

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Arcadia Medical Resort of Parkside		STREET ADDRESS, CITY, STATE, ZIP CODE 308 West Emma Union Gap, WA 98903	

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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46722</p> <p>Based on interview and record review, the facility failed to return the balance of funds to the Office of Financial Recovery [(OFR) responsible for the recovery of financial, medical, social services, and food assistance overpayments from the Department of Social and Health Services clients] for 4 of 4 residents (Residents 1, 2, 3 and 4) reviewed for conveyance of personal funds. This failure placed the state department of risk for loss of funds and interest accumulated.</p> <p>Findings included .</p> <p>Review of a policy titled, Resident Personal Funds, revised [DATE], showed upon discharge, eviction, or death of a resident that had personal funds held by the facility in a trust account, would convey those funds within 30 days to the resident, or in case of death, the individual or probate district administering the resident's estate, in accordance with state law.</p> <p><Resident 1></p> <p>Review of Resident 1's medical record showed they were admitted to the facility on [DATE] and expired on [DATE]. Resident 1's trust account showed the balance of \$3.74 upon their expiration and had not been returned to the OFR as required.</p> <p><Resident 2></p> <p>Review of Resident 2' medical record showed they were admitted to the facility on [DATE] and expired on [DATE]. Resident 2's trust account showed the balance of \$79.90 upon their expiration and had not been returned to the OFR as required.</p> <p><Resident 3></p> <p>Review of Resident 3's medical record showed they were admitted to the facility on [DATE] and expired on [DATE]. Resident 3' trust account showed the balance of \$.09 upon their expiration and had not been returned to the OFR as required.</p> <p><Resident 4></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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Arcadia Medical Resort of Parkside		STREET ADDRESS, CITY, STATE, ZIP CODE 308 West Emma Union Gap, WA 98903	
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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 4's medical record showed they were admitted to the facility on [DATE] and expired on [DATE]. Resident 3's trust account showed the balance of \$501.45 upon their expiration and had not been returned to the OFR as required.</p> <p>During an interview on [DATE] at 11:43 AM, Staff C, Business Office Manager, stated their process for conveyance of funds included processing a check and allowed the family to decide where the trust account balance went. Staff C stated when this was determined, they printed a check, addressed to the deceased resident with the facility address, placed into an envelope and mailed to the family. Staff C stated they did not know what the OFR was and was unaware the requirement to return Medicaid monies to the OFR.</p> <p>During an interview on [DATE] at 12:19 PM, Staff A, Administrator, stated they were unaware of the requirement to send Medicaid funds to the OFR when a resident expired. Staff A stated their understanding was any remaining funds in the resident's trust fund account would be returned to the family.</p> <p>Reference: WAC [DATE](4)(5)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Arcadia Medical Resort of Parkside		STREET ADDRESS, CITY, STATE, ZIP CODE 308 West Emma Union Gap, WA 98903	
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 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>46722</p> <p>Based on observation, interview, and record review, the facility failed to provide behavioral health services for 1 of 3 residents (Resident 5) reviewed for behavioral health services. The failure to provide behavioral health services placed Resident 5 and other residents at risk for not receiving necessary services to meet their mental health needs.</p> <p>Findings included .</p> <p>Review of the policy titled, Behavioral Health Services, revised 12/01/2022, showed the facility would ensure the residents received necessary behavioral health services.</p> <p><Resident 5></p> <p>Record review of Resident 5's medical record showed they had diagnoses including bipolar disorder (a mental illness that causes unusual shifts in a person's mood, energy, activity level, and concentration), anxiety, depression and history of substance abuse. The 10/08/2024 comprehensive assessment showed the resident had a moderate cognitive impairment and was able to make their needs known. The assessment also showed Resident 5 felt depressed, hopeless, and felt bad about themselves nearly every day during the assessment period.</p> <p>Review of Resident 5's care plan revised on 07/01/2024, showed they will have physical and emotional health needs met without increased distress by providing interventions including engagement in therapy services via telehealth (healthcare services delivered remotely through an electronic device).