

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2024
NAME OF PROVIDER OR SUPPLIER  Colville Tribal Convalescent C		STREET ADDRESS, CITY, STATE, ZIP CODE  1 Convalescent Center Blvd Nespelem, WA 99155	

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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>42802</p> <p>Based on interview and record review, the facility failed to complete a discharge summary that included a physician recapitulation/summary of the resident's stay, as required, for 2 of 3 sampled residents (31, 82) reviewed for discharge. This failure placed the resident at risk for having an incomplete medical record.</p> <p>Findings included .</p> <p>&lt;Resident 31&gt;</p> <p>According to an admission assessment, dated 03/11/2024, Resident 31 was cognitively intact and had diagnoses which included anxiety and a psychotic disorder (mental disorder that caused abnormal thinking and perceptions) with hallucinations (hearing and seeing things that were not there).</p> <p>Per the medical record, Resident 31 was discharged from the facility on 03/20/2024. A Transition of Care/Discharge summary form, signed by the resident on the date of discharge, included instructions for them to follow up with the behavioral health clinic. The area for the Recapitulation of Stay (summary of the care and treatment the resident received at the facility) was blank.</p> <p>A physician summary of care was not found elsewhere in the medical record.</p> <p>&lt;Resident 82&gt;</p> <p>According to an admission assessment, dated 07/31/2023, Resident 82 had moderately impaired cognition and diagnoses of diabetes, heart failure and Schizophrenia (a mental disorder characterized by a misperception of reality).</p> <p>Per the medical record, Resident 82 was discharged from the facility on 10/16/2023. A Transition of Care/Discharge summary form included information on follow up appointments with their primary provider and two specialists, and an in-home care agency. The area for the Recapitulation of Stay was blank.</p> <p>A physician summary of care was not found elsewhere in the medical record.</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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/29/2024 at 3:18 PM, Staff F, Social Services, stated that they did not think the provider did summaries of resident care at discharge.</p> <p>During an interview on 04/30/2024 at 9:35 AM, Staff G, Registered Nurse, acting Director of Nursing, acknowledged that a physician recapitulation of stay had not been completed for Residents 31 and 82.</p> <p>Reference: WAC 388-97-0080(7)(a)</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>42802</p> <p>Based on interview and record review, the facility failed to ensure the Food Service Manager had the required credentials. This failure placed all residents at risk for receiving dietary services from staff without the required competencies.</p> <p>Findings included .</p> <p>During an interview on 04/30/2024 at 10:17 AM, Staff C, Food Services Manager, stated that they did not have a kitchen manager certification.</p> <p>During an interview on 04/30/2024 at 12:41 PM, Staff A, Administrator, stated that the facility had a Registered Dietician employed that worked closely with Staff C, and came into the facility at least every three months. They further stated that Staff C had not done the education to become certified as a food manager.</p> <p>During an interview on 04/30/2024 at 1:39 PM, Staff A acknowledged that Staff C did not have the required certification to meet the regulation.</p> <p>Reference (WAC) 388-97-1160 (1)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>42802</p> <p>Based on observation, interview, and record review, the facility failed to prepare food in accordance with professional standards for food service safety. Specifically, glove changes and hand hygiene was not done appropriately, contaminated gloves were set on a clean food prep counter during meal preparation and the sanitizing bucket solution was not monitored, as required. Additionally, meat sandwiches in the dining room refrigerator were not labeled with a made or discard by date. These failures placed residents at risk for consuming contaminated foods and food-borne illness.</p> <p>Findings included .</p> <p>&lt;Hand Hygiene/glove changes during meal preparation on 04/24/2024&gt;</p> <p>At 8:10 AM and 8:14 AM, Staff E, Cook, was observed touching/adjusting their shirt with their gloved hands. Staff E then continued to plate the food without changing their gloves.</p> <p>At 8:18 AM, Staff E opened the refrigerator, removed an item, then continued to plate the food without changing their gloves.</p> <p>At 8:19 AM, Staff E pushed up their eyeglasses with their gloved hand and did not change their gloves before they returned to plating the food.</p> <p>At 8:23 AM, Staff E opened the refrigerator to remove an item, then picked the raisin toast out of the toaster and buttered it, without changing their gloves or doing hand hygiene.</p> <p>&lt;Discarded gloves on clean work surfaces&gt;</p> <p>During the observation of the breakfast meal preparation on 04/24/2024 from 7:55 AM to 8:30 AM, Staff E set all their discarded/contaminated gloves in a pile on the clean counter, touching the tray with the buttered toast.