

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

PRINTED: 07/23/2013  
FORM APPROVED  
OMB NO. 0938-0391

1359

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  07/12/2013
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NAME OF PROVIDER OR SUPPLIER  AVALON CARE CENTER - OTHELLO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 495 NORTH THIRTEENTH STREET OTHELLO, WA 99344
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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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INITIAL COMMENTS

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This report is the result of an unannounced Quality Indicator Survey conducted at Avalon Care Center - Othello on 7/8/13, 7/9/13, 7/10/13, 7/11/13 and 7/12/13. A sample of 16 residents was selected from a census of 19. The sample included 13 current residents and the records of 3 former and/or discharged residents. This was a deficiency free survey for the nursing home regulations.

The survey was conducted by:

██████████ R.N., B.S.N.  
██████████ R.N., B.S.N.

The survey team is from:

Department of Social & Health Services  
Aging and Long-Term Support Administration (AL TSA)  
Division of Residential Care Services, District 1, Unit B  
316 West Boone Avenue, Suite 170  
Spokane, Washington 99201-2351

Telephone: (509) 323-7303  
Fax: (509) 329-3993

*Rouffene* 7/23/13  
Residential Care Services Date

RECEIVED  
AUG 05 2013  
DSHS ADJA RCS  
SPOKANE WA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Annie Mutha*  
TITLE  
*Administrator*  
(X6) DATE  
7/29/2013

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.

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