

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505151	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Cashmere Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  817 Pioneer Avenue Cashmere, WA 98815	

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 - Few</p>	<p>Give residents a notice of rights, rules, services and charges.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45939</b></p> <p>Based on interview and record review, the facility failed to ensure 1 of 2 residents (Resident 1) and/or their representative was informed of an increase in their monthly financial responsibility before charging the debit card on file. This deficient practice placed residents at risk of financial hardship and potential loss of other benefits.</p> <p>Findings included .</p> <p>&lt;Resident 1&gt;</p> <p>Review of the medical record showed Resident 1 admitted to the facility on [DATE] with diagnoses of left hip fracture, osteoporosis, and severe obesity. Review of the comprehensive assessment, dated 07/03/2024, showed Resident 1 had intact cognition, required the assistance of two people for bed mobility, personal cares and required the use of a mechanical lift for transfers.</p> <p>Review of the Admission Agreement, signed by Resident 1 on 04/21/2022, showed residents .will be notified about any rate changes at least thirty (30) days in advance.</p> <p>Review of the medical record showed the facility received written notification, dated 11/25/2023, from a State Agency (SA) that showed the amount Resident 1 paid toward the cost of their care was changing as of January 2024. The notification showed the new monthly amount was \$1259.88.</p> <p>Review of Resident 1's Financial Transaction Report showed the facility received a debit card payment in the amount of \$500 every month from June 2023 to December 2023. The Financial Transaction Report showed the debit card payments changed to \$1259.88 for January 2024, February 2024, and March 2024.</p> <p>Review of the financial records for Resident 1 showed an undated Credit Card Authorization Form signed by a Resident Representative (RR) allowing a payment of \$1259.88 to be charged to the card.</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:  505151	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Cashmere Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  817 Pioneer Avenue Cashmere, WA 98815	
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 - Few</p>	<p>During an interview, on 08/27/2024 at 11:40 AM, Staff C, Business Office Manager, stated the Credit Card Authorization Form on file for Resident 1 had originally been filled out in May 2023, and the previous agreed upon amount to be charged to the card was \$500. Staff C stated they used correcting tape (white out) to update the amount to \$1259.88 in January 2024 as the facility received notification of Resident 1's increased care cost participation amount. Staff C stated they made several attempts to notify the RR via phone about the change but was never able to connect with them. Staff C stated they did not inform Resident 1 of the increase or the update to the Credit Card Authorization Form amount and did not provide written notification to the RR in advance .because they told me they don't read their mail.</p> <p>During an interview, on 08/27/2024 at 2:10 PM, Resident 1 stated they were unaware of any change in their care cost responsibility.</p> <p>During an interview, on 08/27/2024 at 3:39 PM, Staff B, Former Administrator, stated the facility was responsible for notifying the residents and/or their representatives when their care cost amount changed. Staff B stated the notification would happen in writing and verbally whenever possible. Staff B stated Credit Card Authorization Forms could be updated if the resident or RR was aware and agreeable to the changes, otherwise a new Credit Card Authorization Form should be created. Staff B stated they were the facility Administrator at the time of Resident 1's care cost increase in January 2024, and they were unaware of Staff C updating the Credit Card Authorization Form for Resident 1 without agreement from the RR.</p> <p>During an interview, on 08/27/2024 at 4:25 PM, Staff A, current facility Administrator, stated the expectation was for the facility to notify the residents and/or their representatives of all changes, including billing amounts. Staff A stated a new Credit Card Authorization Form should have been obtained for Resident 1 as the previous form was undated, and no longer reflected the correct billing amount. Staff A stated changing the amount charged to the debit card without agreement from the RR was not the correct practice.</p> <p>Reference: WAC 388-97-0300 (1)(a)</p>		