| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 505099 | A. Building<br>B. Wing | 05/22/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Spokane Valley Health and Rehabilitation of Cascad | East 17121 Eighth Avenue<br>Spokane Valley, WA 99016 |

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 0851<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.<br><br>Based on interview and record review, the facility failed to ensure that direct care staffing information, including information for agency and contract staff, was electronically submitted correctly to the Centers for Medicare and Medicaid Services (CMS), for Quarter 2 of 2025, reviewed for Payroll Based Journal (PBJ - mandatory reporting of staffing information based on payroll data) submission. This failure resulted in CMS receiving inaccurate data related to nursing home staffing levels and had the potential to impact resident care and services.Findings included. Review of the Certification and Survey Provider Enhanced Reports (CASPER) Payroll-Based Journal Staffing Data Report showed the facility reported data for the period of April 1, 2025, through June 30, 2025, at a level lower than the required by mandated staffing levels. In an interview with Staff A, Administrator, and Staff B, Director of Nursing, on 05/22/2026 at 10:09 AM, Staff A confirmed the PBJ data that had been submitted for Quarter 2 was incorrect and collaboration with CMS personnel occurred to correct and resubmit the data. Staff A further stated the inaccuracies were attributed to a change in the facility's Human Resource staffing and in the process for entering the agency staff hours. The hours for agency staff were being entered at the end of the month, which made it difficult to determine if there were any discrepancies. Starting in July 2025, the facility began entering the hours for agency staff within one to two business days, to ensure accuracy. Reference: WAC 388-97-1090(1)(2)(3) |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
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