment showed Resident 27 admitted to the facility on [DATE] with diagnoses including coronary artery disease (blood vessels that carry blood to the heart become narrow or blocked) and high blood pressure. The assessment further showed Resident 27 received antiplatelet (medication that help prevent blood clots) medication, was cognitively intact and able to verbalize their needs.</p> <p>Review of the 09/30/2024 consultant pharmacist's medication regimen review recommendations showed Resident 27 was on aspirin (over-the-counter medication that reduced pain, fever, and blood clotting) and Clopidogrel (antiplatelet medication). The pharmacist recommendation was to consider discontinuing Clopidogrel and continuing aspirin alone to reduce the risk of bleeding complications. The recommendation included an undated handwritten note Ok to discontinue Plavix [Clopidogrel].</p> <p>Further review of Resident 27's record showed no MRR was found for October 2024.</p> <p>Review of provider orders showed Resident 27's Clopidogrel was discontinued on 11/21/2024, 52 days after the pharmacist recommendation was completed.</p> <p>On 12/10/2024 at 10:11 AM, Resident 27's October 2024 MRR was requested from Staff B, Director of Nursing (DNS). At 1:29 PM, Staff B stated they were unable to locate the October 2024 MRR for Resident 27.</p> <p>In an interview on 12/12/2024 at 12:38 PM, Staff G, Licensed Practical Nurse, stated they were unsure of the facility process related to MRRs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 12/12/2024 at 12:58 PM, Staff D, Resident Care Manager (RCM), stated they were unsure of the facility process related to MRRs.</p> <p>In an interview on 12/12/2024 at 1:20 PM, Staff B, DNS, explained they began employment 09/30/2024, they received the September 2024 and October 2024 MRR at the beginning of November 2024, and that was when the September and October recommendations were addressed. Staff B acknowledged there was a gap in MRR process because of the change in management.</p> <p>In an interview on 12/16/2024 at 3:27 PM, Staff A, Administrator, stated they expected staff to follow-up on pharmacy MRR recommendations within the required timeline.</p> <p>37544</p> <p><Resident 60></p> <p>The 11/12/2024 quarterly assessment documented Resident 60 had diagnoses which included stroke, and Diabetes Mellitus, a disease that occurred when the body was unable to produce the insulin hormone to convert sugar into energy. In addition, the assessment showed the resident received insulin injections and a blood thinning medication daily.</p> <p>A pharmacy consultation report dated 09/29/2024, requested the physician evaluate if administering insulin per a sliding scale range (the insulin dose was based on the value obtained from the blood sugar test) was still appropriate or Resident 60. In addition, the pharmacy consultant requested clarification of the diagnosis for the blood thinning medication. No response from the physician was found regarding the requests, and further record review found the request was again repeated on the 10/31/2024 pharmacy consultation report.</p> <p>Reviews of the October and November 2024 Medication Administration Records documented Resident 60 continued to receive the sliding scale insulin until 11/15/2024 and the clarification for the diagnosis of the blood thinning medication did not occur until 11/18/2024, a month and a half after the requests had been made.</p> <p>In an interview on 12/12/2024 at 12:56 PM, Staff B, Director of Nursing, stated they had provided all the documentation the facility had, and there was no additional documentation for the pharmacy consultation reports.</p> <p>In an interview on 12/12/2024 at 1:18 PM, Staff C, Resident Care Manager, stated the consultant pharmacist did a monthly review of all resident's medications, the recommendations were shared with the physicians, and the resident's record was updated with any changes to the medications or orders. When informed no response to the pharmacist's requests from 09/29/2024 had been found prior to 11/15/2024 and 11/18/2024 for Resident 60, Staff C stated they would review Resident 60's record to check for any additional documentation.</p> <p>In a follow up interview on 12/13/2024 at 2:03 PM, Staff C stated no additional documentation had been found and acknowledged the response for the pharmacist's recommendations had not been timely.</p> <p>42802</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><Resident 29 ></p> <p>According to a quarterly assessment dated [DATE], Resident 29 had diagnoses which included anxiety, bipolar disorder (a mental disorder characterized by periods of depression and abnormally elevated mood) and dementia.</p> <p>During a review of Resident 29's medical record, no documents of the previous 6 months of required pharmacist medication reviews were found.</p> <p>A review of the monthly medication reviews, provided by the facility, showed that Resident 29's medications were reviewed by the pharmacist in the months of June, October and September, 2024. No changes to their medications were recommended at those times. There was no information for July, August and September, 2024, that showed if the resident had a review of their medications, or if there were any recommendations from the pharmacist.</p> <p>During an interview on 12/12/2024 at 12:55 PM, Staff B, Director of Nursing (DON) stated that they had given the team everything that the pharmacy had sent about the monthly medication reviews.</p> <p>During an interview on 12/12/2024 at 1:18 PM, Staff C, Resident Care Manager (RCM) stated that in the last four months, the facility had three Directors of Nursing. They further stated there was a month that the temporary DON did not know what to do with the reports, and the usual process was dropped.</p> <p>During an interview on 12/17/2024 at 2:24 PM, Staff A, Administrator, was informed of the missing documentation of the required monthly medication reviews for Resident 29, for July through September. They acknowledged the pharmacist should have reviewed, and would get the documents to the survey team, if found.</p> <p>No further documents were provided.</p> <p>Refer to F835 for additional information.</p> <p>Reference: WAC 388-97-1300(1)(c)(iii, iv)(4)(c)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 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** 46033</p> <p>Based on observation, interview and record review, the facility failed to ensure significant medications were given as ordered for 4 of 7 sampled residents (Residents 30, 35, 63 and 221) reviewed for dialysis care. This failure put the residents at risk for sub-therapeutic levels of their medications and unintended health consequences.</p> <p>Findings included .</p> <p><Resident 30></p> <p>A review of the 09/24/2024 admission assessment documented Resident 30 had diagnoses that included end-stage renal disease (ESRD, kidney failure) dependent on dialysis and cirrhosis of the liver (damage to the liver that caused scarring and failure). The resident 30 was cognitively intact.