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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	505498		03/10/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCHMARK ON SOUTH HILL NURSING	2929 SOUTH WATERFORD DRIVE SPOKANE, WA 99203

(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
F 000	INITIAL COMMENTS This is the result of an unannounced Quality Indicator Survey conducted at Touchmark On South Hill on 3/4/14, 3/5/14, 3/6/14, 3/7/14 and 3/10/14. A sample of 36 residents was selected from a census of 39. The sample included 27 current residents. This was a deficiency free survey for the nursing home regulations. The survey was conducted by: Colleen Daniels, R.N., B.S.N. Sue Bergeron, R.N., B.S.N. Mara Ryan, B.S.W. The survey team is from: Department of Social & Health Services Aging and Long-Term Support Administration (ALTSA) Division of Residential Care Services, District 1, Unit B 316 West Boone Avenue, Suite 170 Spokane, Washington 99201-2351 Telephone: (509) 323-7300 Fax: (509) 329-3993 3/11/14 Residential Care Services Date	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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.