

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505496	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER Avalon Care Center at Northpointe		STREET ADDRESS, CITY, STATE, ZIP CODE 9827 North Nevada Spokane, WA 99218	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>38527</p> <p>Based on interview and record review, the facility failed to ensure residents were free from misappropriation of property for 1 of 3 sampled residents (Resident 1), reviewed for misappropriation. This failure placed residents at risk for pain and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the pharmacy policy titled, LTC Facility's Pharmacy Services and Procedure Manual, revised 08/01/2024, showed the facility should maintain separate records on controlled substance medications and medications with a potential for abuse or diversion. The facility should reconcile the total number of controlled medications on hand, add newly received medications to the inventory and remove medications that are completed or discontinued from the inventory, pursuant to the controlled substance shift count sheet (logbook).</p> <p>Review of a 09/11/2024 facility investigation report showed Resident 1 reported receiving a pain pill that dissolved in their mouth three times during the past month from Staff B, Registered Nurse. Per the investigation the resident was alert and oriented and knew their medications, which did not normally dissolve. The facility determined Resident 1 was not prescribed any medications that dissolved, and controlled substance medications were signed out of the logbook for the resident and then not documented as administered in the Medication Administration Record (MAR). Additionally, the facility found controlled substance medications for additional unsampled residents were missing and/or destroyed by Staff B without a second nurse present to witness the destruction. The investigation report documented that a reasonable suspicion of drug diversion (misappropriation) was substantiated, and Staff B was terminated from employment.</p> <p>In an interview on 10/09/2024 at 2:21 PM, Staff A, Director of Nursing, stated that after Resident 1 reported diversion of their controlled substance pain medication a thorough investigation was completed by the facility and inconsistencies with Staff B's medication administration were identified. Per Staff A, Staff B documented removing controlled substance medications from the logbook but did not sign them as administered on the MAR, and Staff B destroyed controlled substances by themselves. In a follow-up interview at 4:39 PM the same day, Staff A stated the destroyed medications belonged to residents who had already gotten replacements ordered and that no other residents reported missing medications and/or uncontrolled pain.</p> <p>Staff B was unavailable for interview.</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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