

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  12/30/2024
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45433</b></p> <p>Based on interview and record review the facility failed to identify, evaluate and analyze risks, and implement safety interventions to reduce risks and hazards for 2 of 3 sampled residents (Resident 1 and 2), reviewed for accidents related to substance use disorder. This failure placed residents at risk of potentially avoidable accidents, and diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility policy titled, Substance Abuse-Residents dated 08/2022, defined substance abuse as recurrent use of alcohol and/or drugs that cause clinically and functionally significant impairment, such as health problems or disability. Signs and/or symptoms of substance abuse may include intoxication, decreased inhibition, combative behavior, belligerence, nausea/vomiting, involuntary eye movements, slurred speech, slow movements or poor coordination, tremors, falls, and dizziness. The policy instructed staff to assess residents upon admission and as needed for actual substance abuse and/or history of substance abuse using the Social Services Admission/Discharge Evaluation. A care plan would be initiated which could include interventions of offering and providing resources for counseling and support, monitoring for symptoms of relapse, provided 1:1 for safety if resident was at risk of harming self or others, assure resident had access to community substance use services, assess and develop person centered care plan related to the resident's stressors and triggers to reduce risk of relapse.</p> <p>&lt;Resident 1&gt;</p> <p>Review of Resident 1's electronic medical record showed that they admitted to the facility on [DATE] with diagnoses of COVID-19 and Alcohol use, with an unspecified alcohol-induced disorder. Review of the Resident's facility care plan did not include interventions for substance use disorder. Further review did not show that the resident was identified by the facility as having this type of disorder, and no evaluation and analysis of risks, nor any safety interventions to reduce risks and hazards was found.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a facility incident report, generated 11/20/2024, showed that Resident 1 was found to have been intoxicated after experiencing a fall, with an altered level of consciousness and the smell of alcohol present on the resident. The resident was sent to the emergency room for evaluation and was found to have a blood alcohol level of 297 mg/dL, with above 50 mg/dL indicating alcohol ingestion, and a level above 300 mg/dL indicating a critical level of intoxication. Resident 1 stayed at the hospital for observation until 11/22/2024 after which they returned to the facility.</p> <p>&lt;Resident 2&gt;</p> <p>Review of Resident 2's electronic medical record showed that they admitted to the facility on [DATE] with diagnoses of Ankylosing Spondylitis (a type of arthritis characterized by long-term inflammation of the joints of the spine) and opioid dependence. Review of the Resident's care plan did not show interventions for substance use disorder. Further review did not show that the resident was identified by the facility as having this type of disorder, and no evaluation and analysis of risks, nor any safety interventions to reduce risks and hazards was found.</p> <p>During an Interview with Staff A, Administrator, on 12/30/2024 at 1:17 PM, they stated that residents who admit with substance use disorder diagnosis are care planned for their stressors and triggers for relapse. They further stated that residents with these diagnoses also need to be monitored for signs and symptoms of possible intoxication and/or overdose.</p> <p>Reference WAC 388-97-1060 (3)(g)</p>		