

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2025
NAME OF PROVIDER OR SUPPLIER  South Hill Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  17 East 8th Avenue Spokane, WA 99202	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to ensure accepted standards of clinical practice were met for care of a peripherally inserted central catheter (PICC) line (a long thin tube inserted through a vein in the arm and passed through to the larger veins near the heart) for 1 of 1 sampled resident (Resident 1). This failure placed residents at risk for potential delay in the administration of necessary intravenous (IV), administered through a vein, medications, and a decreased quality of life. Findings included .Review of the nurse practice act for Washington State Dated 2024, documented that a registered nurse (RN) working under the direction of a physician may perform patient treatments, whether or not the severing or penetrating of tissues is involved and whether or not a degree of independent judgment and skill is required. Review of the admission assessment dated [DATE], documented Resident 1 was admitted on [DATE], had diagnoses including pyogenic arthritis (a serious joint infection caused primarily by bacteria) of the right knee joint, and chronic pain. Additionally, the admission assessment documented Resident 1 was cognitively intact, able to direct their own care, required maximum assistance for activities of daily living (ADLs) such as moving in bed, transferring from bed to chair, and toileting. Review of progress note dated 09/04/2025, by Staff C, Registered Nurse (RN), documented Resident 1's PICC line was found leaking and Staff C removed the PICC line. The progress notes further showed no documentation of provider notification or the provider order prior to removing the PICC line. In an interview on 12/20/2025 at 12:03pm, Staff C stated on 09/04/2025 they checked Resident 1's PICC line and found it was leaking, and they were unable to push fluid through it with a syringe, so they pulled the PICC line out of Resident 1's arm. Staff C stated they did not notify the physician or obtain an order prior to pulling out the PICC line. They stated they did not know, at the time, they needed to notify the physician and obtain an order before pulling the PICC line. In an interview on 12/02/2025 at 1:27pm Staff B, Director of Nursing, stated according to the facility policy, physician notification of any changes to a resident's PICC line was required, and a physician order had to be obtained prior to removing a PICC line. Reference: WAC 388-97-1620(2)(b)(ii)</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:  505414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2025
NAME OF PROVIDER OR SUPPLIER  South Hill Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  17 East 8th Avenue Spokane, WA 99202	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2025
NAME OF PROVIDER OR SUPPLIER  South Hill Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  17 East 8th Avenue Spokane, WA 99202	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record reviews, the facility failed to provide regular bathing for 3 of 6 sampled residents (Resident 2, 3, and 4). This failure placed residents for potential risk of infection, skin irritation, unpleasant body odor, low self-esteem, and decreased quality of life. Finding included .&lt;Resident 2&gt;Review of annual assessment dated [DATE], documented Resident 2 admitted to the facility on [DATE], was cognitively intact, able to direct their own care, had diagnoses including morbid obesity (a serious health condition characterized by excessive body weight that significantly impacts daily functions such as breathing and mobility), diabetes, and chronic pressure ulcer, and required extensive assistance with activities of daily living (ADLs) such as bathing and toileting. Review of care plan dated 11/04/2024, documented Resident 2 had bathing schedule twice of a week. In an interview with Resident 2 on 11/03/2025 at 2:46pm, Resident 2 stated they had missed many showers over the past few months because of the bath aides being used as regular aides rather than providing bathing. When asked if they had communicated with the facility regarding their showers, Resident 2 stated, they hadn't talked to anyone about it because it doesn't do any good. Review of Resident 2's record, showed bathing and resident refusal of bathing was documented on the nursing assistant documentation, and the resident received three showers in August, 08/13/2025, 08/24/2025, 08/27/2025, documented a 10-day span between bathing from 09/27/2025 to 10/08/2025. &lt;Resident 3&gt;Review of the annual assessment dated [DATE] documented Resident 3 admitted to the facility on [DATE], was cognitively intact and able to direct their own care, had diagnoses including morbid obesity and diabetes, and required supervision assistance for most ADLs such as transferring, toileting, and bathing. Review of care plan dated 12/03/2025, documented Resident 3 had a bathing schedule of two times a week on Thursday and Sunday evenings. In an interview with Resident 3 on 11/03/2025 at 2:24pm, Resident 3 stated they had not been getting bathed regularly for 2 months because the bath aides were being used as regular aides instead of providing bathing. Review of Resident 3's record including nursing assistant documentation and nursing progress notes, between the dates of 08/01/2025 and 12/03/2025, showed bathing and resident refusal of bathing was documented on the nursing assistant documentation, and it was documented the resident was bathed and/or offered bathing three times in the month of October 2025, 10/03/2025, 10/12/2025, 10/26/2025. Further review showed Resident 3 bathed three times in the month of September 2025, 09/14/2025, 09/17/2025, 09/28/2025, and two refusals to be bathed was documented on 09/15/2025, and 09/27/2025. Additionally, no documentation for bathing was documented between 08/27/2025 and 09/14/2025 and no documentation of bathing being offered during that time was noted. (same)&lt;Resident 4&gt;Review of the quarterly assessment dated [DATE], documented Resident 4 admitted to the facility on [DATE], was cognitively intact and able to direct their own care, had diagnoses including Chronic Obstructive Pulmonary disease, chronic pain, and required maximum assistance for bathing. In an interview with Resident 4 on 11/03/2025 at 2:41pm, Resident 4 stated they used to get bathed twice weekly but now they were lucky if they got bathed one time per week. Review of Resident 4's record including nursing assistant documentation and nursing progress notes, between dates of 08/01/2025 and 12/03/2025, showed bathing and resident refusal of bathing was documented on the nursing assistant documentation and it was documented that they bathed five times in September 2025, 09/02/2025, 09/10/2025, 09/14/2025, 09/17/2025 09/27/2025, and four times in August 2025, 08/13/2025, 08/24/2025, 08/27/2025, and 08/31/2025. In an interview on 11/21/2025 at 1:30pm, Staff B, Director of Nursing, stated all the residents had missed some showers at the beginning of November 2025, because the bath aide hours had been decreased due to a low census of residents in the facility at that time. Interviews with DON and Admin, usually done at the end of our investigation. In an interview on 12/03/2025 at 1:23pm, Staff D, Nurse Manager, stated all residents were scheduled to be bathed twice weekly and occasionally the bath aides would be pulled to floor. They stated there was a two-week period in November 2025 when some bathing was missed due to scheduling. Reference: WAC- 388-97-1060(2)(b)</p>		