</p> <p>Resident 30 had provider orders that included the following:</p> <ul style="list-style-type: none"> -Renal dialysis 3 times weekly on Monday, Wednesday and Friday -Gabapentin twice daily for nerve pain -Sevelamer (controls blood levels of phosphate in those with kidney disease) three times a day with meals -acetaminophen three times daily for hip pain <p>A review of the December 2024 medication administration record (MAR) completed through 12/08/2024 showed Resident 30 did not receive their gabapentin, acetaminophen and sevelamer on evening doses on Monday, 12/02/2024, Wednesday, 12/04/2024, and Friday, 12/06/2024. The MAR had a code 3 entered, that according to the description documented the resident was absent from the facility without meds. Review of the November 2024 MAR showed similar omissions on the days Resident 30 was at dialysis.</p> <p><Resident 35></p> <p>A review of the 11/13/2024 significant change assessment documented Resident 35 had diagnoses that included ESRD and malnutrition. The resident had mild cognitive impairment.</p> <p>Resident had provider orders that included the following:</p> <ul style="list-style-type: none"> -Renal dialysis three times weekly on Tuesday, Thursday and Saturday at 6:30 AM -Cholecalciferol vitamin supplement once daily in the morning -escitalopram in the morning for depression -Ferrous Gluconate (iron) supplement once daily in the morning <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Levetiracetam once daily in the morning for seizures</p> <p>-Vitamin C supplement once daily in the morning</p> <p>-Carvedilol twice daily for high blood pressure</p> <p>-Lactobacillus capsule (probiotic, supports healthy bowel bacteria) twice daily for history of diarrheal illness</p> <p>-Torsemide twice daily for high blood pressure</p> <p>-Creon capsule three times a day with meals for history of liver infection</p> <p>A review of the December 2024 medication administration record completed through 12/12/2024 documented Resident 35 did not receive the Cholecalciferol, escitalopram, Ferrous gluconate, levetiracetam, Vitamin C, Carvedilol, Lactobacillus, Torsemide and Creon on Thursday, 12/05/2024 and Saturday, 12/07/2024. A code 3, absent from facility without medications was entered on the MAR. The medications were given on Tuesday 12/03/2024; a 12/03/2024 progress note documented the resident missed their dialysis session. A review of the November 2024 MAR showed similar omissions on multiple occasions.</p> <p><Resident 63></p> <p>The 11/05/2024 admission assessment documented Resident 63 had diagnoses that included diabetes and ESRD dependent on dialysis. The resident was moderately cognitively impaired.</p> <p>Resident 63 had provider orders that included the following:</p> <p>-Renal dialysis three times weekly on Monday, Wednesday and Friday at 6:30 AM.</p> <p>-Apixaban twice daily for irregular heartbeat</p> <p>-Lantus insulin injection twice a day for high blood sugar</p> <p>-Lisinopril once in the morning for high blood pressure</p> <p>-Sevelamer three times a day before meals</p> <p>-Metoclopramide before meals for gastroparesis (slow emptying of the stomach).</p> <p>A review of the November 2024 MAR documented Resident 63 did not receive the following medications on the dates listed:</p> <p>Apixaban 11/20/2024, 11/22/2024, and 11/27/2024,</p> <p>Lisinopril 11/22/2024 and 11/27/2024,</p> <p>Lantus injection, sevelamer, and metoclopramide 11/20/2024, 11/22/2024, 11/25/2024, and 11/27/2024</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A code 8, other, see nurse notes was entered on the MAR for the omitted medications.</p> <p><Resident 221></p> <p>A review of the record documented Resident 221 was admitted to the facility on [DATE] and had diagnoses that included ESRD dependent on dialysis and malnutrition. The resident was cognitively intact, and no longer resided at the facility.</p> <p>Resident 221 had provider orders that included the following:</p> <ul style="list-style-type: none"> -Renal dialysis three times a week on Tuesday, Thursday and Saturday at 6:30AM. -Baby Aspirin in the morning to prevent blood clots -Atorvastatin once daily in the morning for cholesterol reducer -Cholecalciferol once daily in the morning for supplement -gabapentin three times daily for nerve pain -midodrine three times daily to prevent low blood pressure. <p>A review of the July 2024 and August 2024 MAR documented Resident 221 did not receive medications on the following dates:</p> <p>Atorvastatin and cholecalciferol were omitted on 07/20/2024, 07/23/2024, and 07/25/2024</p> <p>Aspirin, gabapentin and midodrine were omitted on 07/20/2024, 07/23/2024, 08/03/2024, 08/08/2024 and 08/10/2024. Gabapentin and midodrine were also omitted on 07/25/2024, 07/27/2024, and 08/01/2024.</p> <p>Codes 3 and 8 were entered on the MAR in the corresponding areas for the omitted doses.</p> <p>During an interview on 12/13/2024 at 9:25 AM, Staff G, Licensed Practical Nurse (LPN), stated they entered a code 3 on the days residents were at dialysis. Their medications were not with them and the doses were missed. They stated it had been the practice to skip those doses under the assumption that the medication would be dialyzed out of the resident's system anyhow. Staff G agreed that missed doses of medications could have a negative impact on a resident, and the provider should determine what doses were needed or could be omitted.</p> <p>During an interview on 12/13/2024 at 10:40 AM, Staff U, LPN, stated when a resident was out of the facility, they entered a code 8 on the MAR and the medication was not given. Staff U stated missed medications had the potential to impact the resident in a negative way. Staff U stated Resident 63 used to go to dialysis in the evening, then was changed to the mornings and the medication administration times were affected and they would notify the provider so the administration times could be reviewed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/13/2024 at 11:01 AM, Staff C, Resident Care Manager, stated they were not aware resident medications were omitted when the residents were at their dialysis sessions. The physician was to be consulted so it could be determined what doses could be omitted, and so the times the medications were given could be adjusted. Staff C stated they expected staff to communicate with them if medications were unable to be given so that alternate plans could be made.</p> <p>Reference: WAC 388-97-1060 (3)(k)(iii).