</p> <p>During a concurrent interview on 10/11/2024 at 1:17 PM, Staff B, Director of Nursing Services, (DNS), and Staff G, Social Services Director, (SSD), stated the facility did not have any behavioral health services. Staff B stated the facility used to provide telehealth to residents for behavioral health services. Staff G stated the telehealth services stopped many months ago and there were residents at the facility, namely Resident 5, who would benefit from behavioral health services.</p> <p>During an interview on 10/15/2024 at 1:40 PM, Resident 5 stated I hate this place, I hate this place, I want to see a psychologist, I am not doing well. Resident 5 stated the facility was doing nothing for their mental state and felt it was getting worse. They stated they just want to burst out bawling. Resident 5 stated they felt they were the only one concerned about their mental health. Resident 5 stated when the telehealth visits stopped, they repeatedly asked to see a psychologist and the facility did not provide them with any services.</p> <p>During an interview on 10/16/2024 at 9:10 AM, Collateral Contact (CC) stated they still had a working contract with the facility and they did not know why the facility quit contacting them for services. The CC stated the last telehealth visit that was done for the facility was in 02/2024. The CC stated they had providers available for medication management and talk therapy for residents. The CC stated they had reached out to the facility on numerous occasions to attempt a re-welcoming meeting with them, but the facility continued to cancel the meetings.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Arcadia Medical Resort of Parkside		STREET ADDRESS, CITY, STATE, ZIP CODE 308 West Emma Union Gap, WA 98903	
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 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/17/2024 at 10:54 AM, Staff G stated they were unsure if the facility had a current contract with telehealth. Staff G stated they had provided the facility with an iPad to utilize for residents when they had their telehealth visits. Staff G stated Resident 5 had asked to visit a psychologist in person before and they were having difficulty in finding a provider to see them. Staff G stated they currently were not providing any behavioral health services for Resident 5 and the facility medical providers were only providing the behavioral medications. Staff G stated Resident 5 had a history of substance abuse, trauma and had no family support. Staff G stated they were unsure how far they would be able to transport the resident to see a psychologist. Staff G further stated they had not discussed this concern with the Administrator or the Director of Nursing.</p> <p>During an interview on 10/17/2024 at 1:47 PM, Staff B, stated Resident 5 used the telehealth service months ago, and the facility currently did not have behavioral health services. Staff B stated when Resident 5 had asked for a psychologist, Staff G would go and speak with them. Staff B stated Resident 5 should be seeing a mental health professional and they had not explored any options for them to use.</p> <p>Reference WAC: 388-97-1060(3)(e)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Arcadia Medical Resort of Parkside		STREET ADDRESS, CITY, STATE, ZIP CODE 308 West Emma Union Gap, WA 98903	
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46722</p> <p>Based on interview and record review, the facility Administration failed to effectively, efficiently, and in accordance with acceptable standards of practice, manage its resources to ensure continued services were secured for the facility. This failure placed the residents at risk for disruptions in care and services.</p> <p>Findings included .</p> <p>Review of a job description titled, Administrator, undated and unsigned, showed the Administrator was responsible for directing the overall operation of the facility in accordance with current state and federal regulations. Additionally, the Administrator was responsible for leading budget development with department heads, and in conjunction with the Business Office Manager, leads weekly or bi-monthly budget compliance meetings to ensure financial goals were met. The Administrator was responsible for reviewing and interpreting monthly financial statements and provides that information to the governing board. The Administrator was responsible for establishing a culture of compliance with standards of business conduct, and state and federal regulations and guidelines.</p> <p>Review of receipts dated 01/25/2024 through 08/26/2024, showed Staff B, Director of Nursing Services, used their personal funds to make purchases for resident care supplies and general facility supplies totaling \$2,198.26. Record review of receipts dated 12/19/2023 through 09/24/2024, showed Staff A, Administrator, used their personal funds to make purchases for goods and services totaling \$31,296.12, that included purchases for resident food, building maintenance supplies, resident care supplies, and recurring credit card charges for facility operations. There were eight additional staff that had purchased food, kitchen equipment, and cleaning, maintenance, and office supplies for the facility with their personal funds.