STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505367	A. Building B. Wing	07/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Springs Care and Rehabilitation	4007 Tieton Drive Yakima, WA 98908

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (continued on next page)

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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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interview and record review, the facility failed to notify the physician of significant changes in condition for 1 of 3 Residents (Resident 4), reviewed for falls. This failure placed the resident at risk for delayed medical interventions and treatment. Findings included . Review of the undated policy titled Change in Residents Condition or Status showed a significant change of condition was a decline in the residents' status that would not normally resolve itself without intervention from staff. The nurse would notify the residents attending Physician or on-call Physician when there had been a significant change in the resident's physical, emotional or mental condition. <Resident 4>Review of Resident 4's medical record showed the resident was admitted to the facility with diagnoses to include heart failure and hypertension (high blood pressure, when the blood is pushing too hard against the artery walls). Review of the significant change assessment, dated 06/24/2025, showed the resident's cognition was intact and required the assistance of one- two staff members for activities of daily living (ADLs). The assessment further showed Resident 4 had a new diagnosis of a right hip fracture and required the use of pain medication. Review of the facility investigation report, dated 06/07/2025, showed on 06/07/2025 at 3:15 AM, the resident was found on the floor in their room, lying on their right side, A neurological assessment (an examination to identify any abnormalities in an individual's level of consciousness) was completed with no deficits noted. There was no documentation of range of motion (how far you can move a joint or muscle) on Resident 4's upper or lower extremities and they had a complaint of a three out of ten on the pain scale (a tool used to help people describe the intensity of their pain, zero means no pain and 10 means the worst pain imaginable) to their right arm. During an interview on 07/20/2025 at 2:08 PM, The Resident Representative (RR), stated Resident 4 fell and broke their hip at the facility. The RR stated it was four days before the facility ordered an x-ray, which then revealed a right hip fracture. The RR stated Resident 4 had been complaining of pain whenever staff attempted to move them since they had the fall. The RR stated the staff had previously attributed the pain to deep tissue bruises sustained from the fall. The RR further stated Resident 4 had not experienced any pain prior to the fall.During an interview on 07/22/2025 at 12:23 PM, Resident 4 stated they had had a fall recently. Resident 4 stated they experienced significant pain in their right hip and arm, which intensified with any attempts at movement, including transfers for therapy. Resident 4 stated their pain subsided when they received Tylenol (a pain reliever) which they preferred and when they remained still in bed. Resident 4 stated the nurse finally got an x-ray and my hip was broken. Record review of the June 2025 Medication Administration Record showed between 06/07/2025 (date of fall) and 06/11/2025 (day x-ray was ordered, four days after the fall occurred) Tylenol (the residents preferred pain reliver) was administered 10 times for mild pain. The highest pain level reported was an eight out of ten on the pain scale. Record review of Resident 4's progress notes between the dates of 06/07/2025 and 06/10/2025 showed no notification to the Primary or on-call Physician regarding Residents 4's 06/07/2025 fall, including new complaints of pain or pain medication usage after the fall. The Physician was not notified until 06/11/2025 which was four days after the fall.During an interview on 07/23/2025 at 9:24 AM Staff J, Registered Nurse, stated they worked on Resident 4's hall during the week of the fall. Staff J stated Resident 4 had been complaining of pain to their right arm and hip. Staff J stated they administered Tylenol for pain and assumed Resident 4 was hurting from the bruising that occurred from the fall. Staff J stated the process for any change in condition was to notify the Physician for further orders. Staff J stated they did not notify the Physician until 06/11/2025 when they noticed Resident 4 had a decrease in their mobility. Staff J further stated they should have notified the physician of the increase in complaints of pain, and they did not do that. During an interview on 07/24/2025 at 3:04 PM Staff B, Director of Nursing Services, stated their expectations for any complaints of pain following a fall or any change in condition was to immediately notify the Physician. Staff B stated they became aware of the need for more training on this process after reviewing falls with injuries during that time. Staff B further stated a structured nurses meeting with the nurses and the Medical Director was held on 07/13/2025, six days after the fall. Reference (WAC) 388-97-0320(1)(a)(b)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities Based on interview and record review, the facility failed to review and validate the Preadmission Screening and Resident Reviews ([PASARR], an assessment to ensure individuals with serious mental illness [SMI] or intellectual disabilities [ID] or related disorders [RD] are not inappropriately placed in nursing homes for long term care) were corrected on admission, had the required level 2 referral sent if residents had a positive Level 1 PASARR nor corrected/updated resident PASARR as needed for 2 of 5 residents (Residents 11 and 16) reviewed for unnecessary medications. This failure placed the residents at risk for not receiving the care and services appropriate for their needs. Based on interview and record review, the facility failed to review and validate the Preadmission Screening and Resident Reviews ([PASARR], an assessment to ensure individuals with serious mental illness [SMI] or intellectual disabilities [ID] or related disorders [RD] are not inappropriately placed in nursing homes for long term care) were corrected on admission, had the required Level 2 referral sent if residents had a positive Level 1 PASARR nor corrected/updated resident PASARR as needed for 2 of 5 residents (Residents 11 and 16) reviewed for PASARR. This failure placed the residents at risk for not receiving the care and services appropriate for their needs.Findings included .Review of the facility's undated policy titled PASARR, showed if the Level 1 screen indicated that the individual might meet the criteria for a SMI, ID, or RD, they were referred to the state PASARR representative for the Level 2 (evaluation and determination) screening process. <Resident 11>Review of Resident 11's medical record showed the resident was admitted to the facility with diagnoses to include major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), insomnia (trouble sleeping), and post-traumatic stress disorder ([PTSD]-a mental health condition that can develop after experiencing or witnessing a traumatic event that involved the threat of death, serious injury, or sexual violence.) Review of the quarterly comprehensive assessment, dated 06/29/2025, showed the resident's cognition was intact and required supervision or touching assistance of one staff member for ADLs.Review of Resident 11's PASARR, dated 10/09/2024, showed under section I, SMI/ID had one marked yes to include the diagnosis of depression. The resident had diagnoses of PTSD and insomnia that were not included. No evidence of a Level 2 referral was sent for review in the resident's medical record. <Resident 16>Review of Resident 16's medical record showed the resident was admitted to the facility with diagnoses to include major depressive disorder, bi-polar disorder (a mental condition that causes extreme shift sin mood, energy, and ability to function, alternating between periods of high and low depression), anxiety disorder (someone who experiences excessive and persistent worry, fear, or nervousness that interferes with their daily life), and borderline personality disorder (a mental health condition where people have long lasting patterns of strong, unstable emotions). Review of the quarterly comprehensive assessment, dated 06/30/2025, showed the residents' cognition was moderately impaired and required the assistance of one staff member for ADLs.Review of Resident 16's PASARR, dated 02/26/2025, showed under section I, SMI/ID had three marked yes responses to include the diagnosis of depression, anxiety disorder, and personality disorder. Review of the additional comments section showed a Level 2 was required due to SMI's marked in section I. No evidence of a Level 2 referral was sent for review in the resident's medical record. During an interview on 07/22/2025 at 3:16 PM, Staff D, Social Service Director, stated it was their responsibility to review all PASARR's on admission and to send out for a Level 2 required assessment if needed. Staff D stated they had done a full house audit and must have missed Resident 11 and 16's required Level 2 assessment and the correct process was not followed for those residents. Reference WAC: 388-97-1915 (1)(2)(a-c)

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on interview and record review, the facility failed to ensure the actual hours worked were documented on the daily nursing staff posting for 27 of 45 shifts reviewed for accuracy of posted nursing hours. This failure prevented residents, family members and visitors from knowing the actual hours worked by nursing staff. Findings included. Review of the facility's daily (days, evenings and nights) nurse staff posting forms from 07/01/2025 thorough 07/15/2025 showed on 27 of 45 shifts the posted nursing hours were not accurate and did not reflect the actual hours worked by nursing employees. During an interview on 07/24/2025, at 2:21 PM, Staff, I, Assistant Director of Nursing stated they were unaware that the daily nurse postings were not accurate, and their expectation was that the postings match the schedules of actual hours worked. Reference WAC 388-97-0020