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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>46033</p> <p>Based on observation, interview and record review, the facility failed to ensure expired medications were removed from inventory in 1 of 2 medication storage rooms (South Hall) and 1 of 2 medication carts (South Hall), observed for medication storage. In addition, one bottle of a liquid oral narcotic was not monitored for loss or diversion as required. This failure placed residents at risk of receiving less than the optimum dose of their medications, placed the facility at increased risk for potential controlled substance drug diversion and detracted from the facility's ability to promptly identify drug diversion.</p> <p>Findings included .</p> <p>Review of the facility undated policy titled, Controlled Drugs showed controlled drugs would be logged into a controlled substance record book by a licensed nurse. The policy further showed all controlled drugs were to be counted at each change of shift by one off going and one oncoming licensed nurse and documented on the shift verification of controlled substance sheet.</p> <p>On 12/12/2024 at 8:39 AM, an observation of the medication room on the South unit was conducted with Staff G, Licensed Practical Nurse (LPN). The following expired medications were identified and not removed from inventory:</p> <ul style="list-style-type: none"> -2 bottles of generic brand Zinc Sulfate 220mg tablets with a manufacturer expiration date of 09/2024, -2 bottles of generic brand Ocular Vitamin tablets with a manufacturer expiration date of 09/2024. <p>Additionally, when the locked refrigerator was opened, there were 3 emergency kits that contained multiple types of medications. The plastic emergency kit storage boxes were labeled as Box 318, Box 329, and Box 334. The boxes listed the expiration dates of the contents on the covers.</p> <ul style="list-style-type: none"> -Box 318 contained 2 vials of 2 milligrams/milliliter (mg/ml) of lorazepam (a controlled substance used to treat anxiety or seizures for example) for injection that had a manufacturer expiration date of 07/2024. There was also one bottle with the plastic lid seal still intact of 2 mg/ml, 30ml total liquid lorazepam for oral use that had a manufacturer expiration date of 07/2024. -Box 329 contained one vial of powdered Cath-flo activase (a powder that when added with liquid was injected into an intravenous catheter to dissolve a clot) with the plastic stopper still intact that had a manufacturer expiration of 07/2024. -Box 334 contained no expired medications. <p>Staff G stated they did not count the lorazepam when they reconciled their narcotics with a second nurse at the end of the shift and stated the Pharmacy was responsible for monitoring expiration dates for the medications in the emergency kits.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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>On 12/12/2024 at 8:58 AM, the medication cart on the South unit [NAME] side contained one bottle of generic brand Zinc Sulfate 220mg tablets with a manufacturer expiration date of 08/2024. Staff G stated expiration dates were to be checked when the medications were prepared for administration. Staff G stated they had no residents receiving the Zinc tablets, so it being expired was missed.</p> <p>On 12/12/2024 at 2:05 PM, the South unit medication room was observed with Staff B, Director of Nursing. Staff B was not aware the refrigerator contained expired lorazepam and Cath-flo activase. Staff B stated the emergency kits were sealed with a green zip tie when the pharmacy placed them in the refrigerator. Once opened, the kit was supposed to be resealed with a red zip tie so the pharmacy knew to exchange the kit for a full one. The narcotic lorazepam was added to the narcotic count books once it was removed from the emergency kit. None of the three emergency kits were secured with either green or red zip ties. Staff B was unsure when the Pharmacy had checked the refrigerator last and they were going to reach out to their Pharmacy services provider.</p> <p>47328</p> <p><North Hall Medication Room></p> <p>During observation and interview on 12/12/2024 at 9:29 AM, the North hall medication room was observed with Staff C, Resident Care Manager. The medication refrigerator contained a 30-milliliter bottle of liquid Ativan (narcotic medication used to treat anxiety and feeling of gasping for air during end of life). The medication label showed it was filled by the pharmacy on 11/12/2024. Staff C acknowledged the liquid Ativan had not been logged into a narcotic tracking-controlled substance book so it could be counted every shift and should have been.</p> <p>Review of the narcotic tracking-controlled substance book showed the liquid Ativan was not logged into the narcotic book until 12/12/2024.</p> <p>In an interview on 12/16/2024 at 3:27 PM, Staff A, Administrator, stated they expected staff to store and track controlled medication in a manner that would allow for an accurate medication reconciliation.</p> <p>Reference WAC 388-97-1300 (1)(b)(ii), (c)(ii-iv).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>42802</p> <p>Based on interview and record review, the facility failed to ensure dietary staff had the proper qualifications. Specifically, the failure to ensure the dietary manager had the proper certification placed all residents at risk for nutritional deficits, unmet nutritional needs, and diminished quality of life.</p> <p>Findings included .</p> <p>During an interview on 12/12/2024 at 2:22 PM, Staff Z, Regional Registered Dietician, stated they were at the facility part-time, typically two days per week.</p> <p>During a phone interview on 12/17/2024 at 11:45 AM, Staff Q, Dietary Manager, stated that they had been in their current position for almost three years. Staff Q further stated that they did not have their dietary manager certification, but had been approved to take the class.</p> <p>A review of dietary staff records showed that Staff Q had a current food handler card, but no other documents were provided.</p> <p>During an interview on 12/17/2024 at 2:24 PM, Staff A, Administrator, stated that Staff Q had been at the facility for about three years. Staff A acknowledged that since the dietician was not full-time at the facility, the Dietary Manager must have a dietary manager certification, and they did not.</p> <p>Reference: WAC 388-97-1160(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0807</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration.</p> <p>47328</p> <p>Based on observation, interview, and record review the facility failed to provide residents with their preferred beverages upon request for 2 of 3 sampled residents (Resident 27 and 68), reviewed for choices. This failure placed residents at risk of unmet care needs and diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility policy titled, Food Preferences revised August 2023, showed the facility would gather information upon admission to inform the food and nutrition services department of an individual's food preference, allergies, intolerances, cultural preferences, and diet history. The policy instructed staff to use the food preference interview form to gather information including beverage preferences.