

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  04/03/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>46115</p> <p>Based on observation, interview, and record review the facility failed to ensure the call light (a device used to request help as needed) was accessible for 1 of 3 sampled residents (Resident 18), reviewed for environment. This failure placed the resident at risk for unmet needs, potentially avoidable accidents, and diminished quality of life.</p> <p>Findings included .</p> <p>The 03/12/2025 quarterly assessment documented Resident 18 had diagnoses including Parkinson's disease (a disorder of the central nervous system that affects movement), arthritis and depression.</p> <p>In an observation and interview on 03/31/2025 at 10:12 AM, Resident 18 was lying in bed. Resident 18 stated they spilled their water and were wet. When asked if they had put their call light on for help, Resident 18 stated no. The resident tried to find their call light and could not find it. The surveyor attempted to hand Resident 18 the call light but it was stuck behind the bed.</p> <p>In an observation on 04/02/2025 at 9:16 AM, Resident 18 was sitting in their wheelchair. Resident 18 stated they wanted to lay down and reached for their call light on their bed. Resident 18 was unable to reach the call light. The resident was asked what they would do if they needed help, and Resident 18 stated they would try to yell out but they had a very low voice.</p> <p>In an observation on 04/03/2025 at 11:21 AM, Resident 18 was sitting in their wheelchair in their room. The wheelchair was not close to the bed where the call light was placed. Resident 18 attempted to reach the call light and stretched their arm out as far as they could but was unable to reach the call light.</p> <p>During an interview on 04/03/2025 at 9:49 AM, Staff D, Nursing Assistant, stated it was important to have the call light within reach to prevent falls, accidents, and for the resident to call for help.</p> <p>In an interview on 04/03/2025 at 9:51 AM, Staff E, Licensed Practical Nurse, stated it was important to have the call light within reach so the resident could communicate the need for help. Staff E stated some resident's had low voices and were unable to be heard.</p> <p>In an interview on 04/03/2025 at 10:34 AM, Staff B, Director of Nursing, stated it was important to keep the call light within reach so the resident could easily find it and call for help.</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:  505412	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reference: WAC 388-97-0860(2)</p>		

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  04/03/2025
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>46115</p> <p>Based on observation, interview and record review the facility failed to ensure medications were given as ordered for 1 of 6 sampled residents (Resident 13), reviewed for medication administration. This failure placed residents at risk for adverse health consequences and diminished quality of life when doses of medications were omitted.</p> <p>Findings included .</p> <p>&lt;Resident 13&gt;</p> <p>The 01/29/2025 quarterly assessment documented Resident 13 had diagnoses including diabetes, high blood pressure and end stage kidney disease, and had severe cognitive impairments.</p> <p>A review of active orders documented Resident 13 was to receive the following medications:</p> <ul style="list-style-type: none"> <li>-10/03/2024 Velphoro 500 milligrams (mg) with meals to help maintain calcium levels in the blood.</li> <li>-10/03/2024 Lispro insulin 5 units with meals, hold if blood sugar was less than 100 for diabetes.</li> <li>-01/29/2025 Semglee insulin 100 units daily when Lantus was used up for diabetes.</li> <li>-04/02/2024 Norvasc 5 mg daily for high blood pressure.</li> </ul> <p>A review of the March 2025 medication administration record (MAR) revealed omitted entries (blank spaces) for Resident 13's Velphoro on 03/18/2025, Lispro insulin on the evening of 03/16/2024 and morning of 03/18/2025, Semglee insulin on evening of 03/16/2025, and Norvasc on 03/16/2025.</p> <p>Further review of March 2025 nursing progress notes and the MAR revealed no documented progress notes or administration codes explaining the omitted medication entries in the MAR.</p> <p>In an interview on 04/02/2025 at 2:18 PM, Staff I, Registered Nurse, and Staff O, Social Service Director, reviewed Resident 18's MAR and acknowledged the above medications were not given as ordered. Staff I stated according to the MAR the medications should have been administered and if they were not given the reason should have been documented.</p> <p>In an interview on 04/02/2025 at 2:37 PM, Staff B, Director of Nursing, acknowledged Resident 13's medications were not given as ordered. Staff B stated it was important to administer medications as ordered for management of Resident 13's diabetes, blood pressure and absorption of nutrients.</p> <p>Reference: WAC 388-07-1069(3)(k)(iii)</p>

