

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  11/03/2025
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</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 Pre-admission Screening and Resident Review (PASRR, a screening required to be completed prior to admission to a nursing home that looked for indicators that one may have a mental disorder or intellectual disability) were completed for 1 of 3 sampled residents (Resident 4), reviewed for PASRR's. This failure placed residents at risk for receiving inadequate mental health interventions, an increase in avoidable behaviors, and a diminished quality of life. Findings included .Record review of facility's policy titled, Admissions 1.08, dated 08/2025, showed that a PASRR Level 1 form would be completed prior to a resident's admission to the facility. Record review of facility's policy titled, Residential Habilitation Center Admissions, 17.01.02, dated 08/2024, showed that before a resident's admission for nursing facility services, the facility must ensure the Level 1 PASRR was complete and accurate. Resident 4 Record review of Resident 4's medical record showed they were admitted to the facility on [DATE]. Review of Resident 4's 09/19/2025 comprehensive assessment showed the resident had diagnoses to include moderate intellectual disability (a condition that involves limitations on intelligence, learning and everyday abilities necessary to live independently), autistic disorder (a condition related to brain development that impacts how a person perceives and socializes with others) and epilepsy (a brain condition that causes repeated episodes of sudden, brief changes in the brain's electrical activity). The assessment showed that Resident 4 had moderate cognitive impairment and would reject care from staff. Review of Resident 4's medical record showed no PASARR documents were received by the facility prior to Resident 4's 09/19/2025 admission. During an interview on 10/31/2025 at 10:40 AM, Staff C, Admissions Coordinator, stated they had a process to ensure each resident's documents included PASRR prior to admission; however, they could not find any PASRR documents for Resident 4's 09/19/2025 admission and I thought we had one, but did not and I missed it. On 10/31/2025 at 2:45 PM, Staff A, Administrator, was informed and acknowledged their failure to ensure the PASRR process for Resident 4. Reference: WAC 388-97-1915 (1) (4)</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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