

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 11/27/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>47728</p> <p>Based on interview and record review, the facility failed to notify the police of an allegation of sexual abuse. This failure placed residents at risk for potential abuse and a diminished quality of life.</p> <p>Findings included:</p> <p>In review of the facility incident report #581 dated 10/21/2024 it documented Staff A, Hospitality aide informed Staff B, Director of nursing of an allegation of sexual abuse of Resident 1, allegedly perpetrated by Staff C, aide on 10/19/2024. It further documented the facility notified the state agency on 10/22/2024, and the resident representative on 10/23/2024, of the allegation. No documentation of local law enforcement notification was found in this document.</p> <p>In an interview on 11/27/2024 at 3:42pm, Staff D Administrator stated they did not notify the police of the allegation of abuse because they felt there was no immediate danger and they did not feel the allegation was legitimate. They stated they assumed Staff A had already notified the police.</p> <p>In an interview on 12/3/2024 at 2:46pm, Staff D stated they spoke with the local police department and was informed no notification of the alleged abuse had been received prior to being notified by the state agency. Staff D stated they should have notified the police at the time they were informed of the allegation of abuse.</p> <p>Reference: WAC 483.12(c)(1)(4) -0640(5)(a)</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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