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  04/03/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>46033</p> <p>Based on observation and interview, the facility failed to ensure expired medications were removed from inventory in 1 of 2 medication carts in use, and failed to ensure the temperature of the medication room was monitored in the facility medication room. These failures placed residents at risk of receiving medications that were expired or not properly stored.</p> <p>Findings included .</p> <p>&lt;Expired Medications&gt;</p> <p>During an observation of the medication cart on the 300 Unit on 04/03/2025 at 7:43 AM with Staff E, Licensed Practical Nurse, the following medications were found to be expired:</p> <p>-1 blisterpack sleeve of rosuvastatin calcium, expiration date 03/31/2025 for Resident 25, and</p> <p>-2 boxes of Debrox 6.5% ear wax removal solution, expiration 03/20/2025 for Residents 4 and 12.</p> <p>Staff E replaced the rosuvastatin with a new sleeve available in the overflow drawer and the Debrox drops were discarded. Staff E stated nurses were to check medication expiration dates prior to giving the medications. They stated the Debrox drops and rosuvastatin were given on the night shift at bedtime so Staff E had not administered them. Staff E stated residents rarely needed Debrox drops so that was likely why they were still in the medication cart, and the rosuvastatin just got missed.</p> <p>&lt;Medication Room&gt;</p> <p>During an observation and interview on 04/03/2025 at 7:29 AM, the medication room was observed with Staff F, Registered Nurse. There was no thermometer observed in the medication room where various medications were stored at room temperature. Staff F acknowledged the medication room did not have a thermometer to monitor the temperature of the room.</p> <p>In an interview on 04/03/2025 at 7:57 AM, Staff B, Director of Nursing, stated it was important to monitor the temperature of the medication room because it could impact the medications that were stored in there and could impact the temperature of the refrigerator which also contained medication.</p> <p>Reference WAC 388-97-1300 (2), -2340</p> <p>46115</p>		

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  04/03/2025
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46115</p> <p>Based on observation and interview, the facility failed to ensure meals were served at palatable temperatures during 1 meal service observed. This failure put residents at risk of decreased enjoyment of their meals, and possible reduced dietary intake.</p> <p>Findings included .</p> <p>According to [NAME] Administrative Code [PHONE NUMBER]0, time/temperature control for safety of food, hot and cold holding (FDA Food Code 3-501.16), food must be maintained: At 135 F (57 C) or above, or at 41 F (5 C) or less.</p> <p>In an observation on 04/03/2025 at 11:46 AM of the lunch meal service, the temperatures (in degrees Fahrenheit) were as follows:</p> <p>Pureed (when food is turned into a paste) carrots = 129.5 F</p> <p>Pureed goulash = 129.3 F</p> <p>Mixed berries = 48.3 F</p> <p>Milk = 50.1 F</p> <p>These temperatures did not meet the requirements that hot food must be 140 F or greater and cold foods must be less than 41 F or less, when served.</p> <p>On 04/03/2025 at 12:04 PM, the food was placed on a cart and was ready to be served to the residents. Staff G, Dietary Manager, was asked what the temperatures needed to be for the hot and cold food items. Staff G stated the hot foods needed to be served at 135 F and the cold food at 40 F. Staff G reheated the hot food and said the cold items were fine to be served.</p> <p>In an interview on 04/03/2025 at 1:31 PM, Staff B, Director of Nursing, stated it was important to serve food at the appropriate temperatures to prevent foodborne illnesses.</p> <p>Reference: WAC 388-97-1100 (1)(2)</p>		

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  04/03/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46115</p> <p>Based on observation, interview, and record review, the facility failed to store food in accordance with professional standards for food service safety. Specifically, expired foods were not discarded for 1 of 2 refrigerators, 1 of 1 dry storage areas, and food items in the refrigerator and freezer were not dated when opened. These failures placed residents at risk for foodborne illnesses.</p> <p>Findings included .</p> <p>During an initial tour of the kitchen on [DATE] at 8:41 AM, the dry storage area revealed a can of bean sprouts that expired on [DATE], eight packages of nonfat dry milk that expired on [DATE], six boxes of corn starch that expired on [DATE] and a box of couscous that expired on [DATE].</p> <p>The refrigerator in the main kitchen contained a bag of salmon with a use by date of [DATE], a bag of brown wilted lettuce that had no date, four containers of grape juice that expired [DATE], four half sandwiches and an opened bag of whipped topping that had no dates.</p> <p>The freezer contained opened bags of French fries, corn dogs, broccoli, and dinner rolls that had no open or expiration dates.</p> <p>In an interview on [DATE] at 9:29 AM, Staff H, Cook, stated dietary staff were supposed to put dates on items when they were opened, and this was important to know how long the product could be used for and to prevent foodborne illnesses.</p> <p>In an interview on [DATE] at 12:42 PM, Staff G, Dietary Manager, stated all food items needed to be dated when opened and it was important to discard food to prevent food poisoning.</p> <p>Reference: WAC [DATE] (3), 2980</p>		