</p> <p><Resident 27></p> <p>Review of the 09/12/2024 admission assessment showed Resident 27 had diagnoses including malnutrition, was cognitively intact and able to clearly verbalize their needs. The assessment further showed it was very important for Resident 27 to have snack available between meals.</p> <p>Review of the 09/09/2024 food preference record showed no documentation Resident 27 preferred to drink coffee.</p> <p>Review of 10/30/2024 resident council (group of residents that regularly meet to discuss and address concerns about their care) minutes showed concerns were raised about the lack of coffee with excessive wait times.</p> <p>Review of the nutrition care plan revised 11/29/2024 instructed staff to provide Resident 27 choices at mealtime, offer alternative food choices when items were refused, provide dietary supplements and diet as ordered.</p> <p>In an interview on 12/05/2024 at 9:04 AM, Resident 27 stated they felt they were losing their independence because the facility would not honor an easy requests they had, like to get a simple cup of coffee first thing in the morning.</p> <p>In a follow-up interview on 12/05/2024 at 9:49 AM, Resident 27 stated they preferred to get up around 5:00 AM. Resident 27 explained they requested a cup of coffee, waited three hours for a cup of coffee and then were informed the facility was out of coffee. Resident 27 stated coffee was their beverage of choice but the facility cut the coffee off at 10:30 PM.</p> <p>In a follow-up interview on 12/06/2024 at 8:57 AM, Resident 27 again stated the facility said they were out of coffee this morning and I am still waiting for a cup of coffee.</p> <p>In an interview on 12/06/2024 at 11:59 AM, the resident council stated coffee was cut off around 2:00 PM because there were numerous residents that should not drink excess coffee.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0807</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><Resident 68></p> <p>Review of the 11/28/2024 admission assessment showed Resident 68 had diagnoses including malnutrition and tobacco use. Resident 68 was able to clearly verbalize their needs</p> <p>Review of the 11/22/2024 food preference record showed no documentation Resident 68 preferred to drink coffee.</p> <p>Review of the nutrition care plan revised 11/29/2024 instructed staff to provide Resident 68 choices at mealtime, offer alternative food choices when items were refused, provide dietary supplements and diet as ordered.</p> <p>In an interview on 12/04/2024 at 9:08 AM, Resident 68 stated they enjoyed drinking coffee but sometimes the facility ran out.</p> <p>Review of a 12/06/2024 grievance showed Resident 68 voiced concerns about not having coffee available in the dining room or on their unit.</p> <p>In a follow-up observation and interview on 12/06/2024 at 8:50 AM, Resident 68 sat on the edge of their bed with a scowl on their face. Resident 68 was asked if they needed anything or if they had concerns. With an upset tone of voice and while raising an empty mug, Resident 68 stated they wanted a cup of coffee, but staff told them the facility was out of coffee. At 8:52 AM, the surveyor approached Staff R, Nursing Assistant, and informed them Resident 68 wanted a cup of coffee. Staff R entered Resident 68's room and informed them the facility was out of coffee. At 8:54 AM, Staff A, Administrator, was asked when the facility would have coffee again because Resident 68 was informed the facility was out of coffee. Staff A stated coffee was replenished throughout the day on the units and obtained a cup of coffee for Resident 68.</p> <p>In an interview on 12/17/2024 at 8:53 AM, Staff P, Nursing Assistant, stated the facility went through coffee like crazy, it was expensive, and the facility limited it.</p> <p>In an interview on 12/17/2024 at 9:51 AM, Staff G, Licensed Practical Nurse, stated the kitchen brewed the coffee and filled the large pump coffee carafe kept in the unit kitchenettes three times daily, around mealtimes. Staff G stated staff could take the unit carafe to the kitchen for a coffee refill if the unit was out of coffee prior to the kitchen refilling it. Staff G was unsure how a resident would get coffee if/when the unit coffee carafe was empty, and the kitchen was closed.</p> <p>In an interview on 12/17/2024 at 11:45 AM, Staff Q, Dietary Manager, stated coffee residents could have coffee 24 hours a day/7 days a week if that was their preference, unless they had a dietary restriction.</p> <p>In an interview on 12/17/2024 at 12:39 PM, Staff A, Administrator, stated the facility's only coffee machine was in the kitchen, the kitchen opened at 5:00 AM and closed at 8:00 PM. Staff A explained the kitchen began to fill the kitchenette coffee carafes around 6:00 AM. Staff A further stated coffee was not available 24 hours a day/7 days a week, and acknowledged staff would not be able to get coffee from the kitchen when it was closed.</p> <p>Reference WAC 388-97--1060 (3)(i), -1100 (1).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>37544</p> <p>Based on observation, interview, and record review, the facility administration failed to effectively use its resources to maintain facility compliance with Federal regulatory requirements for 6 of 12 sampled residents (Resident 20, 28, 44, 68, 218, and 271) reviewed for Advance Directives, 10 of 14 sampled residents (Resident 27, 28, 30, 42, 44, 41, 68, 268, 271, and 270) reviewed for Admission and resident rights, and 8 of 14 sampled residents (Resident 27, 28, 42, 44, 68, 268, 270, and 271) reviewed for bed hold notification. Failure to ensure the facility's Admission Agreement which included information on advance directives, resident rights, and the facility's bed hold notification/policy was completed upon admission and/or timely placed the residents at risk of not being informed of their rights, unmet care needs, and diminished quality of life.</p> <p>Findings included .</p> <p>Please see the following F tags for additional information:</p> <p>F572 483.10(g)(1)(16) - Notice of Rights and Rules</p> <p>The Administration failed to inform residents and/or representatives of the facility rules and their rights as residents of the facility.</p> <p>F578 483.10(c)(6), (g)(12) - Request/Refuse/Discontinue Treatment/Formulate Advance Directive</p> <p>The Administration failed to ensure written information regarding the residents right to form an Advance Directive, a written document that specified a designated person to act on behalf of the resident to honor their wishes for health care decisions in the event they were unable to make their own decision, was provided upon admission.</p> <p>F620 - 483.15(a)(1), (2) - Admissions Policy</p> <p>The Administration failed to ensure the facility had established and implemented an effective admission policy that included all the required components, and did not require a third-party guarantee of payment as a condition of admission to the facility. In addition, the Administration failed to ensure the facility reviewed admission paperwork with the resident and/or representative.