

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2025
NAME OF PROVIDER OR SUPPLIER Touchmark on South Hill Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 2929 South Waterford Drive Spokane, WA 99203	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42802</p> <p>Based on interview and record review, the facility failed to ensure informed consents (information that explained the potential risks and benefits), were obtained prior to administration of psychotropic medications (medications that affected how the brain worked and caused changes in mood, feelings or behavior, such as antipsychotics and antidepressants) for 3 of 6 sampled residents (Residents 5, 11, 13) reviewed for resident rights. This failure did not allow residents to be fully informed or to participate in their treatment.</p> <p>Findings included .</p> <p><Resident 5></p> <p>According to a quarterly assessment, dated 10/10/2024, Resident 5 had diagnoses which included depression (a mood disorder that caused feelings of sadness that would not go away.) Resident 5 had moderate cognitive impairment.</p> <p>Review of Resident 5's medical record showed the provider ordered Aripiprazole (a psychotropic medication) daily for depression on 08/22/2024.</p> <p>Resident 5's Medication Administration Record (MAR) for December 2024 and January 2025 showed staff had administered Aripiprazole daily.</p> <p>No consent for Aripiprazole was found during a review of Resident 5's medical record.</p> <p><Resident 13></p> <p>According to a quarterly assessment, dated 12/23/2024, Resident 13 had diagnoses which included dementia (a group of symptoms affecting memory, thinking and social abilities) and depression. Resident 13 had severe cognitive impairment and was not able to make decisions regarding their care.</p> <p>Review of Resident 13's medical record showed the provider ordered Fluoxetine (an antidepressant) daily for depression on 09/16/2024 and Risperidone (an antipsychotic) daily on 09/24/2024.</p> <p>Resident 13's MAR for December 2024 and January 2025 showed staff had administered both psychotropic medications daily.</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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>No consent for Fluoxetine or Risperidone was found during a review of Resident 13's medical record.</p> <p>During an interview on 01/09/2025 at 1:07 PM, Staff B, Director of Nursing (DON), stated that they did not have a consent for Aripiprazole for Resident 5 or Fluoxetine and Risperidone consents for Resident 13. They further stated the facility staff had missed some consents before they were the DON. Staff B acknowledged that consents should have been obtained before the first dose of any psychotropic medication was given.</p> <p>37544</p> <p><Resident 11></p> <p>The 01/03/2025 quarterly assessment documented Resident 11 had diagnoses which included Parkinson's disease, a progressive neurological condition that caused problems with movement, balance, and coordination. In addition, the assessment showed the resident had received psychotropic medication.</p> <p>Review of the Order Summary Report from 01/01/2024 through 01/07/2025 documented when admitted to the facility on [DATE], the resident had been prescribed a psychotropic medication, Clonazepam, to treat insomnia.</p> <p>Review of the Medication Administration Records (MARS) from June 2024 through January 2025 documented Resident 11 had received the medication every evening as ordered.</p> <p>Review of Resident 11's record found no documentation that an informed consent had been completed either verbally or written prior to the medication being given, that explained to the resident and/or their representative of the risks and benefits of taking a psychotropic medication.</p> <p>In an interview on 01/09/2025 at 1:36 PM, Staff B, Director of Nursing, stated an informed consent should have been obtained prior to the resident being administered the medication, and they would review Resident 11's record. In a follow-up interview at 2:49 PM, the same day, Staff B confirmed an informed consent for the Clonazepam had not been obtained.</p> <p>Reference (WAC): 388-97-0260</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37544</p> <p>Based on observation and interview, the facility failed to ensure food items were labeled with the date opened, and expired food was discarded on or before their date of expiration. These failures placed the residents at risk for food-borne illnesses.</p> <p>Findings included .</p> <p>During an initial tour of the facility kitchen on [DATE] at 9:12 AM with Staff C, Dietary Manager, the following were observed:</p> <ul style="list-style-type: none"> *a bag of Ruffles potato chips that was closed using tape - no label that showed the date opened. *a two-quart container of Raisin Bran dry cereal that did not have a label that showed the date opened. *a jug of [NAME] barbeque sauce with an expiration date of [DATE] <p>At 9:16 AM, that same day, when asked about the undated and expired items, Staff C stated unlabeled and expired items needed to be thrown away to prevent potential food-borne illnesses.</p> <p>On [DATE] at 9:43 AM, the resident nourishment refrigerator/freezer was observed to contain the following:</p> <ul style="list-style-type: none"> *An opened bag of marshmallows that was not labeled with the date opened. *Snack sized bags of graham crackers and saltine crackers were not labeled with the date opened. *a carton of chocolate milk that had an expiration date of [DATE] *a jar of unidentified juice - no label that stated what type of juice or the date opened. <p>In an interview on [DATE] at 11:34 AM, Staff D, Dietary Director, stated they were aware of the undated and expired food items that had been found during the observations of the kitchen and nourishment refrigerator, and confirmed all food needed to be labeled with the date opened and discarded when expired.</p> <p>Reference: WAC [DATE](3)</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37544</p> <p>Based on interview and record review, the facility failed to ensure the influenza and/or pneumococcal immunizations were offered as required for 2 of 5 sampled residents (13, 14), reviewed for immunizations. This failure prevented the residents from making decisions about their care, and placed them at risk for illness, and possible health complications.</p> <p>Findings included .</p> <p>The Center for Disease Control's guidelines for Influenza and Pneumococcal Vaccinations, last updated 09/05/2024, recommend that adults receive the flu vaccine, with it being especially important for those aged [AGE] years and older due to being at higher risks of developing serious complications. The guidelines also recommend adults aged [AGE] years or older be up to date with the pneumococcal vaccine to decrease the risk of pneumococcal disease, a contagious bacterial infection that can be a complication of the flu and lead to serious illness or death.</p> <p><Resident 13></p> <p>The 12/23/2024 quarterly assessment documented Resident 13 was able to make decisions regarding their care.</p> <p>Review of Resident 13's record, which included immunization records, found no documentation that the resident had been offered the pneumococcal vaccine. A form titled Pneumococcal (PPV) and Pneumococcal (PCV-13) which provided information regarding the vaccine was found in the resident's record, but the form was blank, undated and unsigned and did not indicate whether the resident had been offered or declined the vaccine.</p> <p><Resident 14></p> <p>The 10/22/2024 admission assessment documented Resident 14 was able to make decisions regarding their care.</p> <p>Review of Resident 14's record, which included immunization records, found no documentation that the resident had been offered the Influenza or the pneumococcal vaccine. Both the forms titled Flu Vaccine and Pneumococcal (PPV) and Pneumococcal (PCV-13) were found in the resident's record, but were blank, undated and unsigned and did not indicate whether the resident had been offered or declined either vaccine.</p> <p>During an interview with Staff A, Administrator, and Staff E, Infection Preventionist, on 01/13/2025 at 2:36 PM, the findings from the immunization review for Residents 13 and 14 were discussed. Staff A stated immunizations were offered when residents admitted to the facility and the flu vaccine was offered yearly to residents. Staff A further stated they would check Resident 13 and 14's records.</p> <p>In a follow-up interview on 01/13/2025 at 3:19 PM, Staff A stated the information for the immunizations for Residents 13 and 14 had not been found, and they were both being offered the vaccines now.</p> <p>(continued on next page)</p>		

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reference (WAC) 388-97-1340 (1), (2), (3)