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  04/03/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46115</b></p> <p>Based on observation, interview, and record review the facility failed to ensure infection control practices were followed during 1 of 1 meal services and 1 of 2 medication administration observations to include removal of gloves and performing hand hygiene (HH) when indicated and failed to sanitize a mechanical lift between resident transfers. Additionally, staff did not follow Enhanced Barrier Precautions when indicated for 2 of 3 sampled residents (Residents 13 and 21), reviewed for isolation precautions. These failures placed the residents at risk for the spread of infections, illnesses and unintended health consequences.</p> <p>Findings included .</p> <p>Review of the facility's undated policy titled, Hand Hygiene Guideline in Health Care Setting showed hand hygiene could be performed by washing hands with soap and water or using alcohol-based hand rub (ABHR) to reduce the number of microorganisms on the hands in order to prevent transmission of healthcare associated pathogens from one patient to another. The policy instructed staff to perform hand hygiene before direct contact with a patient's intact skin, before application of gloves, after contact with inanimate objects in the immediate vicinity of a patient and when moving from a contaminated body site to a clean body site during resident care.</p> <p>Review of the facility's undated policy titled, Handwashing Policy showed handwashing was the most effective method to prevent the spread of infection. The policy instructed staff to perform hand hygiene when arriving for duty, before applying gloves and after glove removal, before preparing and administering medication, after sneezing, coughing, blowing or wiping the nose or mouth.</p> <p>The Centers for Disease Control (CDC) Implementation of Personal Protective Equipment (PPE- gloves, disposable gowns, eye protection or masks) Use in Nursing Homes to prevent Spread of Multidrug-Resistant Organisms updated July 12, 2002, retrieved from <a href="https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/ppe.html">https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/ppe.html</a> recommended use of Enhanced Barrier Precautions (EBP) as an infection control intervention that employed targeted gown and glove use during high contact resident care activities when Contact Precautions do not apply for residents with wounds or indwelling medical devices such as feeding tubes (inserted tube that provides liquid nutrition) or catheters (flexible tube inserted into bladder to drain urine). EBP directs staff to put on gowns and gloves when dressing, bathing/showering, transferring, changing linens, providing hygiene, wound care and assisting with toileting.</p> <p><b>ENHANCED BARRIER PRECAUTIONS</b></p> <p>&lt;Resident 21&gt;</p> <p>The 03/12/2025 quarterly assessment documented Resident 21 had diagnoses including traumatic brain injury, dementia and malnutrition. Resident 21 had severe cognitive impairments and required a feeding tube.</p> <p>The 03/14/2025 care plan documented Resident 21 required enhanced barrier precautions related to their feeding tube and instructed nursing to use Enhanced Barrier Precautions.</p> <p>(continued on next page)</p>		

