

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Sullivan Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 14820 East Fourth Spokane, WA 99216	

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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38527</p> <p>Based on interview and record review, the facility failed to provide services that ensured a resident's abilities in activities of daily living (ADLs) did not diminish for 2 of 45 sampled residents (Resident 1 and 3), reviewed for activities of daily living. This failure put residents at risk for physical decline and decreased quality of life.</p> <p>Findings Included .</p> <p><Resident 1></p> <p>Per the admission assessment dated [DATE] Resident 1 admitted to the facility for therapy services after a fracture (arm). The assessment documented the resident required extensive staff assistance to perform ADLs.</p> <p>Review of the 11/06/2024 care plan showed Resident 1 was to work with therapies to meet goals of improvement in their functional abilities.</p> <p>Review of a physical therapy discharge summary, signed 12/06/2024, showed Resident 1 met one out of three short-term goals and zero out of three long-term goals. Per the summary the resident was referred to the Restorative Nursing Program (RNP; nursing interventions that promote the resident 's ability to adapt and adjust to living as independently and safely as is possible).</p> <p>In an interview on 01/29/2025 at 10:44 AM Resident 1 stated when they were discharged from therapy services they were cut off from all further rehabilitation and/or restorative services for a month. Resident 1 stated they had just restarted working with therapy and felt they would have been able to discharge from the facility sooner if they had not had an interruption in services.</p> <p>In an interview on 01/29/2025 at 2:18 PM Staff A, Director of Rehab, stated Resident 1 had not been released by their orthopedic surgeon to bear weight on their fractured arm, which impacted their ability to meet their therapy goals. Staff A stated the resident was discharged from therapy services and referred to a RNP to maintain their abilities until they were able to restart therapy, which they believed was implemented. Staff A stated the resident had received new orders allowing weight-bearing on their fractured arm on 01/27/2025 and therapy services had started working with the resident again approximately one week ago.</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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 02/14/2025 at 1:50 PM Staff C, Restorative Assistant, stated the RNP was overseen by Staff B, MDS Coordinator, and every Friday they met to determine who had new referrals to the restorative program. Staff C stated they received either an electronic or paper notification of new residents. Staff C stated Resident 1 was never on a RNP, and that the facility had recently identified a problem related to receipt of therapy referrals.</p> <p>In an interview at 2:02 PM the same day, Staff B confirmed they had a problem receiving RNP referrals from therapy staff after a change in the facility's electronic medical record system. Staff B reviewed Resident 1's chart and confirmed the resident did not receive a RNP after their discharge from physical therapy 12/06/2024.</p> <p><Resident 3></p> <p>Per the admission assessment dated [DATE] Resident 3 required partial assistance of staff to perform ADLs and were receiving therapy services.</p> <p>Review of an occupational therapy (OT) discharge summary, signed 11/22/2024, showed Resident 3 met two out of three short-term goals and two out of three long-term goals and was to follow up with a functional maintenance program (program to maintain strength and independence gained during skilled therapy).</p> <p>Review of a physical therapy (PT) discharge summary, signed 12/11/2024, showed Resident 3 met four out of four short-term goals and zero out of two long-term goals. The summary documented the resident was to stay in the facility long-term and would be offered a RNP.</p> <p>In an interview on 02/14/2025 at 1:50 PM Staff C, Restorative Assistant, stated they had not received instructions to begin a RNP for Resident 3.</p> <p>In an interview on 02/14/2025 at 2:02 PM, Staff B, MDS Coordinator, reviewed Resident 3's medical record and confirmed the resident was not on a RNP. Staff B stated the resident would not have been eligible to start a RNP while they were still receiving PT services after their OT services ended in November 2024, but they would have been eligible for a RNP after both therapy services ended in December 2024. Staff B stated they did not receive a therapy referral for Resident 3 at the completion of OT in November 2024, or at the completion of PT in December 2024.</p> <p>Reference: (WAC) 388-97-1060 (2)(b)</p>		