

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505379	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/09/2025
NAME OF PROVIDER OR SUPPLIER Royal Park Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7411 North Nevada Spokane, WA 99208	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, interview, and record review, the facility failed to ensure 2 of 4 dependent residents (Resident 1 and 3), reviewed for Activities of Daily Living (ADL's), received the appropriate number of baths per week. This failure placed residents at risk for poor hygiene and a diminished quality of life.</p> <p>Findings included .</p> <p>&lt;Resident 1&gt;</p> <p>Review of a facility assessment, dated 05/14/2025, showed the resident was admitted with diagnoses to include a stroke with one sided weakness. The resident had aphasia (affects the ability to produce spoken or written language, even though the individual may understand language). Resident #1 had difficulty making their needs known.</p> <p>The resident's care plan, dated 02/19/2025, showed the resident was to be showered twice a week. It was noted the resident preferred bed baths but staff should continue to offer for the resident to use the shower.</p> <p>Review of Resident 1's shower record from 05/09/2025 to 06/09/2025 showed the resident received a bed bath on 05/09/2025 and not again until 05/19/2025, 10 days later. The next bed bath was 7 days later on 05/26/2025 and an additional 7 days on 06/02/2025.</p> <p>On 06/09/2025 at 12:28 PM, Resident 1 was laying in bed. The resident had difficulty answering questions. When asked if they received bathing twice a week they shook their head no. When asked if they like showers, they nodded no and nodded yes they preferred bed baths in their room.</p> <p>&lt;Resident 3&gt;</p> <p>Review of a facility assessment, dated 05/06/2025, showed the resident was admitted with diagnoses to include dementia. The resident had difficulty making their needs known and required partial to moderate assistance for personal hygiene.</p> <p>Review of Resident 3's shower record from 05/09/2025 to 06/09/2025 showed the received a shower on 05/12/2025 and not again until 05/20/2025, 8 days later.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/09/2025 at 11:20 AM, Staff A, Nursing Assistant (CNA), stated they had a shower aide for the unit but they had called off for the day. Staff A was asked how showers were made up if there wasn't a shower aide and they replied they weren't sure.</p> <p>On 06/09/2025 at 12:22 PM, Staff B, CNA, stated they were a shower aide but had been taken off showers for the day to help on the floor. Staff B stated they would be pulled if too many CNA's called off sick. If Staff B couldn't do showers, they would try and make them up the next day they worked.</p> <p>On 06/09/2025 at 12:25 PM, Staff C, Resident Care Manager (RCM), stated if a shower aide was pulled onto the floor, they would make up the showers the following day. Staff C stated showers were to be given twice a week.</p> <p>On 06/09/2025 at 1:18 PM, Staff E, Director of Nursing (DNS), stated on occasion the shower aides would be pulled to the floor. If that was done, the floor staff should help get the showers done that had been missed.</p> <p>Reference WAC 388-97-1060(2)(ac)</p>		