

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/12/2012
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505410 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/11/2012 |
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| NAME OF PROVIDER OR SUPPLIER SELAH CONVALESCENT | STREET ADDRESS, CITY, STATE, ZIP CODE 203 WEST NACHES AVENUE SELAH, WA 98942 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| F 000 | <p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Quality Indicator Survey conducted at Selah Care and Rehabilitation on 12/05, 12/06/, 12/10, and 12/11/12. A sample of 35 residents was selected from a census of 51. The sample included 35 current residents, and the records of 16 discharged residents.</p> <p>The survey was conducted by:</p> <p>Pam Holt, R.N. Lucy Fromherz, R.N. Brenda Webster, R.N.</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging & Disability Services Administration Residential Care Services, District 1, Unit D 3611 River Road, Suite #200 Yakima, Washington 98902</p> <p>Telephone: (509) 225-2800 Fax: (509) 574-5597</p> <p><i>C. J. [Signature]</i> 12/12/12 Residential Care Services Date</p> <p>The facility was found to be in compliance with the requirements of 42 CFR part 483, subpart B for longterm care facilities. There were no federal deficiencies.</p> | F 000 | <p style="text-align: right;">Received Yakima RCS DEC 17 2012</p> | |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>C. J. [Signature]</i> | TITLE <i>Admin</i> | (X6) DATE <i>12/14/12</i> |
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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.