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to 1) store Potentially Hazardous Food (PHF, food that requires time/temperature controlled to limit the growth of bacteria) that did not have the proper labels and dates for food safety tracking, 2) adequately disinfected food preparation areas to prevent cross contamination (harmful spread of diseases) for 1of 1 kitchen reviewed and 3) ensure the dishwasher sanitizer concentration was effective for sanitation for 1of 1 kitchen reviewed. These failures placed residents at an increased risk for food borne illnesses. Based on observation, interview and record review, the facility failed to 1) store Potentially Hazardous Food (PHF, food that requires time/temperature controlled to limit the growth of bacteria) that did not have the proper labels and dates for food safety tracking, 2) adequately disinfected food preparation areas to prevent cross contamination (harmful spread of diseases) for 1of 1 kitchen reviewed and 3) ensure the dishwasher sanitizer concentration was effective for sanitation for 1of 1 kitchen reviewed. These failures placed residents at an increased risk for food borne illnesses.Findings included .Review of the Washington State Retail Food Code [PHONE NUMBER]6(1)(2)(a,b)(3)(4), dated March 1, 2022 showed ready-to-eat or refrigerated, time/temperature control for food safety must be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than twenty-four hours, to indicate the date or day by which the food must be consumed on the premises. Prepared foods must have the date or day of preparation, with a procedure to discard the food on or before the last date or day the food can be consumed on the premises. Additionally, the concentration of the sanitizing solution must be accurately determined by using a test kit or other device, and the results of the testing must be logged.Review of facility's undated policy titled, Food Receiving and Storage, showed foods shall be received and stored in a manner that complies with safe food handling practices. Staff were to cover, label and date all foods when they are open and the date when the food items must be used by.An observation on 07/20/2025 at 9:09 AM, showed the following items in the kitchen with no label, open date, or use by date visible: <Refrigerator> one uncovered baked goods sprinkles in a two-quart (qt- a unit of measure) container six trays of milk six trays of juice six trays of thickened liquids water/juice/milk one uncovered two qt container of honey dew melon two qt container of minced garlic six slices honey dew melon in shallow pan two trays of coffee cake one large pan with sliced salami two qt container of tuna fish 10-pound (lb- unit of measure) roll of hamburger four polish sausages unwrapped 1/2 lb of hamburger raw in roll package tied in a knot open date of 07/01 no use by date one turkey breast thigh roast one uncovered container of breaded turkey breast on a cart one uncovered container of tomato soup on same cart one uncovered container of cooked hamburger meat on same cart one uncovered container of diced potatoes on same cart one uncovered four tuna fish sandwiches on same cart one container of scrambled eggs on same cart two qt container of crushed strawberries on same cart two qt container of pico de gallo (chopped vegetables condiment) one qt container of cilantro six pack of strawberries in plastic containers two qt container of grapes two qt container of chopped watermelon <Disinfectant Buckets>Review of the manufacturer's instructions for Disinfectant Multi Quat 146 (a chemical used to kill germs on surfaces) showed the parts per million (PPM- the concentration of the disinfectant solution in water) should be between 150 and 400 and the buckets should be tested every two to four hours or when the solution becomes dirty. During an observation and concurrent interview on 07/20/2025 at 9:09 AM, Staff C, Food Service Manager, tested two of three buckets of Disinfectant Multi-Quat solution. Staff C stated the buckets of solution were used to clean the counter tops. The test strips showed the solution had no concentration of the disinfectant in the buckets. Staff C stated they expected the buckets to be tested at least every two hours and changed if needed. Staff C stated the process was not followed and the buckets of sanitizer were not effective to prevent cross contamination. <Dishwasher>Review of the July 2025 Dish room temperature and Sanitizer Log showed no testing of the dishwasher sanitizing solution were completed after breakfast or lunch on 07/21/2025. During an observation and concurrent interview on 07/21/2025 at 1:19 PM, Staff C Stated the dishwasher was a low-temperature machine and used a chemical sanitizer. Staff C tested the sanitizer concentration in the final rinse cycle of the dishwasher using a chlorine test strip (quickly measures the amount of chlorine present in a solution, usually water). The test strip did not register any concentration of sanitizer. Staff C then checked the dishwashing machine's sanitizing bucket and noted no sanitizer was flowing from the bucket through the tubes. Staff C primed the solution and noted no sanitizing solution was

