

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER Sequim Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 650 West Hemlock St Sequim, WA 98382	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45203</p> <p>Based on interview and record review the facility failed to provide care and services to prevent urinary tract infection (UTI) for 1 of 3 residents (Resident 1) reviewed for quality of care. The facility implemented an external urinary catheter system without assessing for appropriateness, training staff in the use of the device, care planning the system and failed to ensure adequate hydration. These failures placed residents at risk for infection, dehydration, and medical complications.</p> <p>Findings included .</p> <p>Review of the external female catheter system package insert showed the catheter should only remain in place for eight to 12 hours and should not be used if there is bowel incontinence.</p> <p>Resident 1 admitted to the facility on [DATE]. The Admission Minimum Data Set, an assessment tool, dated 02/23/2024, documented the resident was cognitively intact, medically complex, required substantial/maximum staff assistance for toileting, did not have an internal or external catheter, was frequently incontinent of bladder and occasionally incontinent of bowel.</p> <p>The care plan focus for bladder incontinence, initiated on 02/20/2024, documented interventions including to use disposable briefs, encourage fluids during the day to promote prompted voiding, prompted voiding upon waking, after meals, and at bedtime, and to monitor and report signs of UTI. The care plan did not include the use of an external catheter device.</p> <p>Review of Resident 1's physicians orders did not include an order for an external catheter.</p> <p>A Review of Resident 1's bladder activity documentation from 02/19/2024 to 02/25/2024 showed Resident 1 was provided a bed pan on 02/20/2024 at 3:06 AM and was provided toileting per the toileting program on 02/21/2024 at 4:19 PM. An additional fifteen entries documented the resident was provide care under the check and change program. Resident 1 had a total of 17 documented entries of toileting care over the six days they resided in the facility, documenting toileting care/assistance was provided three or less times daily.</p> <p>Review of Resident 1's fluid intake from 02/19/2024 to 02/24/2024 documented the following recorded daily fluid intakes and subsequent notifications:</p> <p>02/19/2024 240 mls (milliliters)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER Sequim Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 650 West Hemlock St Sequim, WA 98382	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>02/20/2024 740 mls</p> <p>On 02/20/2024 at 6:13 PM, resident intake was documented as refused with no nurse notification documented.</p> <p>02/21/2024 900 mls</p> <p>On 02/21/2024 at 7:16 PM, resident was without fluid intake and nurse notification was documented.</p> <p>02/22/2024 360 mls</p> <p>On 02/22/2024 at 1:00 PM, resident was without fluid intake and nurse notification was documented.</p> <p>At 9:58 PM, resident was without fluid intake/refused with no nurse notification documented.</p> <p>02/23/2024 730 mls</p> <p>02/24/2024 720 mls</p> <p>Review of the nutritional evaluation, dated 02/25/2024, document Resident 1's estimated fluid needs were 2220 mls per day.</p> <p>Review of a therapy to nursing communication note, dated 02/22/2024 at 3:44 PM, documented Resident 1 had a, significant decrease in function within the past couple of days, increased confusion, unable to participate in therapeutic interventions.</p> <p>Review of the daily skilled note, dated 02/22/2024 at 11:57 PM by Staff D, documented Resident 1 required brief changes, was incontinent of bowel and bladder and called out in pain/discomfort when turned and repositioned.</p> <p>Review of a daily skilled note, dated 02/23/2024 at 11:02 PM by Staff D, documented Resident 1 had an external catheter in place, continued with bowel and bladder incontinence, was minimally conversant and able to answer yes or no questions.</p> <p>Review of a daily skilled note, dated 02/24/2024 at 11:57 PM by Staff D, documented Resident 1 was undergoing a change of condition.</p> <p>Review of an alert charting note, dated 02/25/2024 at 3:25 AM, and continued at 3:42 AM by Staff D, documented output to [external catheter] was observed as minimal and tea colored, blood pressure was 88/60, resident was not able to drink fluids, provider was notified and an order to place a internal urinary catheter was received and carried out with 200 mls of cloudy yellow urine returned. Resident was subsequently transported to the hospital via 911.</p> <p>Review of the Emergency Department note for Resident 1, dated 02/25/2024, documented the resident was observed with very dry and tacky lips and tongue and an indwelling catheter with cloudy yellow urine. Resident 1 was admitted to the hospital with diagnosis including acute UTI, acute kidney injury and dehydration.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER Sequim Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 650 West Hemlock St Sequim, WA 98382	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/28/2024 at 1:00 PM, CC 1 said they were concerned Resident 1 did not receive proper care at the facility, the resident was previously alert and oriented times three (person, place, and time) but was now only alert to person, had a low blood pressure and fever.</p> <p>On 03/01/2024 at 2:00 PM, CC 2 said they felt Resident 1 was not assisted with feeding. CC 2 said they asked about an external female catheter system, as the resident had been using one at the hospital prior to admission to the facility. CC 2 said she was told she had to purchase it and she brought a new sealed package into the facility; the nurse did not know how to use it but was told they had a nursing assistant who knew how to use it.</p> <p>On 03/01/2024 at 3:02 PM, CC 3 said Resident 1 had declined within a few days of being admitted to the facility. CC 3 said they visited Resident 1 at the facility the morning of 02/24/2024 and Resident 1 had been bowel incontinent. CC 3 said they visited nearly every day and did not observe staff assisting the resident with meals or offering fluids. CC 3 said Resident 1 was able to eat and drink but the resident was so out of it, she didn't.