

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505016	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/07/2025
NAME OF PROVIDER OR SUPPLIER  Grays Harbor Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  920 Anderson Drive Aberdeen, WA 98520	

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)
<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure timely completion of physician-ordered Urinalysis (UA) labs for 1 of 4 sampled residents (Resident 1) reviewed for quality of care. This failure placed residents at risk for delayed care, unmet care needs, and a diminished quality of life. Findings included. Resident 1 admitted to the facility on [DATE] and re-admitted to the facility on [DATE]. The Medicare 5-day Minimum Data Set, an assessment tool, dated 07/14/2025, documented the resident was mildly cognitively impaired. Record review of Resident 1's physician's order, dated 07/18/2025, documented, UA with C&amp;S [culture and sensitivity] if indicated. No directions specified for order. Record review of Resident 1's skilled nursing note, dated 07/18/2025, documented, Pt [patient] shorter with staff than normal and resting more than normal awaiting for UA sample from pt for lab. Record review of Resident 1's nursing note, dated 07/21/2025, documented, UA drawn and took to lab. Awaiting results. In an interview on 08/07/2025 at 10:24 AM, Staff C, Residential Care Manager/Registered Nurse, said UA's should be collected on the same shift they were ordered on, usually within the first couple of hours. Staff C said she would obtain an order for a straight catheter or send the resident to the hospital if it took too long to obtain the UA. Staff C said a three day collection time for a UA would not be considered timely. Staff C said if the doctor ordered a UA it should have been obtained that day, if not the next day. In an interview on 08/07/2025 at 10:46 AM, Staff D, Residential Care Manager/Licensed Practical Nurse, said staff should try to obtain a UA lab every shift. Staff D said once the order was entered into the resident's electronic medical record, the order would alert the nurse to complete the order. Staff D said he could not answer whether or not the three day collection time for the UA would be considered timely. Staff D said he would have to refer to the Director of Nursing on if there was a policy related to timely completion of UA labs. In an interview on 08/07/2025 at 12:13 PM, Staff B, Director of Nursing/Registered Nurse, said UA labs should be collected within 24 hours. Staff B said she investigated the issue and found a nurse had entered the order from the provider; however, the order was not scheduled, and without the scheduling details, the order would not flag the nurse to complete the lab. Staff B said Resident 1's UA would not be considered a timely completion of the lab. Reference WAC 388-97 -1620 (2)(b)(i).</p>

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.

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