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  04/03/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an observation on 04/01/2025 at 8:53 AM, Staff I, Registered Nurse (RN), flushed Resident 21's feeding tube and no gown was worn.</p> <p>In an interview on 04/03/2025 at 10:51 AM, Staff L, Infection Preventionist (IP), stated gloves and a gown needed to be worn when a resident's feeding tube was flushed. Staff L further stated EBP were important for cleanliness and to prevent the spread of germs.</p> <p>&lt;Resident 13&gt;</p> <p>The 01/29/2025 quarterly assessment documented Resident 13 had diagnoses including end stage kidney disease and was dependent on dialysis (a treatment that filters waste and excess fluid from the blood).</p> <p>The 01/30/2025 care plan documented Resident 13 required Enhanced Barrier Precautions related to dialysis and their fistula (a connection made between an artery and [NAME]).</p> <p>In an observation on 04/01/2025 at 11:49 AM, Staff D, Nursing Assistant (NA), transferred Resident 13 into their wheelchair and no gown was worn.</p> <p>In an interview on 04/01/2025 at 11:50 AM, Staff D stated they transferred Resident 13 into their wheelchair and did not need a gown because they were not providing cares. Staff D read the EBP signage posted and acknowledged they should have worn a gown to protect the resident and themselves from germs.</p> <p><b>SANITATION</b></p> <p>In an observation on 04/02/2025 at 9:04 AM, Staff M, NA, brought the hooyer lift (a lift used to transfer residents unable to do so) out of Resident 21's room and parked it in the hallway. The lift was not sanitized and had been used to transfer Resident 21.</p> <p>In an observation on 04/02/2025 at 9:13 AM, Staff M grabbed the same hooyer lift and took it into Resident 9's room to assist them to transfer into a shower chair.</p> <p>In an interview on 04/03/2025 at 10:51 AM, Staff L, IP, stated mechanical lifts needed to be sanitized after each use to prevent the spread of germs.</p> <p><b>HALL TRAYS</b></p> <p>In an observation on 03/31/2025 at 11:57 AM, Staff N, NA, delivered a meal tray, picked up a piece of paper from the floor and put it in the meal cart on an empty tray and no hand hygiene was performed. The meal cart contained meals needing delivered to other residents.</p> <p>(continued on next page)</p>		

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  04/03/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an observation on 03/31/2025 at 12:17 PM, Staff M, NA, brought a meal tray from a resident's room and placed it in the cart. Staff M delivered another meal tray and hand hygiene was not performed. At 12:19 PM Staff M picked up a piece of garbage from the floor, no hand hygiene was performed, grabbed some mustard packets and took it to a resident's room. At 12:20 PM, Staff M brought a cup from the resident's room and placed it on top of the cart, no hand hygiene was performed, then they delivered Jello to another resident. At 12:25 PM, Staff M grabbed a meal tray and removed the resident's stop sign and entered the room and no hand hygiene was performed prior to the next tray being passed.</p> <p>In an interview on 03/31/2025 at 12:29 PM, Staff M stated hand hygiene was completed prior to serving meal trays and they tried to do it between rooms. When Staff M was asked if hand hygiene should be performed after picking things up from the floor they stated yes, and this was important to prevent the spread of bacteria.</p> <p>In an interview on 04/03/2025 at 10:51 AM, Staff L, IP, stated hand hygiene was completed after touching things, in between resident rooms and this was important to prevent the spread of germs. Staff L stated the nursing assistants should not have placed dirty meal trays in the cart until all trays were passed.</p> <p>47328</p> <p>SMALL ASSISTED DINING ROOM</p> <p>During observation on 03/31/2025 at 11:54 AM, Staff D, NA, did not perform hand hygiene, delivered a lunch tray to a resident in the small assisted dining room and placed a clothing protector on them. Staff D did not perform hand hygiene and put on a pair of gloves. Staff D grabbed another meal tray off the meal cart, delivered it to another resident in the dining room, placed a clothing protector on the resident, and adjusted their wheelchair closer to the table. Staff D removed their gloves, did not perform hand hygiene, and put on a new pair of gloves.</p> <p>During observation on 03/31/2025 at 11:56 AM, Staff J, Activities Assistant, did not perform hand hygiene, delivered a lunch tray to two different residents in the small assisted dining room, and put a pair of gloves on without performing hand hygiene. At 11:58 AM, Staff J removed their gloves and exited the dining room without performing hand hygiene. At 11:59 AM, Staff J returned to the dining room, did not perform hand hygiene and put on a new pair of gloves.</p> <p>In an interview on 04/02/2025 at 9:51 AM, Staff K, NA, stated hand hygiene should be performed before and after resident care was provided to prevent the spread of germs. Staff K further stated staff should perform hand hygiene when indicated.</p> <p>In an interview on 04/02/2025 at 9:55 AM, Staff E, Licensed Practical Nurse, explained hand hygiene was washing hands with soap and water or using ABHR until dry. Staff E stated hand hygiene should be performed any time before and after resident care. Staff E further stated staff should perform hand hygiene when indicated to prevent the spread of infections.</p> <p>(continued on next page)</p>		