</p> <p>During an interview on 10/09/2024 at 10:16 AM, Staff C, Business Office Manager, stated they had purchased items for the facility with their personal funds. They stated when there was nothing left on the debit card (the facility pre-paid debit card), we use our own money to make sure the facility had what it needed.</p> <p>During an interview on 10/09/2024 at 10:49 AM, Staff B stated they had to fight for everything we need. They stated they had no support from the owner. Staff B stated at one point, they were over \$2,000 in debt due to purchases they made with their personal funds for resident care supplies and the facility would not reimburse them. Staff B stated they had considered getting a personal loan to pay some of the facility creditors to ensure continued services. They stated they were not currently making purchases for the facility with personal funds, but if needed, they would not let the residents go without.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Arcadia Medical Resort of Parkside		STREET ADDRESS, CITY, STATE, ZIP CODE 308 West Emma Union Gap, WA 98903	
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 10/09/2024 at 11:29 AM, Staff A stated they routinely paid for items, including revolving accounts for facility required services that were autopay linked to their personal credit card to ensure the accounts were paid. Staff A stated they were concerned about facility provisions such as food, electricity, gas, and running out of money. Staff A stated the residents would go without if they did not pay for goods and services with their personal funds and stated, I cannot let that happen.</p> <p>During an interview on 10/14/2024 at 1:03 PM, Staff H, Governing Body/owner, stated the facility had no past due accounts. They stated Staff A paid for items with their personal credit card at times and liked this because they received reward points on their credit card.</p> <p>During an interview on 10/17/2024 at 12:50 PM, Staff B stated the process for paying creditors and ensuring the facility had necessary goods and services was broken. They stated, they had no support and we have been left to figure out how to manage the facility. Staff B stated they were robbing [NAME] to pay [NAME] (to take money from one person or thing to five to another, especially when it results in one debt being paid off by incurring another). Staff B stated they, along with Staff A, had been funding the facility with personal funds for so long, they thought it was part of their job. They stated they didn't realize how much money was being spent and continued to make purchases that just made the matter worse. Staff B stated they knew the facility did not have any money for purchases besides using my own money. Staff B stated they did not report their concerns to outside entities (the State Agency) because they did not realize how bad the financial situation was.</p> <p>During an interview on 10/17/2024 at 1:38 PM, Staff A stated they were responsible for the financial stability of the facility. They stated they were never given a budget and never had contact with accounts payable regarding what accounts were paid. Staff A stated to ensure they did not hinder resident care they used their personal funds. They stated they communicated their concerns to Staff H. Staff A stated they told Staff H they needed a better process for ensuring goods and services were provided. Staff A stated they never felt the financial concerns and potential lack of goods and services were concerns that should have been reported to the State Agency, but probably should have.</p> <p>Reference: WAC 388-97-1620(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Arcadia Medical Resort of Parkside		STREET ADDRESS, CITY, STATE, ZIP CODE 308 West Emma Union Gap, WA 98903	
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 0837</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46722</p> <p>Based on interview and record review, the Governing Body failed to ensure financial systems were in place to pay facility vendors who supplied essential care, services and/or necessary supplies for the residents. The facility staff had to resort to utilizing their own funds for the vendor payments which placed the residents at risk of not having necessary supplies, care and services, and potential psychological harm and distress due to the fear of becoming displaced in the event the facility was unable to meet their basic and immediate care needs. The lack of a reliable financial system was determined to be an immediate jeopardy.</p> <p>On 10/15/2024, the facility was notified of an Immediate Jeopardy (IJ) at F837 S483.70(d)(1), Governing Body, when the Governing Body failed to have processes in place to ensure bills were paid in a timely manner. This resulted in vendors denying necessary goods and services for residents or refusing to provide needed services without up front means of payment, leading to unsustainable methods of making payments, relying on staff personal funds, petty cash (the money that a business or company keeps on hand to make small payments, purchases, and reimbursements), and prepaid debit funds. The immediacy was removed on 10/21/2024, with an onsite validation from investigators. The facility removed the immediacy by providing documentation of payments, and arrangements of payment plans with identified essential vendors to ensure good and services would continue.