

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  03/19/2025
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46751</p> <p>Based on interview and record review, the facility failed to provide and/or have procedures in place to assist with completing advance directives (AD) and obtaining and maintaining Durable Power of Attorney (DPOA) documentation for 5 of 12 sampled residents (18, 161, 54, 19 &amp; 55) reviewed for ADs. This failure place residents at risk for not having their healthcare preferences honored and a diminished quality of life.</p> <p>Findings included .</p> <p>The facility's policy entitled, Resident Rights Advanced Directives, dated 11/2017, documented, 3. Upon admission, if the resident has not formulated an advance directive, the facility will determine if the resident wishes to formulate an advance directive. As indicated, the facility will inform the resident of his or her right to establish advance directives and provide assistance to the resident in the development of advance directives in accordance with state law. The resident can accept or decline the help. Documentation in the medical record will reflect the discussion of advance directives occurred, and that assistance has been offered to the resident, and the resident's acceptance or declination of assistance.</p> <p>1) Resident 18 was admitted to the facility on [DATE]. The Admission 5-Day Minimum Data Set (MDS) assessment, dated 03/03/2025, showed Resident 18 was moderately cognitively impaired.</p> <p>The Interdisciplinary Team Conference (IDT), dated 02/28/2025, documented, Yes, indicating Resident 18 had AD in place.</p> <p>Resident 18's Electronic Health Record (EHR) showed no additional AD documentation was uploaded, reviewed, or re-addressed since admission.</p> <p>2) Resident 161 was admitted to the facility on [DATE]. The Admission 5-Day MDS, dated [DATE], showed Resident 161 was alert and oriented.</p> <p>The IDT Conference, dated 03/12/2025, documented, Yes, indicating Resident 161 had State Specific Advance Health Care Directive in place.</p> <p>Resident 161's EHR showed no additional AD documentation was uploaded or addressed since admission.</p> <p>(continued on next page)</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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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/19/2025 at 10:31 AM, Staff F, Social Services Director, said ADs were addressed in the initial admission care conference. Staff F said several residents' ADs had been completed. When asked about Resident 161's AD, Staff F stated, We don't have it. Just the POLST [Physician Orders for Life-Sustaining Treatment].</p> <p>At 1:37 PM, Staff B, Director of Nursing Services and Registered Nurse (RN), said ADs should be reviewed, addressed and documented in the EHR per facility policy. Staff B was unable to provide additional AD documentation for Resident 161, and stated, We are aware several are missing. POLSTs were completed and uploaded instead.</p> <p>47518</p> <p>3) Resident 54 was admitted to the facility on [DATE]. The Medicare-5 day MDS assessment, dated 03/07/2025, documented Resident 54 was moderately cognitively impaired.</p> <p>The IDT Care Plan Conference, dated 02/11/2025, did not document yes or no, if Resident 54 had an AD in place.</p> <p>Review of Resident 54's care plan, dated 03/02/2025, documented a Focus area, I do not have a Living Will or other Advance Directive on file . I will receive information related to my right to have an Advance Directive.</p> <p>The IDT Care Plan Conference, dated 03/07/2025, documented, Yes, indicating Resident 54 had an AD in place.</p> <p>Resident 54's EHR did not show documentation that information or assistance was provided related to the development of an AD. The EHR did not show a record of an AD or documentation requesting a copy of AD.</p> <p>On 03/18/2025 at 8:47 AM, Staff B said Social Services (SS) completed the AD with residents. Staff B said SS thought the POLST was good enough for the AD. Staff B said SS was not doing an AD for residents, only a POLST. Staff B said they did not have an AD for Resident 54.</p> <p>50416</p> <p>4) Resident 19 was admitted to the facility on [DATE]. The Admission 5-Day MDS assessment, dated 02/09/2025, documented Resident 19 was moderately cognitively impaired.</p> <p>Review of Resident 19's care plan, dated 02/28/2025, documented an interventions, Facility will place my Advance Directive in my medical record.</p> <p>Resident 19's EHR did not show a copy of an AD.</p> <p>The IDT Care Plan Conference, dated 03/04/2025, documented, Yes, indicating Resident 19 had an AD that was reviewed, verified and a copy was in the medical record.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/19/25 at 1:12 PM, Staff A, Administrator, said it was her understanding the POLST form was an AD and communicated this information to social services who used the POLST form as an AD. Staff A said consequently, the facility did not accurately assess if Resident 19 had an advanced directive.</p> <p>51254</p> <p>5) Resident 55 was admitted to the facility on [DATE]. The 5-day MDS assessment, dated 02/11/2025, indicated Resident 55 was alert and oriented.