

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505206	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Timberline		STREET ADDRESS, CITY, STATE, ZIP CODE 400 East 33rd Street Vancouver, WA 98663	

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 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>44739</p> <p>Based on interview and record review, the facility failed to ensure nursing assistants were screened through the nurse aide registry [OBRA] prior to providing care to the residents for 1 of 2 staff [Staff C] reviewed for staff qualifications. This failure placed residents at risk for abuse and unmet care needs.</p> <p>Findings included .</p> <p>Staff C was hired on 02/26/2024.</p> <p>Review of Staff C's employee record did not include documentation from the nurse aide registry.</p> <p>On 08/12/2024 at 3:15 PM, Staff B, Human Resource and Payroll Representative, said he had been in his role for six months. Staff B said originally he was under the impression the OBRA registry was only for NARs (nursing assistants registered), and not NACs (nursing assistants certified). Staff B said he was in the process of reviewing all NACs through the nursing assistant registry.</p> <p>Reference WAC 388-97-1660 (3)(c)</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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