STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505086	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark Care and Rehabilitation	710 North 39th Avenue Yakima, WA 98902

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure resident funds were transferred to the Resident's Representative (RR) within 30 days of death, for 1 of 2 discharged residents (Resident 120) reviewed for conveyance of funds to the RR after death of Resident. This failure placed the RR at risk for loss of funds. Findings included . <Resident 120> Review of the medical record showed the resident was readmitted to the facility on [DATE] from the hospital on private pay hospice care. The resident passed away on 11/09/2024. The RR was asked to pay a full month of room and board at the facility which was $11,800.00. During an interview on 06/09/2025 at 11:35 AM, Staff GG, Business Office Manager, stated they had a conversation with the RR on 11/08/2024 and stated the money would be refunded the money that was not used for Resident 120's care. Review of the06/10/2025 Transaction Report for November 1, 2024, through June 30, 2025, showed the RR was owed a $11,800.00 refund. During an interview on 06/11/2025 at 4:28 PM, the RR stated they were concerned about their refund and that seven months had passed, and nothing had happened with the facility. Reference WAC 388-97-3040(4)(5)

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