</p> <p>Findings included .</p> <p>Review of a policy titled Governing Body, revised 12/2022, showed the facility would have a governing body that was legally responsible for establishing and implementing policies regarding the management and operation of the facility.</p> <p>During an interview on 10/09/2024 at 10:16 AM, Staff C, Business Office Manager, (BOM), stated the facility was provided a debit card with a limit of \$5000 per week to use and currently Staff I, Dietary Manager, was using the debit card to purchase groceries for the residents. Staff C stated Staff A, Administrator, Staff B, Director of Nursing Services (DNS), Staff J, Housekeeping Supervisor, and other managers would purchase items for residents and the facility would reimburse on their paychecks. Staff C stated the facility had been without any petty cash for over one week and they requested petty cash from the owner and had not received any. Staff C stated the process used for invoices was to send to accounts payable for the facility. Staff C stated they never heard if the bills were paid. Staff C stated they did not have a contact person for the accounts payable department. Staff C stated the facility was told by their oxygen supplier as of 10/09/2024 the facility was placed on a credit hold for non-payment and the power company was also past due. Staff C stated the system was broken, and this is the most scared I have ever been, if it weren't for the management team not afraid to spend their own money, I don't know where we would be.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Arcadia Medical Resort of Parkside		STREET ADDRESS, CITY, STATE, ZIP CODE 308 West Emma Union Gap, WA 98903	
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 0837</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an interview on 10/09/2024 at 11:29 AM, Staff A, stated the Governing Body was the owner. Staff A stated they had not received or reviewed any financial statements or budget for the facility since April 2023. They stated the facility was utilizing a debit card provided by the owner to pay for goods and services for vendors that would no longer provide a line of credit. Staff A stated they were providing goods and services for the facility residents by utilizing their own personal credit card to ensure the residents did not go without when the debit card was low on funds. Staff A stated one vendor that was being paid on their personal credit card was an autopay for Collateral Contact 1, (CC1), a vendor that completed document destruction for confidential information. Staff A stated they had also purchased a commercial toaster, as they did not want to waste the debit card funds for that, as it would take away from groceries for the residents. Staff A stated the facility did not have a food vendor to provide food for the residents, therefore the Staff I was purchasing food locally with the debit card. Staff A asked for an increase in the debit card and was declined by the owner. Staff A stated the owner said the resident census of the facility needed to be above 60 to provide an increase for the debit card and the current census was 56. Staff A further stated they would continue to use their own personal credit card when funds were unavailable as they would not let the residents go without.</p> <p>During an interview and record review on 10/10/2024 at 2:20 PM, Staff C, provided a vendor list that showed 59 identified vendors that provided care and services to the facility. Review of the vendor list showed 43 vendors had a past due balance. There were nine vendors, including those who supplied behavioral health services, wound supplies, two food vendors, heating and air conditioning and a collection agency with four accounts over two years past due were identified that would no longer provide goods and services to the facility. In addition, one vendor that provided medical supplies was on a credit hold as the facility had reached their credit limit and was required to make a substantial payment before supplies could be ordered and a second vendor that provided oxygen and oxygen supplies was also on a credit hold. The pharmacy (with a six-figure past due amount) and x-ray vendors had not been paid for at least one year. Staff C stated they were called daily from past due vendors.</p> <p>Review of a utility bill from the electrical power company, dated 10/02/2024, showed the facility must act now to avoid shut off and the electric service past due amount must be received by [DATE], to avoid shut off. The utility bill showed a past due and current amount due.</p> <p>During an interview on 10/11/2024 at 1:31 PM, CC2, a representative from a supplier of wound vac's (a device that helps a wound by providing negative pressure to the wound), stated the facility had a past due account. They stated the account was on hold and the facility would not be able to place an order or provide goods and services until the facility made a payment to make the account current.</p> <p>During an interview on 10/14/2024 at 12:42 PM, CC3, a representative from a mobile imaging vendor that performed x-ray imaging services for the facility, stated the facility was outside their contract for payment (90 days) and had not received a payment for over one year. CC3 stated they received a payment for about half of the past due amount on 09/12/2024. CC3 had contacted a facility representative by email on 10/01/2024 requesting payment for the remaining balance. CC3 stated as of 10/14/2024, they had not received a response to that email, nor had they received any additional payments.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Arcadia Medical Resort of Parkside		STREET ADDRESS, CITY, STATE, ZIP CODE 308 West Emma Union Gap, WA 98903	