</p> <p>At 10:25 AM, Staff F said she was given misinformation and was using the POLST form as an AD. Staff F said the facility was now making corrections to this process to obtain/offer an AD on admission. Staff F was unable to provide documentation showing Resident 55 was offered assistance with an AD.</p> <p>Reference WAC 388-97-0280 (3)(c)(i)</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50416</p> <p>Based on interview and record review, the facility failed to ensure residents were informed in writing of their potential liability for payment related to Medicare services ending for 1 of 3 sampled residents (34) reviewed for Skilled Nursing Facility Advance Beneficiary Notice (SNF ABN). This failure placed the residents at risk of not having adequate information to make care and financial decisions during their continued stay.</p> <p>Findings included .</p> <p>Resident 34 was admitted to the facility on [DATE] with diagnoses including abnormalities of gait and mobility. The Quarterly Minimum Data Set assessment, dated 02/26/2025, documented Resident 34 was moderately cognitively impaired.</p> <p>Review of Resident 34's records revealed a Notice of Medicare Non-Coverage (NOMNC), was issued and signed on 01/31/2025, which informed the resident and the representative that skilled nursing services would end on 02/02/2025. The notice informed the resident Medicare would probably no longer cover skilled services, and the resident may have to pay for any services received after 02/02/2025. Further review of the record revealed the SNF/ABN was not issued to the resident or representative as required. This form would have explained the amount the resident would be liable to pay, if they remained in the facility for long-term care.</p> <p>On 03/19/2025 at 9:20 AM, Staff F, Social Services Director, said Resident 34 should have received the SNF ABN before the last covered day.</p> <p>Reference WAC 388-97-0300 (1)(e)(5)(6)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47518</b></p> <p>Based on observation, interview, and record review, the facility failed to obtain a consent and physician's order for 1 of 2 sampled residents (54) reviewed for physical restraints. This failure placed residents at risk for injury, unmet needs, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's policy entitled, Quality of Care Bed Rails, dated 02/2018, documented .The resident and/or representative will be informed of the risks and benefits of bed rails and informed consent will be obtained prior to installation of bed rails .</p> <p>Resident 54 was admitted to the facility on [DATE]. The Medicare-5 day Minimum Data Set assessment, dated 03/07/2025, documented Resident 54 was moderately cognitively impaired.</p> <p>Review of Resident 54's ADL (activities of daily living) self-care performance deficit care plan, dated 02/11/2025, documented, Assist Rail for bed mobility . Date Initiated: 03/04/2025.</p> <p>A Skilled Nursing Note, dated 03/05/2025, documented, Devices/Equip [equipment] . bed rails.</p> <p>On 03/16/2025 at 10:41 AM, Resident 54 was observed lying in bed with quarter bed rails on the left and right side of the bed.</p> <p>On 03/17/2025 at 1:10 PM, Resident 54 was observed lying in bed with quarter bed rails on the left and right side of the bed.</p> <p>On 03/18/2025 at 2:46 PM, Resident 54 was observed lying in bed with quarter bed rails on the left and right side of the bed.</p> <p>Review of Resident 54's Electronic Health Record showed no resident and/or representative consent, or physician's order related to bed rails.</p> <p>On 03/19/2025 at 10:20 AM, Staff D, Unit Manager and Licensed Practical Nurse, said for residents using bed rails, they would have a consent, assessment, physician orders, and care plan. Staff D said he saw on 03/18/2025, Resident 54 did not have consent and physician orders for bed rails, and she should have.</p> <p>At 10:41 AM, Staff B, Director of Nursing and Registered Nurse, said it was her expectation consent and physician orders are obtained prior to bed rails installed for residents. Staff B said they did not follow their process for Resident 54.</p> <p>Reference WAC 388-97-0620 (4)(a)(b)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46751</p> <p>Based on interview and record review, the facility failed to accurately complete a Level I Pre-Admission Screening and Resident Review (PASRR) and ensure a referral for a Level II evaluation was completed for 1 of 5 sampled residents (34) reviewed for PASRR. This failure placed residents at risk for inappropriate placement and/or not receiving timely and necessary services to meet mental health care needs.</p> <p>Findings included .</p> <p>Resident 34 was admitted to the facility on [DATE] with diagnoses to include depression, and anxiety.</p> <p>The Quarterly Minimum Data Set Assessment (MDS), dated [DATE], showed Resident 34 was moderately cognitively impaired.</p> <p>The Level I PASRR, dated 05/24/2024, did not reflect Resident 34's diagnoses of depression, and anxiety.</p> <p>The Physician's Progress Note, dated 08/16/2024, documented Resident 134 was prescribed Duloxetine for her depressive symptoms, to include verbalized negative statements, and sadness.</p> <p>A second Level I PASRR, dated 02/24/2025, was completed by Staff F, Social Services Director, and sent off for a Level II referral. This was over eight months since admission.