

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2026
NAME OF PROVIDER OR SUPPLIER Alderwood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 East Hartson Avenue Spokane, WA 99202	
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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on interview and record review, the facility failed to ensure an allegation of abuse was investigated and reported to the State Agency as required for 1 of 3 sampled residents (Resident 1) reviewed for abuse. The facility failed to investigate and report an allegation that Resident 1's hands and wrists were bruised from rough handling and being held down during care. This failure placed the resident at risk for abuse, unmet care needs and a diminished quality of life. Findings included .Review of the facility Abuse Prevention policy, last reviewed on 06/17/2024, documented facility was to prevent, prohibit, identify, and thoroughly investigate allegations of abuse, neglect, exploitation of residents, and misappropriation of resident property. The policy further stated, The facility will report alleged violations related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source and misappropriation of resident property and report the results of all investigations to the proper authorities within prescribed timeframes. The facility will ensure that all staff are aware of reporting requirements. <Resident 1>The 05/05/2026 admission assessment documented Resident 1 had moderate cognitive impairment, was usually able to make their needs known, and had diagnoses which included vascular dementia, stroke and memory impairment. Review of Resident 1's record showed a progress note on 04/17/2026 at 9:19 AM by Staff C, Social Service Director, documented during a conversation with a family member of Resident 1 they alleged that bruises on Resident 1's hands were caused from someone being too aggressive. Review of the facility's reporting log for April 2026 showed no entries had been made related to the allegation of abuse to Resident 1. Further record review found no documentation that the facility investigated the allegation of abuse. Review of STARS, the secure tracking and reporting system for Washington State, which was used to report allegations of abuse, found no reports had been made for Resident 1 in April 2026. In an interview on 07/22/2026 at 7:54 AM, Staff C, acknowledged the allegation of abuse related to the bruising and the family members belief that the resident was being abused should have been investigated and reported. During an interview with Staff A, Administrator, and Staff B, Director of Nursing on 07/22/2026 at 10:30 AM, Staff A stated abuse/neglect and mandatory reporting training was provided to staff when hired, yearly, and as changes or incidents occurred. Staff A confirmed the allegation should have been investigated and reported to the State Agency. Reference WAC: 388-97-0640 (6)(a)(b)		

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interview and record review, the facility failed to provide within 24 hours of transfer to the hospital, a bed hold notice, a notice that informed the resident/representative of their right to pay for their room to be held while they were hospitalized , for 2 of 3 sampled residents (Residents 1 and 2), and failed to ensure the Office of the State Long-Term Care Ombudsman received written notification of a hospital transfer for 2 of 3 sampled residents, (Residents 1 and 3), reviewed for admission, transfer and discharge. Findings included .<Resident 1>The 05/05/2026 admission assessment documented Resident 1 had moderate cognitive impairment, was usually able to make their needs known, and had diagnoses which included vascular dementia, stroke and memory impairment. Review of Resident 1's record showed a progress note on 07/03/2026 at 6:36 PM documented the resident was being sent to the hospital for evaluation due to changes in the resident's behavior. The documentation showed the resident representative was notified of the hospital transfer, but no documentation was found that a bed hold was offered or discussed, nor was there documentation found that showed the Office of the State Long-Term Care Ombudsman had been notified of the resident's transfer to the hospital as required. <Resident 2>The 06/11/2026 admission assessment documented Resident 2 had moderate cognitive impairment, was able to make their needs known, and had diagnoses which included seizures, and diabetes mellitus, a condition caused when the body cannot convert food into energy. Review of Resident 2's record showed a progress note on 06/08/2026 at 1:33 PM documented the resident was being transferred to the hospital to be evaluated for lethargy, a decrease in energy and consciousness. Additional record review found no documentation that the resident and/or representative had been offered a bed hold prior to being transferred within the 24-hour time frame as required. <Resident 3>The 05/21/2026 admission assessment documented Resident 3 had moderate cognitive impairment, was able to make their needs known, and had diagnoses which included liver disease and malnutrition. Review of Resident 3's record showed a progress note on 06/12/2026 at 11:51 AM documented the resident was being transferred to the hospital to be evaluated for unresponsiveness. Additional review of the resident's record found no documentation that the Office of the State Long-Term Care Ombudsman had been notified of the resident's transfer to the hospital as required. In an interview on 07/22/2026 at 7:00 AM, Staff B, Director of Nursing, stated bed hold notifications needed to be completed at the time of transfer to the hospital if possible, and within 24 hours of transfer. Staff B further stated notifications to the Office of the State Long-Term Care Ombudsman was completed via fax and the documentation was scanned into the resident's record. In an interview on 07/22/2026 at 8:34 AM, Staff A, Administrator, confirmed no documentation was found that showed bed hold notifications were offered to Residents 1 and 2, and no notifications had been sent to the Office of the State Long-Term Care Ombudsman for the hospital transfers for Residents 1 and 3. Reference (WAC): 388-97-0120(3)(c)(4)(a)(b)(c)		