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 0837</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an interview on 10/14/2024 at 1:46 PM, CC4, a representative from a primary vendor that provides medications to the residents, stated they had not received a payment since October of 2023. CC4 stated the facility had issued a check for payment in January of 2024, but the check had been pulled back (cancelled payment) by the facility. CC4 stated they had not had any communication from the facility or corporate management. During a second interview on 10/17/2024 at 12:57 PM, CC4 stated the facility was served legal forms in August 2024 related to the past due account.</p> <p>During an interview on 10/15/2024 at 3:19 PM, CC5, a representative from an oxygen supply vendor, stated they supplied the facility with all their oxygen needs, including oxygen concentrators, canisters, positive air pressure machines that keep airways open, and all the associated disposables. CC5 stated the facility had finally paid their past due balance on 10/10/2024. CC5 stated the facility did not voluntarily pay their account on their own, only when they were put on hold and services were suspended. CC5 stated they sent monthly invoices to both the Business Office Manager and the facility's third-party payment center. CC5 stated the facility had been on hold for services in January 2024, on 05/29/2024, and 10/09/2024.</p> <p>During an interview on 10/17/2024 at 12:49 PM, CC6, a representative from a medical supply and equipment vendor, stated the facility had a past due account. They stated the account was under review and the facility would not be able to place an order.</p> <p>During an interview on 10/14/2024 at 1:03 PM, Staff H, Governing Body/Owner, stated they coordinated with the Administrator to ensure the facility always had funds available on the debit card and petty cash. Staff H stated they refilled the debit card at least twice a week and when the balance dropped below \$2500.00, the card was automatically reloaded. The facility had been using the debit card for groceries instead of a food vendor. Staff H stated the facility did not have many vendors, all accounts were current, and utilities were on autopay. Staff H stated the Administrator was using their personal credit card for facility debt. Staff H stated the facility had been financially solid since March 2024.</p> <p>During an interview on 10/18/2024 at 4:33 PM, Staff A stated there was a lack of leadership and was not provided information on the financial stability of the facility.</p> <p>Reference WAC: 388-97-1620(2)(b)(i-ii)(c)</p> <p>Cross Reference F835, F838, F867</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Arcadia Medical Resort of Parkside		STREET ADDRESS, CITY, STATE, ZIP CODE 308 West Emma Union Gap, WA 98903	
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 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>46722</p> <p>Based on interview and record review, the facility failed to review and update the Facility Assessment [(FA) - an evaluation that determines the resources required to meet each resident's care and services needs] with substantial modifications for vendor services, did not include input from a member of the governing body, medical director, and residents and/or their representatives when developing the FA, and was inaccurate regarding the provision of compliance and ethics training. These failures placed the residents at risk of unidentified and/or unmet care and services.</p> <p>Findings included .</p> <p>Record review of the FA dated 08/01/2024, showed the FA would demonstrate a good faith effort by the facility to evaluate necessary resources for resident care during daily operations and emergencies. The FA included care and services related to the types of disease conditions, physical and behavioral health needs, and any other pertinent conditions consistent with resident assessments. The FA included necessary resources, but not limited to, providing staff training and education, policies and procedures for the provision of care, working with medical practitioners, building needs, and other resources. The FA was conducted with input from the nursing home leadership and management, a member of the governing body, the medical director, direct care staff (licensed nurses, nursing assistants), and residents, resident representatives, and family members. The facility would update the FA as necessary, and at least annually, whenever there was a substantial modification to any part of the FA. Further review of the FA showed Staff A, Administrator, Staff B, Director of Nursing, a governing body representative, the medical director, direct care staff were involved in completing the FA.