STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505496	A. Building B. Wing	09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avalon Care Center at Northpointe	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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interview and record review, the facility failed to administer methadone consistent with the dosage prescribed by Opioid Treatment Program provider and as a part of medications for opioid use disorder (MOUD) for 1 of 8 residents (Resident 1) reviewed for medication administration. This failure placed the resident at risk for medical complications, unintended health consequences and diminished quality of life. Findings included .Per the Code of Federal Regulations Title 42 Section 8.12 (h)(1) opioid treatment programs (OTP; a specialized clinic that provides medication-assisted treatment for individuals with opioid use disorder) must ensure that medications for opioid use disorder (MOUD) are administered or dispensed only by a practitioner licensed under the appropriate State law and registered under the appropriate State and Federal laws to administer or dispense MOUD, or by an agent of such a practitioner, supervised by and under the order of the licensed practitioner and if consistent with Federal and State law. (2) OTPs shall use only those MOUD that are approved by the Food and Drug Administration under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) for use in the treatment of OUD. In addition, OTPs who are fully compliant with the protocol of an investigational use of a drug and other conditions set forth in the application may administer a drug that has been authorized by the Food and Drug Administration under an investigational new drug application under section 505(i) of the Federal Food, Drug, and Cosmetic Act for investigational use in the treatment of OUD. Currently the following MOUD will be considered to be approved by the Food and Drug Administration for use in the treatment of OUD: (i) Methadone; (ii) Buprenorphine and buprenorphine combination products that have been approved for use in the treatment of OUD; and (iii) Naltrexone.Review of Washington State Department of Health (DOH) Opioid Treatment Program Approved by Substance Abuse and Mental Health Services Administration (SAMHSA), dated October 9, 2024, documented in Page 53 under Procedures for Dosing CFR 8.12 (h) (3) (i) (ii), The program provider is the only practitioner authorized to order and/or change a patient's dosage of methadone (long-acting opioid medication used to reduce withdrawal symptoms in people addicted to narcotic drugs that may sometimes be used as a pain reliever) or buprenorphine. The provider must make an individualized decision informed by up-to- date product labeling and clinical judgment.Review of the 02/28/20205 care plan showed Resident 1 used methadone for an opioid use disorder (OUD), and the dosage was managed at weekly outpatient appointments with a local OTP. The care plan included a diagnosis list which showed the resident had Hepatitis B and Hepatitis C (serious liver conditions that can be acute or chronic).Review of a hospital after-visit summary dated 03/28/2025 showed Resident 1 was treated for an opioid overdose and hospital staff coordinated with the OTP for the resident to receive 35mg (milligrams; unit of measurement) of methadone for the following two days (03/29/2025 and 03/30/2025), which was half of the resident's previous dose (70mg). The after-visit summary showed the resident was to go to the OTP on 03/31/2025 for further dosing.Review of the methadone chain of custody record started 03/31/2025 showed Resident 1 received 50mg of methadone at the OTP that day, and facility staff to administer 60mg on 04/01/2025, then 70mg daily starting 04/02/2025. Further review showed the actual dose of methadone given to Resident 1 was 50mg daily each day from 04/01/2025 to 04/07/2025. In an interview on 07/22/2025 at 2:10 PM, Staff A, Director of Nursing, stated after Resident 1's suspected overdose on 03/28/2025 the facility received orders from the OTP to taper the resident's methadone dose back up to 70mg daily, but the order was changed to 50mg daily by Staff B, Physician Assistant. Staff A stated Staff B gave a verbal order for the dose change due to recommendations by the resident's hepatology clinic (branch of medicine that focuses on diseases affecting the liver, gall bladder, bile ducts, and pancreas) to reduce or eliminate the methadone use on 04/02/2025.Review of Resident 1's April 2025 Medication Administration Record showed facility staff administered 50mg of methadone to the resident daily from 04/01/2025 to 04/12/2025, except for 04/08/2025 when the resident received their methadone during their appointment at the OTP. On 05/30/2025 at 2:55 PM Collateral Contact 1 (CC1) stated when Resident 1's methadone vials were returned to the OTP in April 2025 the vials should have been empty, but instead still had dose amounts remaining. Per CC1 the facility did not report giving the resident less methadone than ordered by the OTP until the OTP staff asked about the remaining dose amounts.In an interview on 07/22/2025 at 12:52 PM, Staff D, Administrator, stated the facility did not have a specific policy related to residents who utilized an OTP, but the facility followed the OTP provider's orders for methadone use. Staff D further stated that Resident 1's case was difficult due to medical providers at the hospital and other appointments expressing concerns with the resident's use of methadone

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F 0841 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Designate a physician to serve as medical director responsible for implementation of resident care policies and coordination of medical care in the facility. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0841 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interview and record review, the facility failed to coordination with the opioid treatment program provider to change dosage of medications for opioid use disorder (MOUD) for 1 of 1 sampled residents, (Resident 1), reviewed for MOUD. This failure placed the resident at risk for medical complications, unintended health consequences and diminished quality of life.Findings included .Per the Code of Federal Regulations Title 42 Section 8.12 (h)(1) opioid treatment programs (OTP; a specialized clinic that provides medication-assisted treatment for individuals with opioid use disorder) must ensure that medications for opioid use disorder (MOUD) are administered or dispensed only by a practitioner licensed under the appropriate State law and registered under the appropriate State and Federal laws to administer or dispense MOUD, or by an agent of such a practitioner, supervised by and under the order of the licensed practitioner and if consistent with Federal and State law. (2) OTPs shall use only those MOUD that are approved by the Food and Drug Administration under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) for use in the treatment of OUD. In addition, OTPs who are fully compliant with the protocol of an investigational use of a drug and other conditions set forth in the application may administer a drug that has been authorized by the Food and Drug Administration under an investigational new drug application under section 505(i) of the Federal Food, Drug, and Cosmetic Act for investigational use in the treatment of OUD. 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Staff D further stated that Resident 1's case was difficult due to medical providers at the hospital and other appointments expressing concerns with the resident's use of methadone with their other underlying medical conditions Review of a