</p> <p>F625 - 483.15(d)(1)(2) - Notice of bed-hold policy and return</p> <p>The Administration failed to ensure the facility provided written information to the resident and/or representative which explained their right to pay the facility to hold their room/bed in the event the resident was hospitalized or went on therapeutic leave.</p> <p>In an interview on 12/09/2024 at 2:54 PM, Staff A, Administrator, stated the admission paperwork and admission packets were the responsibility of the business office manager to complete, but their last day of employment was 12/06/2024, so medical records were now responsible.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 12/12/2024 at 1:33 PM, Staff C, Resident Care Manager, was asked where the admission agreement documentation and documentation for advance directives was kept, Staff C stated it was part of the resident's record. When informed the survey team was not finding the documentation for some residents, Staff C stated there had been a gap in Medical Records since the staff member who had been in the position left late Spring, and some documents may not have been scanned into the resident's record yet.</p> <p>In an interview on 12/13/2024 at 10:31 AM, Staff F, Medical Records, stated that there had not been a Medical Records staff member for about three months, from about July until they had been placed in the Medical Records position in November. Staff F had responsibilities for Central Supply as well, but as of yesterday, they were full time in Medical Records.</p> <p>In an interview on 12/17/2024 with Staff A, Administrator, from 1:39 to 1:52 PM, they stated a person for the Medical Records position had been hired in September, but afterwards, they informed the facility they would not be coming, and Staff F was then promoted into the position. When discussion about the concerns with the resident records not being complete, the absence of admission documentation/agreements and advance directives was expressed, Staff A stated they were aware that the facility was behind on getting documents scanned into resident records, and some catching up was needed, but they were not aware of the extent of the missing documents until the survey team began asking. When asked what lead to the admission agreements and admission documentation not being completed, Staff A stated the medical records staff member helped get the documents completed in the past, but it was the business office managers responsibility to ensure it had been completed, and that was not done.</p> <p>Reference WAC 388-97-1620 (1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>42802</p> <p>Based on interview and record review, the facility failed to maintain accurate medical records for 1 of 5 residents (Resident 23), reviewed for unnecessary medications. Resident 23 had two medication allergies listed, that were not accurate and were not corrected in their medical record when staff determined that they were not true allergies. This failure placed the resident at risk of unmet care needs.</p> <p>Findings included .</p> <p>According to a quarterly assessment, dated 09/12/2024, Resident 23 had diagnoses of cancer, dementia and heart failure and was on Hospice (end-of-life) services. The assessment further documented the resident was alert, made their needs known.</p> <p>Residents electronic medical record (EMR) documented resident allergies in a number of areas, including the resident profile, the allergy tab, the Medication Administration Record (MAR) and care plan. A review of Resident 23's EMR, listed Acetaminophen (Tylenol/APAP), Baclofen (a muscle relaxant) and Morphine (a narcotic pain medication) as allergies and were documented on all those areas of their chart.</p> <p>Review of Resident 23's December 2024 MAR documented on 09/12/2024, the physician perscribed Morphine liquid every two hours as needed for pain, and the resident recieved it regularly.</p> <p>A further review of Resident 23's December 2024 MAR documented physician prescribbed Tylenol 650mg every 4 hours as needed for pain or fever.</p> <p>A review of the Resident 23's June 2024 MAR documented the physician perscribed Hydrocodone/Tylenol (combination of a narcotic with Tylenol/APAP) every 4 hours as needed for pain. The resident had received doses from 06/04/2024 through 06/06/2024.</p> <p>A progress note, dated 09/12/2024, from Staff D, Resident Care Manager (RCM) documented that the system has identified possible drug allegy for Morphine.</p> <p>A progress note, dated 12/04/2024, from Staff B, Director of Nursing (DON) again documented the same note text about possible drug allergy to morphine.</p> <p>Progress notes on 06/03/2024 and 06/04/2024, from 2 other Licensed Practical Nurses (LPN) documented that the system had identified a possible drug allergy for Hydrocodone/APAP.</p> <p>During an interview on 12/09/2024 at 12:02 PM, Resident 23 stated that they were not allergic to Morphine, it wored well for their pain. They further clarified that they did not take Tylenol because of their liver damage.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/13/2024 at 1:18 PM, Staff U, LPN, stated that Resident 23 was not actually allergic to Tylenol. Staff U recalled that when Hospice services started, they questioned the morphine allergy and determined the resident could have it. Staff U stated neither should have been listed as an allergy, and they would call the physician to make the correction.</p> <p>During a phone interview on 12/16/2024 at 12:24 PM, Staff BB, Pharmacist Director, stated that their records showed both Morphine and Tylenol were listed as allergies since June 14, 2022. They stated that the pharmacy does not provide Tylenol, and they had note from the hospice provider that Morphine had worked well in the past. Staff BB further stated that the nursing facility staff entered the allergies in the computer system, not the pharmacists.</p> <p>During an interview on 12/17/2024 at 2:24 PM, Staff A, Administrator acknowledged the inaccurate documentation.</p> <p>Reference: WAC 388-97-1720(1)(a)(i-iv)(b)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 - Few</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47328</p> <p>Based on interview and record review, the facility failed to explain the arbitration (a procedure used to settle a dispute using an independent person mutually agreed upon by both parties) agreement in a form, manner and/or language understood by the resident and/or their legal representative for 1 of 4 sampled residents (Resident 272), reviewed for arbitration agreement. This failure placed residents at risk of losing legal protection, forfeiture (loss or giving up of something) of the right to a jury or court, lack of understanding of the legal document signed, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the 06/13/2024 admission assessment showed Resident 272 admitted to the facility on [DATE]. The assessment further showed Resident 272's preferred language was Mandarin, and they would like an interpreter to communicate with healthcare staff. Resident 272 had severe cognitive impairment.