

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

PRINTED: 12/19/2014
FORM APPROVED
OMB NO. 0938-0391

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 12/19/2014
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NAME OF PROVIDER OR SUPPLIER SELAH CARE AND REHABILITATION	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 12/15/14, 12/16/14, 12/17/14, 12/18/14 and 12/19/14. A sample of 20 residents was selected from a census of 33. The sample included 14 current residents, and the records of 6 discharged residents.</p> <p>The following were complaints investigated as part of this survey: #3062607</p> <p>The survey was conducted by:</p> <p>Liisa Johnson, RN Hermelinda Thompson, RN Refugia Botello, RN Lisa Herke, RD</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging & Long-Term Support 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>Carol J. [Signature]</i> 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 long-term care facilities. There were no federal deficiencies.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Carol J. [Signature]</i>	TITLE <i>[Signature]</i>	(X6) DATE <i>01/09/15</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.