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to provide a safe, functional, and sanitary environment for 2 of 2 shower rooms (Hall Two and Hall One), 2 of 3 resident bathrooms (Hall One) and 1 of 1 laundry room reviewed for a safe and sanitary environment. This failure placed residents at an increased risk for not feeling safe and secure with their environment and unmet care needs.Findings included… <Hall Two Shower Room>During an observation on 07/20/2025 at 10:18 AM, the shower room located on hall two showed three feet (a unit of measure) along the shower wall, a black slimy substance that extended upwards three inches (a unit of measure) onto the wall tiles. To the left side of the shower entrance, there were missing tiles on the corner exposing dry wall, measuring four by five inches. To the left of the sink, a deep gauge was observed on the wall measuring three inches with drywall exposed. Further to the left of the sink, another area showed a deep gauge measuring eight inches by one inch, also with exposed drywall. Directly underneath the sink, a black substance combined with a slimy brownish substance was present on the floor tile. Further observation showed the grab bar next to the toilet was loose and not securely fastened to the wall. During an interview on 07/24/2025 at 10:18 PM, Staff A, Administrator, stated staff utilized Technology Enhanced Learning Services (TELS-an electronic system that allows for inputting and tracking maintenance tasks, ensuring they are completed on time and properly documented) system. Staff A stated they were unaware of the maintenance issues in shower room one. Staff A stated maintenance performed daily rounds, and the issues should have been identified. Staff A further stated staff should have entered the issues into the TELS system, and housekeeping should have also caught them. <Hall One Combined Shower/Resident Bathroom> During an observation on 07/23/2025 at 8:43 AM, the shower room on Hall One showed a bathtub half full of briefs, clothes hangers, rolls of clear trash bags, resident clothes and loose wheelchair pedals. To the right of the bathtub was an over the bed table with a 12-ounce cup with brown stains on the lid and side of the cup. The shower stall drain had a reddish-brown substance surrounding the two screw holes. The hand-washing sink was covered with a white, green residue on the knobs and base of the faucet , and a white paper towel dispenser that had multiple areas of rust. To the right of the sink were two brown bins without lids. One bin contained wet towels and the other contained used briefs and gloves. To the left of the shower stall was a toilet with reddish-brown stains inside the toilet bowl. On the ceiling were two vents that had bubbling paint and material. The ceiling vent near the entrance door had a two-foot by one-foot sheet of disposable wrap stapled to the ceiling. Additionally, upon entrance the shower room had a strong odor of urine. <Hall One Resident bathroom>During an observation on 07/23/2025 at 8:49 AM, showed the resident restroom on Hall One with a toilet seat lid cracked with sharp edges and a trash can that was smashed in on one side with two large holes. The hand washing sink was not secured and detached from the wall. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 07/25/2025 at 8:47 AM, Staff H, Nursing Assistant, stated when there was an area that needed repaired the process was to notify maintenance by using the walkie-talkie or verbally in the hall when they saw them. Staff H notified maintenance about the broken toilet seat lid when they walked by during this interview. During an interview on 07/25/2025 at 8:49 AM, Staff E, Maintenance Director, stated the process for repair notifications was the staff were to use the TELS system which notified them through an application and tracked all the concerns for them and management. Staff E stated they were only aware of the bathtub needing to be repaired and no other repairs had been requested. Staff E stated the ceiling vents had water leaking through them when the air conditioning was being repaired and they had not fixed the ceiling yet. Staff E stated the sink in the resident restroom became loose three weeks prior and they placed silicone around the sink to reattach to the wall. During a concurrent interview on 07/25/2025 at 9:14 AM, Staff A stated maintenance needed to make the repairs in the resident restroom. Staff A stated the sink had been repaired a few weeks ago and was now loose from the wall again. Staff B, Director of Nursing Services (DNS), stated the air conditioning repairs had been ongoing and was unsure how long the ceiling vents were in the current condition. Staff B stated the shower rooms and restrooms were for the residents’ needs and should be in good functioning condition for their use. During an observation on 07/23/2025 at 8:43 AM, the shower room on Hall one showed had a bathtub half full of briefs, clothes hangers, rolls of clear trash bags, resident clothes and loose wheelchair pedals. To the right of the bathtub was an over the bed table with a 12-ounce cup with brown stains on the lid and side of the cup. The shower stall drain had a reddish-brown substance surrounding the two screw holes. The hand-washing sink was covered with a white, green residue on the knobs and base of the faucet. A white paper towel dispenser that had multiple areas of rust. To the right of the sink were two brown bins without lids. One bin contained wet towels and the other contained used briefs and gloves. To the left of the shower stall was a toilet with reddish-brown stains inside the toilet bowl. On the ceiling were two vents that had bubbling paint and material. The ceiling vent near the entrance door had a two-foot by one-foot sheet of disposable wrap stapled to