</p> <p>Review of the voluntary arbitration agreement showed the agreement was written in English and signed by the severely cognitively impaired Resident 272, not their legal representative, on 06/11/2024.</p> <p>Review of the communication care plan revised 07/01/2024 showed Resident 272's primary language was Mandarin/Chinese and instructed staff to use gestures, family, and an interpreter line to communicate with the resident.</p> <p>Review of June 2024 nursing progress notes showed Resident 272 was non-English speaking and communicated nonverbally with staff. No documentation was found to show the arbitration agreement was reviewed and explained in a form, manner, or language understood by Resident 272 and/or their legal representative.</p> <p>In an interview on 12/04/2024 at 8:53 AM, Staff A, Administrator, stated the business office manager (BOM) was responsible for reviewing arbitration agreements with the residents and/or their representative.</p> <p>In an interview on 12/16/2024 at 12:55 PM, Staff F, Medical Records, stated they recently started reviewing arbitration agreements with the residents and/or their representative because the facility currently did not have a BOM. Staff F was unsure if the facility had arbitration agreements in languages other than English. Staff F was asked how residents or their representative knew what they were signing if the form was not in a language, format, font size, or literacy level they understood. Staff F was unsure how a non-English speaking resident and/or their representative knew what they were signing if it was not in a language they understood.</p> <p>In an interview on 12/16/2024 at 2:50 PM, Staff B, Director of Nursing, stated the facility had arbitration agreements in languages other than English. Staff B explained staff should use an interpreter service to review the arbitration agreement with non-English speaking resident, if cognitively intact, or their representatives, if the resident has cognitive impairment, and document a progress note of their understanding.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 - Few</p>	<p>In an interview on 12/16/2024 at 3:37 PM, Staff A, Administrator, explained paperwork should be reviewed with the resident if they are cognitively intact and their representative if the resident had cognitive impairment. Staff A stated they expected staff to review arbitration agreement in a form, manner and language understood by the resident and/or their representative.</p> <p>No Associated WAC.</p> <p>Refer to F835 for additional information.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42802</p> <p>Based on observation, interview and record review, the facility failed to consistently communicate and coordinate care with the hospice provider, for 1 of 4 residents (Resident 23) reviewed for hospice (end-of-life) services. In addition, the facility failed to designate an interdisciplinary team member, in writing, to coordinate care and communication with the hospice agency, as required. These failures placed the residents at risk for unmet care needs.</p> <p>Findings included .</p> <p>A review of the facility policy titled Hospice - Admission, Discharge, Care, and Treatment, revised on 12/30/2022, did not name a facility staff member designated to coordinate care between the facility and the hospice agency.</p> <p>A review of a facility agreement, dated 03/19/2018, showed the agreement was between the hospice provider and the facility under their previous name ([NAME] Hills Health & Rehabilitation Center) and a former administrator. The document did not include a facility staff member designated to coordinate care between the facility and the hospice agency.</p> <p>Review of another facility agreement, dated 12/11/2008 with an addendum added on 05/11/2015, showed the agreement was between a second hospice provider and the facility under their previous name and former administrator. The documents did not include a facility staff member designated to coordinate care between the facility and the hospice agency.</p> <p>During an interview on 12/16/2024 at 2:54 PM, Staff B, Director of Nursing stated that Staff C, Resident Care Manager (RCM) was the facility point of contact for the Hospice program.</p> <p>During an interview on 12/16/2024 at 2:57 PM, Staff C stated that officially, the social worker was the facility point of contact for Hospice. Staff C clarified that since they did not want anything to get missed, they just took care of it and they spoke to the hospice nurses every time they came into the facility.</p> <p><Resident 23></p> <p>According to a quarterly assessment, dated 09/12/2024, Resident 23 had diagnoses of cancer, dementia and heart failure and was on hospice services. The assessment further documented the resident was alert, made their needs known, and was able to bathe themselves after set up from staff.</p> <p>According to a facility investigation report, completed on 12/06/2024, the resident sustained a fall on 12/03/2024 and following the fall, required increased assistance with activities of daily living (ADL's) such as bathing,</p> <p>During an interview on 12/04/2024 at 11:19 AM, Resident 23 stated that hospice came to see them maybe every couple of weeks. The resident was unkempt with greasy-looking hair.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 23's bathing task for December 2024 documented they had a bath by Non-center staff (family/hospice/ambulance/student/etc) on 12/02/2024.</p> <p>The Hospice Care Plan, dated 06/05/2024 showed orders for hospice nurse visits 2-4 times per month, and hospice nurse aide visits up to daily as directed by RN, if the resident desired.</p> <p>Resident 23's care plan documented that a focus of hospice care was initiated on 07/01/2024 and revised on 12/04/2024. The care plan included the hospice provider and contact information, and two interventions:</p> <ol style="list-style-type: none"> 1) Provide end of life care as needed to meet the needs of the resident 2) Alert MD with Resident 23's status changes <p>The facility care plan did not include when or how often the hospice nurse or hospice aide visited Resident 23.</p> <p>A review of the binder labeled Shower Lists at the nurses station showed Resident 23's was listed for a shower on Mondays and Wednesdays. The sheets had Resident 23 name, then (Hospice) [NAME] off in PCC, with an arrow across the rest of the columns.</p> <p>A review of the bathing task reports back to June 2024 (when hospice services started) showed that facility staff provided all the baths until 08/07/2024, then non-center staff provided the baths for the rest of that month. In September and October, a few baths were provided by the facility staff, the majority were done by non-center staff. In November and December, all baths were documented as given by non-center staff until 12/16/2024.