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  04/03/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 04/02/2025 at 11:11 AM, Staff L, IP, stated hand hygiene was a tool used to limit the transfer of organisms from one thing to another. Staff L explained hand hygiene should be performed by washing hands with soap and water or using ABHR before entering a resident's room, before application of gloves, after glove removal, after touching any items in a resident room, before leaving a resident's room, and when passing meal trays. Staff L stated they expected staff to perform hand hygiene when indicated.</p> <p>In an interview on 04/02/2025 at 11:21 AM, Staff B, Director of Nursing (DNS), explained hand hygiene was the use of ABHR or washing hands with soap and water when visibly soiled. Staff B stated they expected staff to perform hand hygiene when indicated to prevent the spread of germs.</p> <p><b>MEDICATION ADMINISTRATION</b></p> <p>During observation on 04/03/2025 at 7:31 AM, Staff C, RN, did not perform hand hygiene and began to dispense medications for Resident 8. Staff C walked into Resident 8's room, touched the blue non-skid sock on Resident 8's left foot to get their attention, and administered Resident 8 their medications. Staff C exited Resident 8's room without performing hand hygiene.</p> <p>During observation on 04/03/2025 at 7:47 AM, Staff C, did not perform hand hygiene, grabbed a pair of gloves, dropped one glove on the floor, picked up the glove, put the pair of gloves on (including the glove that was picked up off the floor) and walked down the hall to room [ROOM NUMBER]. Staff C administered eye drops to Resident 15.</p> <p>During observation on 04/03/2025 at 7:51 AM, Staff C began to dispense medications for Resident 28. Staff C stopped briefly and blew their nose with a Kleenex and stated their nose ran. Staff C did not perform hand hygiene and continued to dispense medications for Resident 28. Staff C moved the medication cart down the hall and parked it outside the big dining room. Staff C administered medications to Resident 28.</p> <p>During observation on 04/03/2025 at 8:06 AM, Staff C did not perform hand hygiene and began to dispense medications for Resident 1. Staff C dropped a blood pressure pill, moved the medication cart looking for the pill, Staff C ran their fingers across the dusty bottom edge of the medication cart searching for the small pill but was unable to locate the pill and dispensed a new pill without performing hand hygiene. Staff C administered medications to Resident 1.</p> <p>In a follow-up interview on 04/03/2025 at 9:21 AM, Staff B, DNS, stated they expected staff to perform hand hygiene after they blew their nose.</p> <p>In an interview on 04/03/2025 at 1:51 PM, Staff A, Administrator, stated they expected staff to perform hand hygiene when indicated and follow EBP when implemented.</p> <p>Reference WAC 388-97-1320 (1)(c)</p>		

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  04/03/2025
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46115</p> <p>Based on observation, interview and record review, the facility failed to ensure resident personal refrigerators were maintained in a clean manner, without expired foods and at the appropriate temperatures for 1 of 3 sampled residents (Resident 18), reviewed for a homelike environment. In addition, the facility failed to maintain a freezer in the dining room in a clean manner. This failure placed the residents at risk of eating spoiled foods and having an unclean environment.</p> <p>Findings included .</p> <p>During an observation and interview on [DATE] at 10:42 AM, Resident 18 was lying in bed. They had a personal refrigerator that had a container in the freezer. The container had a frozen hamburger with ice crystals inside. The resident stated it had been in there a month or more. The freezer was filled with ice crystals.</p> <p>Subsequent observations of the freezer with ice crystals and the frozen hamburger were made on [DATE] at 11:33 AM, [DATE] at 8:58 AM and [DATE] at 9:13 AM.</p> <p>In an interview on [DATE] at 8:48 AM, Staff E, Licensed Practical Nurse, stated the nurses and housekeepers were responsible for discarding expired food and the temperatures of the freezers were not monitored. Staff E added the housekeepers defrosted the freezers when needed. Staff E stated it was important to discard expired food because it could cause foodborne illnesses, and it was important to monitor the temperature of the freezer because the food could go bad.</p> <p>In an interview on [DATE] at 9:05 AM, Staff B, Director of Nursing, stated it was important to monitor the temperature of the freezer and to defrost them for routine maintenance and to prevent frostbite on food. Staff B added it was important to discard expired food to prevent foodborne illnesses. Staff B acknowledged the freezer temperatures were not being monitored.</p> <p>In an interview and observation on [DATE] at 1:04 PM, the freezer in the dining room had nutritional drinks that were frozen with ice crystals covering the walls of the freezer. Staff B stated the freezer in the dining room needed to be defrosted.</p> <p>Reference: WAC [DATE] (1)</p>