the ceiling. Additionally, upon entrance the shower room had a strong odor of urine. During an observation on 07/23/2025 at 8:49 AM, showed the resident restroom on Hall one with a toilet seat lid cracked with sharp edges. A trash can that was smashed in on one side with two large holes. The hand washing sink was not secured and detached from the wall. During an interview on 07/25/2025 at 8:47 AM, Staff H, Nursing Assistant, stated when there was an area that needed repaired the process was to notify maintenance by using the walkie-talkie or verbally in the hall when they saw them. Staff H notified maintenance about the broken toilet seat lid when they walked by during this interview. During an interview on 07/25/2025 at 8:49 AM, Staff E, Maintenance Director, stated the process for repair notifications was the staff were to use the TELS system which notified them through an application and tracks all the concerns for them and management. Staff E stated they were only aware of the bathtub needing to be repaired and no other repairs had been requested. Staff E stated the ceiling vents had water leaking through them when the air conditioning was being repaired and they had not fixed the ceiling yet. Staff E stated the sink in the resident restroom became loose three weeks ago and they placed silicone around the sink to reattach to the wall. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent interview on 07/25/2025 at 9:14 AM, Staff A stated maintenance needed to make the repairs in the resident restroom. Staff A stated the sink had been repaired a few weeks ago and was now loose from the wall again. Staff B, Director of Nursing Services stated the air conditioning repairs had been ongoing and was unsure how long the ceiling vents were in the current condition. Staff B stated the shower rooms and restrooms were for the residents’ needs and should be in good functioning condition for their use. <Laundry Room> During a concurrent observation and interview on 07/24/2025 at 2:05 PM with Staff K, Laundry and Housekeeping Supervisor of the facility laundry room, showed two separate rooms considered as the dirty and clean areas. Two washing machines and two dryers were observed on the clean side of the laundry room. One of the washing machines was broken and the front portal was covered with plastic and sealed off with black duct tape. One of the dryers was also broken and had a piece of paper taped up to the front portal stating, “out of order”. Staff K stated both the washer and dryer had been broken “for months” and they did not know of a plan to have to them repaired or replaced. Staff K stated it was challenging to keep up with all the laundry in the facility with only one functioning washer and dryer, but they were managing so far. Further concurrent observations and interviews with Staff K on 07/24/2025 at 4:25 PM, of the laundry room showed behind the two washing machines were in an area approximately six feet in width by ten feet in length that had two doors leading to the outside of the facility. Both doors had white towels shoved under the gaps in the doors where observable daylight was coming through. The tops of these doors also had gaps in them and observable outside light could be seen. Staff K stated they put towels under the gaps in the doors to keep the weather, dirt and possible animals or snakes out. The flooring and walls in the area were dirty with observable dirt and debris on the concrete floor. The wall and floor trim in this area were lifted, coming off the walls and appeared moldy in appearance. The wall leading into the area behind the washing machines had [NAME]-rigged cords (something that has been made or repaired in a hasty, crude or makeshift way) on the opposite side of the wall where saw marks and broken plaster down to the sheetrock was observed. Observations of four ceiling vents in both the clean and dirty side of the rooms showed two vents in each room that were filled with dirt and lint. When the fan switches were turned on there were no observable working parts seen or heard. Staff K stated they had been employed as the laundry supervisor since 2019, and the fans had never worked as far as they knew and that they themselves had never cleaned the dirt, lint or debris from them. During the same observation and interview, multiple areas in both the clean and dirty sides of the laundry room had peeling paint on the walls and areas where the paint was scraped off down to the plaster. On the west wall of the dirty laundry room there was a large rectangular area that the paint had been scraped off and plastered over with a lumpy grey, brown material. The floors in both areas of the laundry room were noted to be dirty and had visible debris on them. The area in front of the working washing machines had a broken off piece of metal floor stripping that was covered in duct tape. Staff K stated they had to duct tape it down because staff kept tripping over the broken piece. During a concurrent interview on 07/25/2025 at 9:40 AM, Staff A, Administrator and Staff B, DNS, both stated they had observed the laundry room the previous day and acknowledged the laundry room washer and dryer needed to be repaired and the laundry rooms required repair and cleaning in multiple areas. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reference WAC: 388-97-3220(1)