

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 05/07/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40845</p> <p>Based on observation, interview, and record review, the facility failed to provide adequate supervision for 1 of 3 sample residents (Resident 1) reviewed for elopement. The facility failed to adequately monitor a resident, who had expressed the desire to leave the facility. This placed the resident at risk for exiting the building without staff knowledge, and potential injury.</p> <p>Findings included .</p> <p>According to an assessment dated [DATE], Resident 1 had diagnoses which included Rt. femur fracture, dementia with behavioral disturbance, muscle weakness, and a history of falling. He required substantial assistance with activities of daily living and was able to self-propel in his wheelchair within the facility.</p> <p>According to an initial CSCD-Wandering/Elopement Risk Evaluation dated 11/25/2024, Resident 1 was assessed at a level 2 (high-risk), risk for elopement, and 15-minutes safety checks were recommended.</p> <p>On 12/16/2024, a quarterly CSCD-Wandering/Elopement Risk Evaluation was completed for Resident 1 and was assessed at a level 2. The assessment reported that Resident 1 had a history of elopement, and it was recommended that a Wanderguard (a device that alarms at the doors, when a resident tries to exit the building) be placed on the resident and 15-minute safety checks.</p> <p>On 04/12/2025 an updated CSCD-Wandering/Elopement Risk Evaluation was completed after Resident 1 was found to have left the facility. A Wanderguard was initiated at that time and 15-minutes safety checks were continued.</p> <p>The resident's care plan dated 11/29/2024 showed the resident to be an elopement risk and had verbalized wanting to leave. The care plan showed Resident 1 was allowed to sit outside the front door when agitated and staff were to check the resident for safety and appropriate clothing. The care plan was updated on 04/12/2025 to include monitoring the number of exit seeking attempts each shift, and the placement of a Wanderguard to the left wrist.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/30/2025 at 1:10 PM, Staff A, Director of Nursing, stated that a nursing assistant was assigned to Resident #1 each shift and they were supposed to fill out the Resident Monitoring Tool every and the Nurse was supposed to check the form each shift to ensure it had been filled out and document on the Treatment Record.</p> <p>In an interview on 04/30/2024 at 1:15 PM Staff B, CNA, assigned to Resident 1, was unable to locate the safety check form and said they had not filled it out.</p> <p>In an interview on 05/07/2025 at 09:55 AM Staff C, Restorative Aide, assigned to Resident 1, when asked about the form, said they were not aware of the 15-minute safety check form and had not filled it out for the day.</p> <p>Review of the facility investigation showed that on 04/04/2025 Resident 1 had last been seen at 1:00 PM, according to the 15-minute safety check form, in the dining room, at the 1:15 PM safety check the resident could not be located. A facility search was initiated. The resident had left the facility and was found a block away at 1:23 PM upright in their wheelchair, no injury identified. A Wanderguard was placed on the resident's left wrist upon return to the facility.</p> <p>In an interview on 05/07/2025 at 10:32 AM, Staff A, Director of Nursing, confirmed Resident 1 had been assessed as a high risk for elopement and a Wanderguard should have been in place prior to their elopement as recommended. Staff A further confirmed the 15-minute safety check forms were not filled out consistently.</p> <p>Reference WAC 388-97-1060(3)(g)</p>		