</p> <p>During an interview following the observations, Staff E acknowledged that they should have performed hand hygiene and glove changes after touching clothing and the refrigerator door. When asked about discarded gloves on the clean counter, Staff E stated there was not enough room for a garbage can in the food prep area. Staff E stated that the clean counter was not a good place to put the dirty gloves.</p> <p>&lt;Sanitizing bucket&gt;</p> <p>During an interview and observation on 04/24/2024 at 8:25 AM, Staff E used a paper strip to check the concentration of bleach in the bucket of sanitizing solution. The reading was the highest level at over 200 parts per million (ppm). They stated they did not know what the level was supposed to be, and they did not log the results.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/30/2024 at 9:40 AM, Staff C, Food Service Manager, stated that the sanitizing bucket contained some bleach, cold water and a rag. They further stated that they try to test the sanitizer routinely, but were not sure if the results were recorded or what they should be.</p> <p>&lt;Dining Room Refrigerator&gt;</p> <p>On 04/25/2024 at 11:00 AM, observed four meat sandwiches, individually wrapped in plastic in the refrigerator. None were dated or labeled.</p> <p>On 04/30/2024 at 9:40 AM, Staff C acknowledged that if food was not labeled with a date, there was no way to determine if it was too old and should be discarded. Additionally, Staff C stated they expected staff to change gloves after touching contaminated surfaces, and to discard used gloves in the trash.</p> <p>References: WAC 388-97-1100(3)</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33008</b></p> <p>Based on interview and record review, the facility failed to ensure submission of the Payroll Based Journal (PBJ) per the Centers of Medicare and Medicaid (CMS) requirement for 1 of 1 Fiscal Year (FY) Quarter (Q1 2024 [October 1 through December 31 2023]), reviewed for PBJ submission. This failed practice resulted in CMS to have inaccurate data related to nursing home staffing levels which had the potential to impact the care and services provided to all the residents in the facility.</p> <p>Findings included .</p> <p>Review of the CMS Electronic Staffing Data Submission Payroll-Based Journal Long-Term Care Facility Policy Manual, Version 2.6, June 2022, showed on page 6, 1.4 Methods of Submission, as entering data manually electronically in the CMS system, or by uploading the data directly from an automated payroll or time attendance system.</p> <p>Review of the CMS PBJ Staffing Data Report for FY Q1 2024 showed no data was submitted for the referenced quarter.</p> <p>Review of documents provided to the state agency survey team on 04/22/2024 included a document that showed the facility name, state vendor number, and the quarter and year reporting (Q1 2024). In small print below the described facility-specific information, showed, Quarters are defined as: 1st Quarter (Jan[uary] - Mar[ch]), 2nd Quarter (Apr[il] - Jun[e]), 3rd Quarter (Jul[y] - Sep[tember]), 4th Quarter (Oct[[NAME]] - Dec[ember]), which was the defining of state quarters instead of federal or FY quarters required for use with PBJ data collection and submission. The document showed a grid which included job category (staff providing direct care hours), month, total reported hours per each month, total hours in quarter, total patient census for each month, total census in quarter, and hours of direct care per resident day (HPRD) calculations per month with a quarter total. There was no documented auditable and verifiable data included with the summarized hours.</p> <p>During an interview via a virtual audio and video platform on 05/06/2024 at 1:05 PM, Staff A, Administrator, and Staff H, Business Office Manager, were shown documents as evidence of PBJ submission, provided by the facility to the survey team during the recertification survey. Staff A and Staff H explained the documents presented were the PBJ, which included a document with a summation of Q1 2024 hours. Staff H explained the routine method of submission was by email to the department Office of Rates, in which they understood it to be a successful submission of the PBJ. Staff A and Staff H explained they attempted to submit the PBJ via the CMS software one time (could not recall date) and was unsuccessful due to the facility network/systems blocking the usage of the software, mostly likely due to increased firewall (part of a computer system that is designed to block unauthorized access while permitting outward communication) protection. After the unsuccessful submission, Staff H stated they went back to submitting the hours to the department Office of Rates, thus not meeting the requirement for electronic PBJ submission directly to CMS.</p> <p>On 05/06/2024 at 1:33PM, the Residential Care and Services (RCS) Field Manager submitted an email to the CMS Nursing Home (NH) Staff email at NHStaffing@cms.hhs.gov to inquire on the facility's behalf, of the verification of the last successful PBJ submission per their data base.</p> <p>(continued on next page)</p>		

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F 0851  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	An email response was received from CMS NH Staffing on 05/13/2024 at 4:35AM that showed the facility had not submitted PBJ data in 2023 or 2024, thus far.  WAC Reference: 388-97-1090(1)(2)(3)		