

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2024
NAME OF PROVIDER OR SUPPLIER Aurora Valley Care		STREET ADDRESS, CITY, STATE, ZIP CODE 414 S University Rd Spokane, WA 99206	

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 - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45433</p> <p>Based on interview and record review the facility failed to consistently monitor tolerance to dialysis (procedure to remove fluid and waste from the body when the kidneys stop working properly) treatments and collaborate care with the dialysis center for 1 of 3 sampled residents (Resident 1), reviewed for dialysis care. These failures placed residents at risk of unrecognized complications, unmet care needs and diminished quality of life.</p> <p>Findings included .</p> <p>According to the 03/09/2024 quarterly assessment, Resident 1 had a diagnosis of end stage renal disease (kidneys stop working and are not able to remove waste or extra water from the blood) and was dependent on dialysis to survive. Resident 1 was cognitively intact and able to make their needs known.</p> <p>Review of Resident 1's facility census information showed that they readmitted on [DATE], were admitted to the hospital on 02/15/2024 and were readmitted to the facility on [DATE]. They were again admitted to the hospital on 03/25/2024 and readmitted to the facility on [DATE]. Throughout the resident's facility stay they were scheduled for dialysis treatments on Monday, Wednesday, and Friday weekly.</p> <p>Review of Resident 1's care plan, dated 12/01/2023, documented they required dialysis at an off-site dialysis center three days per week. The care plan instructed staff to check the dialysis access port post-dialysis for bleeding, drainage, infection, pain and dislocation; to coordinate care with the dialysis center and the physician; to monitor post-dialysis for any possible complications of dialysis including: bleeding, fatigue, leg cramps, signs or symptoms of infection, seizures, nausea, pulmonary edema (swelling in lungs), pleural effusion (fluid in lungs), chest pain, cardiac arrhythmias (abnormal heartbeat), headache, unsteady gait, electrolyte imbalance, fluid imbalance.</p> <p>Review of dialysis communication forms found in Resident 1's medical record showed that the communication forms had two sections. The first section of the form, completed by the facility, included the date, time, facility nurse, any additional information (post treatment complications, medications sent with the resident to the dialysis center, etc.), who was to administer any medications sent with the resident, and any changes in condition or additional information. The second section was to be completed by the dialysis center with the resident's pre-dialysis and post-dialysis vital signs (blood pressure, temperature, pulse, respirations, and weight), medications given during dialysis, any access site problems, dialysis tolerance and events that occurred during dialysis treatment.</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
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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the dialysis communication forms from February through April 10, 2024 (excluding dates resident was shown to have been in the hospital) showed:</p> <ul style="list-style-type: none"> - February 2024: 4 of 10 dialysis communication forms were found. - March 2024: 2 of 7 dialysis communication forms were found. - April 2024: 0 of 3 dialysis communication forms were found. <p>Review of Resident 1's February 2024 Medication Administration Record (MAR) showed that from February 1, 2024 through February 19, 2024 Resident 1 had dialysis sessions on Mondays, Wednesdays and Fridays and there were standard dialysis physician orders in place to obtain and record post-dialysis dry weight upon return from dialysis; to obtain and record post-dialysis vital signs (blood pressure, temperature, pulse, respirations, oxygen saturations) upon returning from dialysis; to record pre-dialysis vital signs prior to dialysis (blood pressure, temperature, pulse, respirations, oxygen saturations); to send vital signs, medication administration record and the time Resident 1 last ate to the dialysis center on dialysis days and if there were any changes in the resident's condition to notify the dialysis center as well as the physician; and lastly to monitor for: signs or symptoms of bleeding at the dialysis port (tubing attached to the body used for exchanging a persons blood during dialysis treatments), hypotension (low blood pressure), nausea, chest pain, unsteady gait, fatigue, seizures, leg cramps, fluid imbalance, headache, and/or infection (all possible side effects of dialysis) and notify the physician of any abnormalities every shift (24 hours per day/7 days per week). On February 20th through February 29th no monitoring was found.</p> <p>Review of Resident 1's March MAR showed from March 01, 2024, until March 14, 2024 no standard dialysis physician orders were found. On March 15, 2024 through March 25, 2024 (resident was admitted to the hospital March 25, 2024 -March 31, 2024) standard physician dialysis orders are present, however on March 15, 2024 the MAR indicates Resident 1 refused dialysis and no weight or blood pressure was recorded.</p> <p>Review of Resident 1's April MAR showed they readmitted to the facility on [DATE] and from then until April 10, 2024 (date of investigation) no standard dialysis physician orders were present.</p> <p>Review of Resident 1's vital sign records, including weights and blood pressures, show sporadic recording of this data. February 2024 shows 6 of 10 weights recorded and 8 of 20 blood pressures recorded. March 2024 shows 2 of 11 weights recorded and 2 of 22 blood pressures recorded. April 2024 shows two weights taken on non-dialysis days, with April 10, 2024 having a post-dialysis weight (dry weight) recorded and blood pressures taken without regard to when dialysis had occurred, with one blood pressure on 04/07/2024 appearing to be after dialysis.</p> <p>Review of the February, March and April 2024 progress notes showed Resident 1's dialysis tolerance was infrequently and inconsistently monitored.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/10/2024 at 12:58 PM, Staff B, Director of Nursing, stated that there is a standard physician order set for residents who are dependent on dialysis. They further stated that monitoring a dialysis resident consisted of an assessment of the dialysis access site, monitoring if the resident is experiencing any side effects related to their dialysis treatments and obtaining the resident's vital signs (including weight and blood pressure) prior to and after each dialysis treatment. Staff B further stated that the facility communicated with the dialysis center via a communication form that went with a resident to their dialysis treatments and their expectation was for staff to complete the dialysis communication form each time the resident went to dialysis. Upon reviewing Resident 1's MARs for February, March and April, Staff B stated that the required dialysis physician orders were only there sporadically and thus it was hard to tell if the resident was being monitored and/or tolerating dialysis treatments.</p> <p>Reference WAC 388-97-1900 (1), (6)(a-c)</p>		

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<p>F 0851</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>45433</p> <p>Based on interview and record review, the facility failed to ensure that direct care staffing information, including information for agency and contract staff, was correctly electronically submitted to the Centers for Medicare and Medicaid Services (CMS), for Quarter 3 of 2023, reviewed for Payroll Based Journal (PBJ - mandatory reporting of staffing information based on payroll data) submission. This failure caused the CMS to have inaccurate data related to nursing home staffing levels and had the potential to impact resident care and services.</p> <p>Findings included .</p> <p>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 July 1, 2023, through September 31, 2023, at a level lower than required by mandated staffing levels.</p> <p>During an interview on 03/19/2024 at 9:53 AM, Staff A, Administrator, stated that their Human Resources Manager, since terminated from employment, was responsible for reporting the PBJ data and that the Administrator was responsible for checking the data for accuracy before it was submitted. Staff A stated that the PBJ data had been incorrectly submitted at a lower staffing level for Quarter 3, 2023, because the facility Human Resources Director had not added Agency staff to the numbers, as well as, incorrectly calculating nurse hours.</p> <p>During an interview on 04/10/2024 at 11:16 AM, Staff A, Administrator, stated they had trusted the former Human Resources Director to correctly submit PBJ hours. Staff A stated that during the time Quarter 3, 2023 PBJ data was submitted they had been the Administrator in Training and were not sure if the Interim Administrator had reviewed the data before it had been submitted.</p> <p>Reference: WAC 388-97-1090(1)(2)(3)</p>		