</p> <p>During an interview on 10/14/2024 at 1:03 PM, Staff H, Governing Body/owner, stated they needed to go through the FA. Staff H stated they had not reviewed the FA.</p> <p>During an interview on 10/17/2024 at 12:50 PM, Staff B stated they had no training on how to complete a FA. They stated Staff A completed the FA and sent it to Staff H. Staff B stated Staff H did not have input when creating the FA. Staff B stated the medical director was in attendance at the Quality Assurance and Performance Improvement meetings when they discussed creating the FA but was unsure if the medical director had any input. Staff B stated there were not aware of any input from residents and/or their representatives. Staff B stated there were vendors listed on the FA that were not used by the facility and should not be listed on the FA. Staff B stated they were not aware of the requirement for compliance and ethics training and was not aware that was listed as current training on the FA.</p> <p>During an interview on 10/17/2024 at 1:38 PM, Staff A stated during the creation of the FA, there was no input from Staff H or the medical director. Staff A stated they spoke with residents all the time and took that into consideration when creating the FA. Staff A stated they were not training staff to a compliance and ethics program; the facility did not have a program. Staff A stated they were going to reassess the FA due to the inconsistencies in the current FA.</p> <p>Reference: WAC 388-97-1620(1)(2)(b)(i-ii)(c)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Arcadia Medical Resort of Parkside		STREET ADDRESS, CITY, STATE, ZIP CODE 308 West Emma Union Gap, WA 98903	
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 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>46722</p> <p>Based on interview and record review, the facility failed to have an effective Quality Assurance/Performance Improvement (QAPI) Committee that self-identified deficient practices which led to a pattern of widespread deficiency systems issues within the facility related to the Administration, Governing Body, compliance and ethics, Facility Assessment and financial instability. The failure to utilize the facility's QAPI procedures to sustain compliance with regulations for the facility, placed residents at risk for unsafe conditions, a delay in necessary care and services, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of a policy titled Quality Assurance and Performance Improvement (QAPI), revised 10/19/2023, showed The QAPI plan would have a process to identify and correct quality deficiencies, including analyzing causes of a systemic deficiency; develop and implement corrective action plans; commitment for quality assessment, improvement and accountability by the Governing Body; and a process to ensure care and services meet accepted quality standards.</p> <p>Refer to Code of Federal Regulations (CFR);</p> <p>1. S483.70, F835; Administration</p> <p>The facility Administrator failed to have an efficient process in place to communicate and manage the facility's finances with the Governing Body. The Administrator had supplemented their personal finances to purchase goods and services for the residents.</p> <p>Refer to F835 for further information</p> <p>2. S483.70(d)(1)(3), F837; Governing Body</p> <p>The Governing Body failed to provide adequate financial support to the facility to ensure vendors were paid timely to continue the providing of supplies and services for the residents.</p> <p>Refer to F837 for further information</p> <p>3. S483.71(a)(1)(2)(3), F838; Facility Assessment</p> <p>The Facility Assessment was not reviewed and updated for accuracy and did not include input from the required members.</p> <p>Refer to F838 for further information</p> <p>4. S483.85, F895; Compliance and Ethics</p> <p>The facility had not developed a Compliance and Ethics program.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Arcadia Medical Resort of Parkside		STREET ADDRESS, CITY, STATE, ZIP CODE 308 West Emma Union Gap, WA 98903	
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 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Refer to F895 for further information</p> <p>Record review of the QAPI meeting minutes for January 2024, March 2024, April 2024, May 2024, July 2024 and August 2024 showed no discussion of facility issues with Administration, Governing body, Facility Assessment, Compliance and Ethics or financial instability.</p> <p>During an interview on 10/17/2024 at 1:17 PM, Staff A, Administrator, stated the facility's financial issues had never been discussed at QAPI. Staff A stated they did not think that was for the QAPI team to hear as they did not want other managers knowing about the issue. Staff A stated the Governing Body was not involved in the QAPI plan or program development and only wanted to be apprised by major issues in the building. Staff A further stated the Governing Body had not reviewed the QAPI plan that they submitted for them to review. Staff A further stated they only sent the QAPI meeting minutes to the Governing Body quarterly and never heard any feedback from them.</p> <p>During an interview on 10/17/2024 at 1:47 PM, Staff B, Director of Nursing Services, stated the QAPI team never discussed the financial issues at QAPI, as this was a need-to-know basis. Staff B stated the Governing Body was not involved with QAPI.</p> <p>Reference WAC: 388-97-1760(1)(2)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Arcadia Medical Resort of Parkside		STREET ADDRESS, CITY, STATE, ZIP CODE 308 West Emma Union Gap, WA 98903	