</p> <p>A review of Resident 23's record documented the last hospice note scanned into the chart was dated 10/14/2024. This note did not mention the frequency of nurse visits, nor anything about NA/bathing services. There were no NA/bathing notes from hospice found in the resident's medical record.</p> <p>During an interview on 12/09/2024 at 3:57 PM, Staff C, Resident Care Manager (RCM) stated all documentation from hospice providers would be scanned and uploaded into the resident chart. Staff C further stated that any documentation from the hospice aides were only kept by hospice, but all hospice residents were bathed by hospice.</p> <p>During an interview on 12/11/2024 at 9:09 AM, Staff M, Nursing Assistant (NA) stated that the hospice aides did not go by the shower schedule in the book, they set their own schedule. Staff M stated hospice would let the facility NA know when they gave a shower, so they could document it in the computer.</p> <p>During an interview on 12/11/2024 at 9:20 AM, Staff P, NA, when asked about the hospice aides, stated Honestly, I don't ever see them come in, maybe they come on evening shift.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/13/2024 at 10:27 AM, Staff L, NA, stated that hospice would let the facility staff know if they did a bath and the facility NA would document it in the computer. Staff L further stated they were not supposed to mark it as done, just because the bath was scheduled that day. Staff L stated they did not know when the hospice aides came for Resident 23 and they sometimes visited in the evening.</p> <p>During an interview on 12/11/2024 at 9:23 AM, Staff U, Licensed Practical Nurse (LPN) stated that hospice aides did the showers for the hospice residents. Staff U was unsure how often Resident 23 was seen by hospice staff.</p> <p>During a telephone interview on 12/13/2024 at 3:43 PM, Staff AA, the hospice provider supervisor, stated that on the most recent hospice nurse visit 2 days ago, the nurse had put in an order for the bath aide for Resident 23. Staff AA clarified that the bath aide services were optional, and that Resident 23 had not had a bath aide since on hospice (in the last 6 months) before now.</p> <p>During an interview on 12/16/2024 at 2:35 PM, Staff C, RCM, reviewed the bathing task record for Resident 23, which documented the resident was bathed by non-facility staff the majority of time for the last five months. Informed Staff C of the conversation with Staff AA, the hospice provider supervisor, who stated that Resident 23 had not had hospice bath aide orders until last week, after their fall. Staff C expressed they were upset and there was a lack of communication with that hospice provider, and that is not an issue with the other hospice agency they use. Staff C further stated that staff should not have assumed or documented that hospice was bathing the resident, without verifying and the issue should have been caught.</p> <p>No Associated WAC</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46033</p> <p>Based on observation, interview and record review, the facility failed to ensure enhanced barrier precautions were implemented during cares and a dressing change for 2 of 4 residents on Enhanced Barrier Precautions (Resident 35 & 61); failed to ensure hand hygiene was completed when indicated during 1 of 3 medication administration observations, and failed to ensure a comprehensive Water Management Plan was developed as required. These failures placed staff and residents at risk for spread of bacterial illnesses, exposure to splashes of body fluids, and illness related to water borne bacteria.</p> <p>Findings included .</p> <p>The website CDC.gov - in which CDC refers to Centers for Disease Control and Prevention- with regard to hand hygiene showed, Hand hygiene means handwashing with water and soap or antiseptic hand rub (alcohol-based foam or gel hand sanitizer) . gloves are not a substitute for hand hygiene. If your task requires gloves, perform hand hygiene before donning [applying] gloves and touching the patient or the patient's surroundings recommendations for hand hygiene in healthcare settings . immediately before touching a patient, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood, body fluids, or contaminated surfaces, and immediately after glove removal.</p> <p>The 04/2024 updated Enhanced Barrier Precautions facility policy documented use of gowns and gloves were indicated for high-contact resident activities that included bathing, dressing, transferring, providing hygiene, changing linens, assisting with toileting, and device or wound care. Appropriate signage was to be posted on the resident's door. Gowns and gloves were to be discarded and hand hygiene performed prior to exiting the room. The precautions were to protect against the spread of organisms resistant to antibiotics.</p> <p><Enhanced Barrier Precautions></p> <p><Resident 35></p> <p>A review of the record documented Resident 35 was admitted with diagnoses that included end stage renal disease dependent on dialysis (a mechanical way of removing waste from the body when the kidneys no longer function), and Clostridium difficile diarrhea (C-diff, contagious diarrheal illness spread through caused by disruption of healthy colon bacteria.)</p> <p>The 10/04/2024 care plan documented Resident 35 had received treatment for C-diff at the hospital and this had resolved, and that the resident required use of Enhanced Barrier Precautions related to an indwelling medical device and a history of infection from a bacteria resistant to some antibiotics.</p> <p>A 12/04/2024 Nurse Practitioner progress note documented Resident 35 had not gone to their dialysis treatment that day related to diarrhea.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 12/04/2024 at 1:51 PM, Resident 35's room was observed. At the entrance was a bin that contained disposable gowns and gloves. A [NAME] colored sign on the wall above the bin indicated Resident 35 was on Contact/Enteric Precautions. The sign instructed staff or anyone who entered the room to wear a gown and gloves before entering the room, and to wash their hands with soap and water when exiting the room. A staff member later identified as Staff EE, Nursing Assistant, was observed in Resident 35's room with no gown or gloves on as instructed by the sign. Staff EE straightened the linens on Resident 35's bed, then pushed the resident's hair away from their face with their bare hand. Staff EE washed their hands then left the room.