

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 07/16/2025
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)
F 0691 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0691 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure provider orders were consistently followed to track ostomy (a surgically placed opening [stoma] in the abdomen to allow body waste to pass into a collection bag) output, teach the resident to manage their ostomy independently, consistently assess and monitor skin around the stoma and provide and document ostomy care consistent with professional standards for 1 of 1 resident (Resident 1) reviewed for ostomy care. Resident 1 experienced harm when they developed excoriation (skin breakdown), redness and weeping, around their ostomy so facility staff were unable to securely adhere the ostomy bag to the skin and required the resident's transfer to the hospital for evaluation and treatment. Findings included: The 2022 article titled Living with an Ileostomy, published by United Ostomy Associations of America (a nonprofit organization that supports and educates people who have ostomies) at www.ostomy.org, documented that the output/stool from an ileostomy contained digestive enzymes (stomach acid) which caused skin breakdown, so it was important to address skin issues right away by changing the ostomy wafer and treating the irritated skin. As the discharge may be more liquid or watery, the risk for dehydration was higher, since the large intestine (which was bypassed) is where most of the fluid and electrolytes were absorbed. Since liquid stool increased the likelihood of dehydration, the physician may suggest foods or medications to thicken it, and liquids to drink, to replace lost fluids and electrolytes. The article further suggested to seek medical advice for the following issues: Watery discharge lasting more than five to six hours, chronic skin irritation, rash, weeping skin or if unable to wear the pouching system for two or three days without leaking. The New Ostomy Patient Guide 2024, published by United Ostomy Associations of America at www.ostomy.org, under the heading Basic Ileostomy Care documented to treat skin irritation by dusting the irritated skin with a powder designed for use around the stoma, then apply No-Sting skin prep and allow it to dry, before placing a new ostomy appliance on. The undated Peristomal Skin Assessment Guide, published by the Wound, Ostomy and Continence Nurses Society (a recognized professional nursing organization, dedicated setting national standards in expert ostomy care, WOCN) at www.wocn.org documented that if unable to maintain a pouch seal for 24 hours, may try a convex pouching system, barrier ring, stoma powder, barrier swab/spray or an ostomy belt. The guide documented in bold letters to change pouch when leaking; do not reinforce with additional tape. According to an admission assessment dated [DATE], Resident 1 admitted to the facility on [DATE] with diagnoses of ulcerative colitis (inflammatory disease of the bowel that causes ulcers within the colon and rectum) and had a new ileostomy (a type of ostomy that allows the waste to exit from the small intestine into a pouch adhered to the abdomen, bypassing the colon and rectum.) The resident was alert, made their needs known and required moderate assistance with managing their ostomy. &lt;Provider Orders&gt;Resident 1's Electronic Medical Record (EMR) provider orders included the following: 1) Document ileostomy output every shift, initiated on 06/02/2025. 2) Document ileostomy training provided (to resident) every day and night shift, for ileostomy care, initiated on 06/06/2025. A WOCN consultant nursing note from 05/30/2025 was included with the resident's documents from the hospital. The note described the ileostomy products used and recommended, which included a two piece system (the convex shaped wafer, that adhered to the skin around the stoma, and pouch that snapped onto the wafer), ostomy belt, skin barrier ring, skin sealant and antifungal and ostomy powder. The note also described application tips used, such as crusting (process to alternate layers of powder and barrier spray on irritated skin around the stoma, until the skin is dry so a pouch can adhere.) The note also documented how the wafer was applied in diamond fashion, crimped on the sides and how an ostomy belt helped maintain the seal to prevent leaking. None of these WOCN consultant recommendations were documented in the nursing or therapy notes about patient education. A review of the 06/02/2025 transfer orders from the hospital included the surgeon's discharge instructions. Under the heading Caring for an Ileostomy, the document showed the following:- It was important to keep track of how much output your ileostomy is producing. Your colon absorbs salt and water; since your colon may have been removed or is out of circuit, the concern is that your body will become dehydrated and low on salt - this can hurt your kidneys and make you very ill.- Your output should be less than [PHONE NUMBER] ml (milliliter, a measurement) over a 24 hour period. If it is more than this, you should try eating foods to bulk your output. You may also add soluble fiber (Metamucil, Citrucel or generic equivalent) twice daily.- If your output is still liquidy or high output, you should take lmodium (antidiarrheal medication) 2-4 mg (milligrams, a</p>		