

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 505441	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2020
NAME OF PROVIDER OF SUPPLIER NORTH CENTRAL CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP N 1812 WALL STREET SPOKANE, WA 99205	
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)		
F 0602 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect one of four sample residents (#1), reviewed for missing property, from misappropriation (to take something, such as money, dishonestly for your own use). This failure placed the resident at risk for frustration, anger and mistrust of staff. Findings included . Resident #1 was admitted to the facility in May 2019 with [DIAGNOSES REDACTED]. According to the resident assessment dated [DATE], Resident #1 was cognitively intact, and required one to two person physical assistance with activities of daily living. In an interview on 08/06/2020 at 2:30 PM, Resident #1 stated he had known Staff A, Nursing Assistant, from a previous facility he lived in, and thought he could trust him. The resident stated he had given Staff A fifty dollars, and Staff A stated he would return the money, but never did. He stated the facility reimbursed him for the loss, and he had no concerns with the facility response to the incident. In an interview on 08/06/2020 at 3:00 PM, Staff B, Resident Care Manager, stated she received a report Resident #1 had given Staff A fifty dollars. She stated she immediately attempted to recover the money by telephoning Staff A, and asked him to return the funds. She stated Staff A did not return the money, and when he came to the facility to retrieve his final paycheck (Staff A was terminated for an unrelated incident), he acknowledged the incident would affect his license, and left without returning the fifty dollars. Staff B stated the facility reimbursed Resident #1 the funds that were misappropriated. In an interview on 08/06/2020 at 3:00 PM, Staff C, Nursing Assistant, stated if a resident reported they had missing money or had given money to staff, she would immediately report it to administration, and call the State Survey Agency reporting hotline. Review of the 06/12/2020 facility investigation report showed misappropriation by Staff A of Resident #1's money was substantiated. Reference: (WAC) 388-97-0640 (2)(a)(3)(c)(d)		
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.