</p> <p>During an interview on 12/04/2024 at 2:34 PM, Staff EE stated Resident 35 used to be on Contact Precautions because they had c-diff. Staff EE stated they had not worked on that unit for about one month so was unsure if precautions were still required. Staff EE observed the signage on the doorway and read that a gown and gloves were required when the room was entered. Staff EE questioned if the gown and gloves were required just to straighten the linen. Staff EE stated they had given the resident a shower and made their bed but did not put on the gown or gloves. They stated they had not received much education when they were hired and felt they would benefit from more education. They switched assignments so often they were unsure which residents required precautions and which ones did not.</p> <p>On 12/05/2024 at 8:39 AM and 12/06/2024 at 9:38 AM, two different signs were hung at Resident 35's door-the brown Contact/Enteric Precautions sign, and one that indicated Enhanced Barrier Precautions were indicated. The Enteric Precaution signage instructed staff to don a gown and gloves for certain care activities where there was more direct contact with the resident or their environment such as when toileting, changing linens or transferring a resident.</p> <p>On 12/09/2024 at 9:21 AM, only an Enhanced Barrier Precaution sign was present at Resident 35's door.</p> <p><Resident 61></p> <p>A review of the record documented Resident 61 was admitted with diagnoses that included prostate cancer that had spread to the brain.</p> <p>The 08/18/2024 care plan documented Resident 61 received Hospice services (for end-of-life care needs), had an indwelling urinary catheter (a tube inserted in the bladder to allow urine to drain when a blockage occurred) and required Enhanced Barrier Precautions related to an indwelling medical device.</p> <p>On 12/09/2024 at 9:08 AM, Staff G, Licensed Practical Nurse, was observed carrying bandage supplies into Resident 61's room. Signage was posted on the door that indicated Resident 61 was on Enhanced Barrier Precautions. Staff G notified Resident 61 they were there to change the dressing on Resident 61's left forearm. Staff G donned gloves and sat in Resident 61's wheelchair next to the resident where they were able to reach the resident's arm. Staff G did not wear a gown and changed the dressing. They threw away the supplies, removed the gloves, exited the room and used hand sanitizer at their medication cart.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 12/17/2024 at 10:50 AM, Staff T, Infection Preventionist, stated they worked with the Director of Nursing and the Resident Care Manager to determine when a resident required use of Enhanced Barrier or Contact Precautions. Staff T stated they made sure the bins for the gowns and gloves were kept full for staff use. They stated they were new to their position and there had been a gap in Infection Prevention coverage so Staff T was unsure what kind of monitoring had been done to ensure staff followed the policy for Enhanced Barrier Precautions, but Staff T expected staff to do so. It was important to prevent infections to staff and residents.</p> <p><Hand Hygiene></p> <p>During a medication administration observation on 12/12/2024 at 8:35 AM, Staff H, Licensed Practical Nurse, did not perform hand hygiene prior to dispensing medications for Resident 34. Staff H entered Resident 34's room without performing hand hygiene and proceeded to help Resident 34 sit up on the edge of their bed. Staff H spooned medications into Resident 34's mouth, without performing hand hygiene. Staff H assisted Resident 34 lay back down in bed and washed their hands with soap and water prior to leaving the room.</p> <p>In an interview on 12/17/2024 at 10:50 AM, Staff T, Infection Preventionist, stated they expected staff to perform hand hygiene when indicated.</p> <p><Water Management Plan></p> <p>On 12/17/2024, the facility Water Management Binder was reviewed. The plan included diagrams of the facility water system and intakes and identified areas where Legionella (a bacteria that can cause respiratory illnesses and is spread by inhalation of water mist) or other water borne illnesses could grow. A copy of the Centers for Disease Control (CDC) Legionella environmental assessment form was included in the binder, but was not filled in. A policy Domestic Water System Safety Management Program was in the binder but was unsigned and undated. A copy of an Emergency Call Roster was in the binder, it did not include staff currently employed at the facility.</p> <p>In the back section of the binder, a consultant had visited the facility in 2021 and had written recommendations for interventions the facility could implement to prevent the spread of water borne illnesses and documented items such as if you have an evaporative cooling tower, I recommend to add scale inhibitors, corrosion inhibitors, etc. There was no specific plan developed that documented what interventions the facility was to employ, how frequently the interventions were to occur, and how the plan was to be monitored.</p> <p>During an interview on 12/17/2024 at 11:37 AM, Staff N, Maintenance Director, stated as part of the Water Management Plan, water temperatures were randomly monitored in resident rooms on each unit, toilets were flushed and showers run in vacant rooms, and ice machines were routinely cleaned. Staff N stated they were new to their position and were unsure who was on the Water Management Team, and how often the plan needed reviewed. Staff N agreed the plan was not comprehensive.</p> <p>Reference: WAC 388-97-1320 (1)(a)(b)(c).</p> <p>47328</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Spokane Falls Care		STREET ADDRESS, CITY, STATE, ZIP CODE 6021 North Lidgerwood Spokane, WA 99207	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The website CDC.gov - in which CDC refers to Centers for Disease Control and Prevention- with regard to hand hygiene showed, Hand hygiene means handwashing with water and soap or antiseptic hand rub (alcohol-based foam or gel hand sanitizer) . gloves are not a substitute for hand hygiene. If your task requires gloves, perform hand hygiene before donning [applying] gloves and touching the patient or the patient's surroundings recommendations for hand hygiene in healthcare settings . immediately before touching a patient, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood, body fluids, or contaminated surfaces, and immediately after glove removal.</p> <p><Hand Hygiene></p> <p>During observation on 12/12/2024 at 8:35 AM, Staff H, Licensed Practical Nurse, did not perform hand hygiene prior to dispensing medications for Resident 34. Staff H entered Resident 34's room without performing hand hygiene and proceeded to help Resident 34 sit up on the edge of their bed. Staff H spooned medications into Resident 34's mouth, without performing hand hygiene. Staff H assisted Resident 34 lay back down in bed and washed their hands with soap and water prior to leaving the room.</p> <p>In an interview on 12/17/2024 at 10:50 AM, Staff T, Infection Preventionist, stated they expected staff to perform hand hygiene when indicated.</p> <p>Reference WAC 388-97-1320 (1)(a)(b)(c).</p>		