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 0895</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a Compliance and Ethics Program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46722</p> <p>Based on interview and record review, the facility failed to design, implement, maintain, and enforce a compliance and ethics program aimed at preventing and identifying criminal, civil, and administrative violations of the Social Security Act S 1819 (a set of laws that identifies the requirements for and assuring the quality of care in skilled nursing facilities), and promoting quality of care. This failure placed the residents at risk of negative outcomes related to care and services provided by the facility.</p> <p>Findings included .</p> <p>Review of the undated policy titled, Process for Handling the Compliance Hotline, showed the facility had a Compliance Hotline for reporting concerns to the Chief Compliance Officer or designee (may be a third-party vendor) for compliance and ethics related to facility business practices and policies.</p> <p>Review of the undated policy titled, Compliance and Ethics Reporting, showed the facility implemented and publicized a reporting system for anyone to report violations that ensures the integrity of the reported concern. The policy also showed there was a designated compliance and ethics contact person to receive reported suspected violations.</p> <p>Review of a policy titled, Compliance and Ethics Program, dated 2021, showed the facility had designed, implemented, and enforced a compliance and ethics program for promoting quality of care and preventing and detecting criminal, civil, and administrative violations. The facility had established standards of conduct for all employees. The facility established procedures to follow when a violation was detected to ensure appropriate response and prevent further violations. The facility would review the compliance and ethics program annually to include changes in laws or regulations within the organization.</p> <p>During an interview on 10/16/2024 at 1:31 PM, Staff D, Human Resources Director, stated all newly hired staff received training at their new hire orientation. Staff D stated they were not aware of any compliance or ethics training for staff. Staff D stated they did not know if the facility had an identified contact person for staff to report issues with compliance and ethics.</p> <p>An observation on 10/16/2024 at 2:22 PM, showed a sign posted in the main hallway by the Administrator's office that showed Arcadia Medical Resort's Hotline, for concerns related to harassment and discrimination. A phone call placed to the posted number was answered as a rewards and redemption center, not a compliance hotline for the facility .</p> <p>During an interview on 10/16/2024 at 2:28 PM, Staff E, Nursing Assistant, stated they had worked for the facility for over [AGE] years and had never received compliance and ethics training. Staff E stated if they had abuse and/or neglect concerns with residents they were to report them to the charge nurse.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Arcadia Medical Resort of Parkside		STREET ADDRESS, CITY, STATE, ZIP CODE 308 West Emma Union Gap, WA 98903	
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 0895</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 10/17/2024 at 11:56 AM, Staff F, Laundry Aide, stated they would call the State Agency related to concerns with abuse/neglect for residents and they did not know who to inform or call if they had compliance or ethical concerns with the administration.</p> <p>During an interview with Staff A, Administrator, on 10/16/2024 at 3:45 PM, Staff A stated there was probably not a formal compliance program. They stated staff were instructed to report any resident concerns to Social Services; staffing concerns would be directed to their direct supervisor, Administration, or Human Resources. Staff A stated there was no formal training for staff. Staff A stated they were not aware of the posted hotline phone number but would expect staff to call the hotline if they had concerns with administrative violations. During a second interview on 10/17/2024 at 1:38 PM, Staff A stated they had trained staff to report concerns for abuse, neglect, and injury to their direct supervisor, a grievance form would be filled out, and the concern would be reported to the State Agency. During a follow up interview on 10/21/2024 at 10:51 AM, Staff A stated they realized the facility needed to have a separate compliance and ethics hotline (not the State Agency) for staff to report ethical violations anonymously.</p> <p>Reference: WAC 388-97-1620(2)(b)(ii)</p>		