</p> <p>On 03/19/2025, at 9:56 AM, Staff F, Social Services Director, said if there is a 30 day exemption from a doctor, I note it, and few days prior to the 30 days, if resident still here, I sent off for level II. Staff F said this step was missed with resident 34. Staff F stated, This should have been sent off last year. It was not.</p> <p>At 1:41 PM, Staff B, Director of Nursing Services and Registered Nurse said she was aware of the missed PASRR. Staff B said it was her expectation that PASRR were processed per facility policy.</p> <p>Reference: WAC 388-97-1915 (1)(2) (a-c)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46751</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure bowel interventions were initiated for 2 of 7 sampled residents (18 &amp; 42) reviewed for bowel management, and failed to ensure that physicians orders for consultations were arranged for 1 of 3 (55), residents reviewed for physician orders for urology and vascular consults. These failures placed residents at risk for discomfort, health complications and a diminished quality of life.</p> <p>Findings included .</p> <p>&lt;Bowel Managment&gt;</p> <p>Per Facility Bowel Management Policy, entitled Bowel Protocol and Bowel Tracking, undated :</p> <p>2. Residents assessed as having inadequate bowel function manifested by absence of regular bowel movement in excess of three days will be assessed by the nurse. This assessment will include the following:</p> <p>a. Resident/staff interview.</p> <p>3. The following bowel protocol will be implemented as established by physician's orders:</p> <p>a. Administration of stool softeners</p> <p>b. Administration of laxatives/bowel stimulants and</p> <p>c. Administration of enema.</p> <p>1) Resident 18 was admitted to the facility on [DATE]. The Admission Minimum Data Set Assessment (MDS), dated [DATE], documented the resident was moderately cognitively impaired.</p> <p>The Bowel and Bladder Elimination task sheet showed Resident 18 had a Bowel Movement (BM) on 03/04/2025 at 8:29 PM, and did not show another BM until 03/08/2025 at 5:19 AM, over 81 hours since her last documented BM.</p> <p>Review of Resident 14's March 2025 Medication Administration Report (MAR) showed the bowel protocol was not initiated between the dates of 03/04/2025 and 3/08/2025.</p> <p>2) Resident 42 was admitted to the facility on [DATE]. The Quarterly MDS, dated [DATE], documented the resident was alert and oriented.</p> <p>The Bowel and Bladder Elimination task sheet showed Resident 42 had a BM on 02/19/2025 at 8:51 PM, and did not show another BM until 02/25/2025 at 5:38 AM, over 128 hours since her last documented BM.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 58's October 2024 MAR showed the bowel protocol was not initiated between the dates of 02/19/2025 and 10/25/2025.</p> <p>On 03/19/2024 at 10:23 AM, Staff D, Unit Manager and a Licensed Practical Nurse (LPN), said after three days of no BM, facility initiates the bowel protocol, and residents are to be administered either Miralax (a laxative) or Senna (a laxative). Staff D was unable to provide documentation of BM protocol being initiated for both Residents 18 or 42. Staff D said he would expect to find documentation in the HER.</p> <p>At 1:43 PM, Staff B, Director of Nursing Services (DON) and Registered Nurse (RN), said she expects the bowel protocol to be initiated and documented per facility policy. Staff B was unable to provide further documentation of BM intervention being initiated for residents 18 and 42.</p> <p>51254</p> <p>&lt;Urology Consult&gt;</p> <p>Resident 55 was admitted to the facility on [DATE] with an indwelling foley catheter (tube placed in the bladder to drain urine). The 5 day MDS assessment, dated 02/11/2025, indicated Resident 55 was alert and oriented.</p> <p>The facility urinary catheterization policy, dated 04/2021, listed the indications for indwelling urinary catheterization to include:</p> <ol style="list-style-type: none"> <li>Acute urinary retention or bladder outlet obstruction;</li> <li>Accurate measurement of urinary output;</li> <li>Assist in healing of open sacral or perineal wounds in incontinent residents;</li> <li>Need for prolonged immobilization;</li> <li>Improve comfort during end of life care.</li> </ol> <p>The transfer orders from the hospital, dated 02/07/2025, indicated to remove foley catheter.</p> <p>A progress note, dated 02/10/2025, stated Resident was started on a Trial void (Urine) and the Foley was removed today around noon, by 8pm, resident had not voided, 16F (French) 10cc (Cubic Centimeters) balloon was inserted without obstruction, over 300cc return.</p> <p>A progress note, dated 02/11/2025, at 6:48 AM, documented a urology consult was ordered to obtain an appropriate diagnosis for the retention of urine.</p> <p>&lt;Vascular consult&gt;</p> <p>A progress note, dated 02/11/2025 at 3:52 PM, stated Wound team initial evaluation of DTI (deep tissue injury) of right great toe.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A progress note, dated 02/14/2025 at 1:32 PM, stated During weekly skin checks LN (Licensed Nurse) noticed blisters on bilateral heels.