

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER Colville of Cascadia, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Elep Street Colville, WA 99114	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>27590</p> <p>Based on interview and record review, the facility failed to follow physician orders for 2 of 3 sampled residents (Resident 1 and 2), reviewed for urinary catheters (a tube inserted in the bladder that allowed urine to drain). This failure placed the residents at risk for possible urinary tract infections (UTI's). Findings included .</p> <p>Review of the facility policy Indwelling Catheters, revised on 04/12/2022, showed urinary catheters and drainage bags were to be changed as necessary or unless specified by a physician's order.</p> <p><Resident 1></p> <p>According to the facility assessment, dated 01/30/2024, Resident 1 had diagnoses to include a stroke. Resident 1 was able to make their needs known and had a urinary catheter.</p> <p>Review of Resident 1's care plan, dated 01/24/2024, showed the resident was to have their catheter changed as ordered by the physician and/or changed as needed for infection or obstruction. The resident was to be monitored for signs and symptoms of a UTI.</p> <p>Review of provider progress notes showed Resident 1 was seen by a urologist (a provider that specializes in care of the kidneys, ureters and bladder) on 02/12/2024. The urologist ordered the resident's catheter to be changed every 4 weeks.</p> <p>Resident 1's Treatment Administration Record (TAR) for February, March, and April 2024 showed an order for staff to change the resident's catheter as needed. The TAR did not show the physician's 02/12/2024 had been added to change the catheter every 4 weeks and no documentation the catheter was changed from February to April 2024.</p> <p><Resident 2></p> <p>According to the facility assessment, dated 03/25/2024, Resident 2 had diagnoses to include kidney disease. Resident 2 was severely impaired cognitively and had a urinary catheter.</p> <p>Review of Resident 2's care plan, dated 12/15/2023, showed the resident was to have their urinary catheter changed according to physician orders or as needed for blockage/leaking. The resident was to be monitored for signs or symptoms of a UTI.</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/25/2024 Resident 2 was sent to the hospital. The resident was diagnosed with a UTI related to the urinary catheter. Discharge instructions showed the catheter was to be changed every month.</p> <p>Resident 2's TAR for February, March, and April 2024 showed an order for staff to change the resident's catheter as needed. The TAR did not show the hospital orders had been added to change the catheter each month and no documentation to show the catheter had been changed.</p> <p>During an interview on 04/09/2024 at 1:15 PM, Staff A, Licensed Practical Nurse (LPN) stated residents with catheters usually had them changed as needed for infection or leakage. If a resident returned from an outside physician appointment or the hospital, the Resident Care Managers (RCM's) would receive a packet from the visit and add any new orders in the electronic system. If the RCM's weren't there, the floor staff would review and input the information.</p> <p>On 04/09/2024 at 2:40 PM, Staff B, Registered Nurse (RN), stated a urinary catheter was changed based on the physician's order and if no specific order was changed per the facility policy.</p> <p>On 04/09/2024 at 2:30 PM, Staff C, Director of Nursing, confirmed the orders should have been added to the resident's TAR.</p> <p>Reference: WAC 388-97-1060(3)(c)</p>		