

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  50A261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/17/2024
NAME OF PROVIDER OR SUPPLIER  Yakima Valley School		STREET ADDRESS, CITY, STATE, ZIP CODE  609 Speyers Road Selah, WA 98942	

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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44922</b></p> <p>Based on interview and record review, the facility failed to ensure licensed staff responsible for providing basic life support in an emergency, had current training and certification in Cardiopulmonary Resuscitation [(CPR) a lifesaving technique that's useful in many emergencies when someone's breathing or heartbeat has stopped, that is used prior to the arrival of emergency medical personnel] for 3 of 4 staff (Staff E, F, and G) reviewed for CPR certification. This failed practice put residents at risk for a delay in life saving treatment and/or receiving lifesaving treatment incorrectly that could result in injury and/or death.</p> <p>Findings included .</p> <p>Review of a policy titled, Medical Emergency, dated ,d+[DATE], showed a qualified employee with current CPR certification could provide life sustaining treatment during a life-threatening emergency such as choking, not breathing, and no pulse.</p> <p>Review of facility staff personnel files, showed the following:</p> <p>Staff E's, Nursing Assistant, CPR certification expired on ,d+[DATE].</p> <p>Staff F's, Registered Nurse (RN), CPR certification expired on ,d+[DATE].</p> <p>Staff G's, RN, CPR certification expired on ,d+[DATE].</p> <p>During an interview on [DATE] at 12:21 PM, Staff G stated they were not aware their CPR certification had expired.</p> <p>During an interview on [DATE] at 1:26 PM, Staff E stated they did not think they needed CPR training again until [DATE].</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 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 3:31 PM, Staff B, Director of Nursing Services, stated they were not able to schedule classes during the COVID-19 (an infectious disease-causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death) pandemic and failed to schedule again since the pandemic ended. Additionally, Staff B stated that they would expect all nursing staff to have been current on their CPR certifications.</p> <p>Reference: WAC [DATE](1)</p> <p>48368</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48368</p> <p>Based on observation, interview, and record review, the facility failed to ensure the residents were served the appropriate diet texture to prevent choking hazards for 2 of 3 Residents (Residents 1 and 3) reviewed for food and nutrition services. This failed practice put residents at risk for a decreased nutritional intake, serious injury, and/or death.</p> <p>Findings included .</p> <p>Review of a policy titled, Food and Nutrition Services, dated 05/2023, showed.</p> <p>Each Resident receives a nourishing, well-balanced diet including special diets prescribed by the physician and or the speech pathologist.</p> <p>Every effort will be made to ensure that food items that are not compatible with the resident's swallowing skills are not made available.</p> <p>Chopped meals provide foods that are easily chewed and swallowed. Foods are chopped into 1/4 inch (a unit of measure) by 1/4 inch.</p> <p>All staff are to be knowledgeable of the individual resident's diet order.</p> <p>&lt;Resident 1&gt;</p> <p>Resident 1 was admitted to the facility on [DATE] with diagnosis including angelman syndrome (a condition that effects the nervous system and causes severe physical and learning disabilities) and dysphagia (swallowing difficulties). The comprehensive assessment, dated 02/29/2024, showed the resident had severely impaired cognition and required extensive assistance of one staff member for activities of daily living (ADLs).</p> <p>Review of a 02/27/2024 physician diet order showed Regular, Bland diet, chopped texture, thin fluids (with)straw, Limit amount on plate, no acidic food/drink, chocolate, fried foods, or caffeine. <b>***ALL FOOD MUST BE SOFT AND MOIST***</b> including crackers, cookies, breads, bakery items, etc .half portions of food/cue for small bites/cues to -cut into pieces-slow down/cue to chew and swallow before eating next bite/cue to chew and swallow before speaking.</p> <p>Review of a 04/07/2024 incident report showed Resident 1 was given an incorrect diet texture for lunch which resulted in Resident 1 choking, requiring the Heimlich Maneuver (an emergency procedure for application to someone choking on a foreign object) having to be performed.</p> <p>(continued on next page)</p>

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/17/2024 at 12:10 PM, Staff I, Nursing Assistant (NA), stated that Staff E, NA asked if Resident 1's food was supposed to be cut and they stated yes but Staff E had already served them their meal. Staff I stated they looked over and yelled to Staff E that Resident 1 was choking and ran over and performed the Heimlich Maneuver (provided two abdominal thrusts to Resident 1) until Staff E took over with continued abdominal thrusts. Staff F, Registered Nurse (RN) assessed that Resident 1 was no longer choking and gave Staff E the okay to stop the abdominal thrusts. Staff I further stated the correct process was to ensure resident meals were followed by NAs checking diet cards, and the dietary guidelines book and call the kitchen for a new tray if the diet was not correct before serving the resident their meal.</p> <p>During an interview on 04/17/2024 at 1:26 PM, Staff E, NA, stated Staff handed them Resident 1's lunch tray and they noticed it was a whole sandwich. Staff E stated they would normally call the kitchen for a new tray when the diet texture was not accurate, but they did not do that this time due to Resident 1 having behaviors. Staff E stated they modified the diet texture themselves by cutting it up and adding milk to soften the bread. Staff E stated they gave Resident 1 their meal tray and turned around for a quick second and Staff I yelled [Resident 1] is choking. Staff I started the Heimlich Maneuver by providing two abdominal thrusts to Resident 1 and they (Staff E) took over until Staff F stated that Resident 1 was okay, and they could stop. Staff E further stated they had not had any training on modification of diets they just remember someone told me to do that and that they should have called the kitchen for a correct meal tray to be sent.</p> <p>&lt;Resident 3&gt;</p> <p>Resident 3 was admitted to the facility on [DATE] with diagnosis including cerebral palsy (weakness or problems with using the muscles). The comprehensive assessment, dated 03/10/2024, showed the resident had severely impaired cognition and required extensive assistance of one staff member for ADLs.</p> <p>Review of the Nutrition Assessment, dated 09/14/2023, showed Resident 3 was to have thin liquids and the consistency of their diet was to be monitored.</p> <p>During an observation on 04/17/2024 at 11:37 AM, showed, Staff H, Nursing Assistant (NA), adding two packages of simply thick (a substance used to thicken hot or cold beverages that instantly thickens fluids to a honey thick consistency) to Resident 3's chocolate milk, poured it into a bowl and handed it to the resident. Resident 3 spooned the chocolate milk into their mouth.</p> <p>During an interview on 04/17/2024 at 11:46 AM, Staff H stated Resident 3 liked chocolate milk and they were told they could give it to them in a bowl like that.</p> <p>During an interview on 04/17/2024 at 2:11 PM, Staff C, Food Service Manager, stated the expectation when a resident's meal tray was sent out with the wrong diet texture, the NAs were required to call the kitchen to get the proper diet texture meal tray sent out. Staff C was unsure if the NAs could change a diet texture or add thickening.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/17/2024 at 2:36 PM, Staff B, Director of Nursing Services, stated it was not normal practice for the NAs to alter diet texture or add thickening, it is out of their scope of practice. Staff B further stated it was not appropriate to serve a diet that was not the correct texture related to behaviors and they expected the NAs to call the kitchen and get a new tray sent out before the tray was served to the resident and the correct process was not followed.</p> <p>Reference: WAC 388-97-1220(1)</p> <p>44922</p>		