</p> <p>On 03/14/2024 at 12:33 PM Staff F, Nursing Assistant (NA), said they monitor residents' fluid intake via what they drink with meals and in their water pitcher and document under meal intake in tasks in the electronic health record and if a resident was not consuming enough fluids, they would notify the nurse and offer more fluids to the resident. Staff F said residents were offered toileting assistance or checked for incontinence every two hours. Staff F said the facility did not use female external catheters and she was not familiar with them and had not received any training on the use of them. Staff F said she was not aware of Resident 1 using an external catheter system.</p> <p>On 03/14/2024 at 4:08 PM, Staff C, Registered Nurse (RN), said they monitor residents' fluid intake via the meal monitor, NA staff document and would report to her if a resident was not consuming enough fluids. Staff C said signs and symptoms of poor hydration in a resident would include fatigue, not feeling well, tenting skin, and dry/cracked tongue. Staff C said residents should receive incontinence checks every two hours and as needed or requested. When asked about the external catheter system, Staff C said they had recently had two residents with them, and family had to purchase them. When asked how the external catheter system was used, Staff C said she believed they were to be used during the night. Staff C recalled Resident 1 and said it was approved for her to use by Staff B and Staff E (night shift NA) knew how to manage it, the family brought it in, but there was no additional guidance other than the package instructions. Staff C could not recall the specific day she placed the external catheter system but thought it was her last evening working (per review of staff schedule it was 02/23/2024) and when she came back to work the resident had been admitted to the hospital. When asked if she had received training regarding the external catheter, Staff C said no, she had read the package insert and spoke to the night shift nursing assistants. When asked if she was given any additional guidance when the external catheter was approved for use, such as when to place and remove, staff education regarding use and maintenance, or updating the care plan, Staff C said no.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER Sequim Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 650 West Hemlock St Sequim, WA 98382	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 4:36 PM Staff D, RN, said residents were offered toileting assistance or checked for incontinence every two hours. Staff D who usually worked night shift said all residents had access to water pitchers at the bedside as appropriate and they were encouraged to drink fluids. Staff D said signs of poor hydration in a resident included dry mouth and reports of thirst, dark urine, and poor output. Staff D said Resident 1 was not able to drink fluids independently. Staff D said they were familiar with the external catheter and recalled Resident 1 had used one. Staff D said it was in place when she came to work, but felt it was pretty straightforward, you put it in the area, and it absorbs the urine as it comes out. Staff D said she had not received specific education regarding the use of the system. Staff D said on 02/24/2024 she received report from Staff G, RN, Resident Care Manager (RCM), who had not indicated anything was wrong with Resident 1; later Staff D noticed the urine in the canister was dark, she notified the provider and received an order to place an internal urinary catheter and when she removed the external catheter system it had stool on it. Staff D said when she placed the internal catheter, the urine returned was dark yellow and cloudy.</p> <p>On 04/10/2024 at 5:08 PM, Staff E, NA, said the facility had recently had two residents who used the female external catheter system and usually the family requested them. Staff E said she was familiar with how to empty and record urine output from the canister but not placement or removal of the external catheter. Staff E was aware that Resident 1 had a female catheter system in place, but she was not assigned to the resident when she had it. Staff E did not recall anyone asking her how to manage it. Staff E said Resident 1 had been incontinent of bowel and bladder and was able to eat and drink when first admitted but then was not able to do so the last few days she was in the facility. Staff E said she had not received facility training regarding the use of an external catheter.</p> <p>On 04/12/2024 at 10:41 AM, Staff G, RN, RCM, said things that could increase a resident's risk for a UTI included improper incontinence care, not being changed frequently, decreased fluid intake and the use of a catheter. Staff G said the facility did not use external catheter systems. Staff G said she was aware Resident 1's family had requested one, but she was not aware an external catheter was in place when she provided care for Resident 1 on 02/24/2024.</p> <p>At 10:52 AM, Staff B, RN, Infection Preventionist, Staff Development Coordinator, in an interview with Staff A, Administrator present, said residents were at increased risk of UTI due to poor peri care, lack of hygiene or showers, use of a catheter system, bowel and bladder incontinence, and decrease fluid intake. Staff B said the facility did not use external catheter systems, but if the family requests them, and they manage them, we are not going to say no. Staff B said that facility staff had not been educated on the use of external catheters because the family was expected to provide them and manage them. Staff B said residents were assessed for cognitive appropriateness for the use of an external catheter. Staff B said it would not be appropriate to use a female external catheter for a bowel incontinent resident. Staff B said she believed they needed a physician's order to use an external catheter.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER Sequim Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 650 West Hemlock St Sequim, WA 98382	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>When asked specifically about Resident 1, Staff B said the family was told they would have to provide it and manage it. She was told they used the system at home. When asked if it was reasonable to expect families to manage the resident's incontinence, Staff B replied No. Staff B said residents fluid intake was monitored by the NA and they would notify the nurse if the resident was not drinking enough. When asked how hydration needs were determined, Staff B said it was different for each resident. When the recorded fluid intakes for Resident 1 were reviewed with Staff B, Staff B said Resident 1 was not eating and drinking as much as she would have preferred but felt the record was not accurate, as the family also gave her fluids. When asked if she felt staff were monitoring her fluid intake, Staff B said, Yes.</p> <p>Reference WAC 388-97-1060 (3)(c)</p>		