</p> <p>An ARNP (Advanced Registered Nurse Practitioner) progress note, dated 02/18/2025 at 5:48 AM, documented, [Resident 55] has a full thickness wound to left lateral lower leg. Bilateral doppler ultrasound ordered.</p> <p>The doppler report, dated 02/23/2025 at 5:12 AM, concluded moderate stenosis (the narrowing of a blood vessel) in the arterial system of the lower extremities- occlusion bilateral ata (anterior tibial artery) and dpa (distal popliteal artery).</p> <p>A progress note, dated 02/24/2025 at 9:59 AM, documented ARNP was made aware of the doppler results and ordered a vascular consult.</p> <p>On 03/19/2025 at 9:07 AM, Staff G, Unit Manager and LPN said the nursing staff would generally send the paperwork to the specialist indicating the need for the referral. Staff G said no one was really assigned to follow up after the referral packet was sent. Staff G said there was no real process for who does this. Staff G said there was no system to track what appointments were made. Staff G was unable to determine if Resident 55 had a urology and vascular appointments scheduled.</p> <p>At 10:22 AM, Staff F said the unit managers set up or got the referral started and social services might fax it over to provider to assist the unit managers. Staff F said she was not sure how the nurses track whether a referral for a specialist was arranged. Staff F said social services was only responsible to set up transportation to the appointments once they are made.</p> <p>At 11:18 AM, Staff B, said at times she would ask social services to help facilitate appointments. Staff B said the staff should document each time they made contact to arrange appointments with an outside provider. Staff B was unable to provide supporting documentation that Resident 55 was set up to be evaluated by a urologist or a vascular surgeon.</p> <p>Reference WAC 388-97-1060 (1),(3)(c)</p>		

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<p>F 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47518</b></p> <p>Based on observation, interview and record review, the facility failed to ensure bed rails were securely fastened to the bed and without gaps between the mattress and bed rail, for 1 of 1 sampled resident (28) reviewed for accident hazards. This failure placed residents at risk for injury and/or entrapment.</p> <p>Findings included .</p> <p>Review of the facility's policy entitled, Quality of Care Bed Rails, dated 02/2018, documented .Bed rails will be compatible with the bed frame and mattress in use by the resident .Bed rails that are in use will be checked routinely to verify condition and installation security.</p> <p>Resident 28 was admitted to the facility on [DATE]. The annual Minimum Data Set assessment, dated 01/08/2025, documented Resident 28 was moderately cognitively impaired.</p> <p>On 03/16/2025 at 2:52 PM, Resident 28's bed was observed with 1/2 length bed rails on the upper right and left side of the bed. The bed rails on the right and left side were observed to be loose. The rail on the right was leaning outward about 3 inches and had about five to six inches of movement back and forth, and about five inches of space between the mattress and the rail. A box of tissues was observed to have fallen in between the rail and mattress. The rail on the left had about 3 inches of movement back and forth.</p> <p>On 03/17/2025, at 8:47 AM, Resident 28's bed rails were observed to be loose.</p> <p>At 1:10 PM, Resident 28 said she used the bed rail on the right to help her get in and out of bed, and to move around in bed. Resident 28 said the rail was pretty loose and it made it harder to use and move around in bed when it was loose. Resident 28 reached over to the right bed rail and wiggled it back and forth and side to side about five to six inches. Resident 28 said it had been loose like that a long time, stating, It slides like this, i don't want it to slide, but i want to get up.</p> <p>At 1:17 PM, Staff H, Licensed Practical Nurse, said maintenance installs bed rails and checks them. Staff H said if there were any problems with bed rails like proper placement or safety, they would request maintenance to fix them through TELS (electronic work order system). Staff H said she did not have any issues with bed rails right now.</p> <p>At 1:41 PM, Staff I, Maintenance Director, said the TELS system prompted them to check bed rails two times per year, every six months. Staff I said if there was a problem with a bed rail such as it did not work or it was loose, the staff would notify them through TELS.</p> <p>At 1:49 PM, Staff I went to Resident 28's room to look at the bed rail. Resident 28 was observed sitting in her wheelchair beside the bed, reached over and moved her bed rail back and forth, stating, What bothers me is this, this thing swings back and forth. Staff I moved the right-side bed rail back and forth, stating, Thats not right, those need to be tightened, oh ya, those need to be tightened.</p> <p>(continued on next page)</p>		

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<p>F 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 1:51 PM, Staff B, Director of Nursing and Registered Nurse, said staff should report it in TELS if a bed rail was loose. Staff B said she expected bed rails were maintained so they were not loose and properly fitted to the bed.</p> <p>Reference WAC 388-97-2100 (1)</p>