

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  03/24/2026
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to implement care-planned interventions for 1 of 5 sampled residents (Resident 1) reviewed for care planning. This failure placed residents at risk of fall injuries, unmet care needs, and a diminished quality of life. Findings included. Record review of facility policy, titled, Quality of Life, dated November 2017, documented, The facility will develop a care plan and implement interventions to maintain, improve or prevent an avoidable decline in ADLs [activities of daily living] based on the resident's assessed needs, goals and preferences. Resident 1 admitted to the facility on [DATE]. The 5-day admission Minimum Data Set, an assessment tool, dated 02/28/2026, documented Resident 1 required assistance with ADLs and was moderately cognitively impaired. Record review of Resident 1's ADL care plan, initiated 02/27/2026, documented the intervention, Bathing/Showering: The resident is partial/moderate assistance of (1) staff to provide bath/shower and as necessary. The care plan did not document a preference for the resident to be showered by family members. Record review of Resident 1's progress note, dated 02/24/2026, documented, Wife will do laundry and reports that she will be here in the evenings to shower him on his shower days. In an interview on 03/17/2026 at 4:38 PM, Resident 1 said while he was in the facility, the facility staff did not shower the resident. Resident 1 said his wife assisted him while he was admitted to the facility. In an interview on 03/24/2026 at 12:31 PM, Staff D, Licensed Practical Nurse, said the wife of Resident 1 insisted on showering the resident and did not want facility staff involved. In an interview on 03/24/2026 at 12:38 PM, Staff E, Residential Care Manager/Registered Nurse, said Resident 1's wife was insistent on showering the resident. Staff E said she could not say that an orientation to the shower room for Resident 1's wife had been completed because it was not documented anywhere. Staff E said there was a fall risk with resident's family showering the resident in the facility. In an interview on 03/24/2026 at 2:05 PM, Staff A, Administrator, said she heard about the wife of Resident 1 showering the resident after the fact, and the showers provided by the wife of the resident was not something the facility sanctioned. Staff A said there was an assessment to verify safety with showering, but that was not completed for Resident 1. Reference WAC 388-97-1020(1)(2)(a)(b).</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to provide Occupational Therapy (OT) services for 1 of 5 sampled residents (Resident 1) reviewed for therapy services. This failure placed residents at risk of delayed healing, a decrease in Activity of Daily Living (ADL) participation, and a diminished quality of life. Findings included. Resident 1 admitted to the facility on [DATE]. The 5-day admission Minimum Data Set, an assessment tool, dated 02/28/2026, documented the resident required assistance with ADLs and was moderately cognitively impaired. Record review of Resident 1's fall risk care plan, initiated 02/24/2026, documented the intervention, Refer to OT PRN [as needed] per orders. Record review of Resident 1's physician orders, dated 02/24/2026, documented, Occupational therapy evaluation and treatment as indicated. In an interview on 03/17/2026 at 4:38 PM, Resident 1 said that he did not recall working with therapy staff while admitted to the facility. In an interview on 03/24/2026 at 11:40 AM, Staff C, Director of Rehabilitation Services, said Resident 1 was ordered occupational therapy two times per week. Staff C said the resident was seen for an evaluation for OT services on 02/25/2026. Staff C said after the evaluation, no other OT services were given. Staff C said the facility did not currently have a full-time occupational therapist, and the facility had been utilizing a part-time weekend therapist and PRN COTA (as needed certified occupational therapy assistants). In an interview on 03/24/2026 at 1:25 PM, Staff B, Director of Nursing Services/Registered Nurse, said the facility had reached out to the therapy area manager to assist with OT staffing. Staff B said for two times a week OT the facility had enough staff, barring illness or unforeseen circumstances. Staff B said the facility had been advertising for several therapy positions. Reference WAC 388-97-1280(1)(a)(b)(4).</p>		