

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  06/06/2024
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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45203</p> <p>Based on interview and record review, the facility failed to initiate a resident grievance for 1 of 1 sampled resident (Resident 1) reviewed for grievances. This failure placed residents at risk of not receiving a grievance resolution, a denial of personal rights and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility policy entitled, Grievances, revised 02/2024, documented staff were to receive the grievance form or help the resident fill one out, and immediately turn the form into the executive director or director of nursing, The grievance was to be discussed at the morning stand up meeting and logged into the electronic system for tracking. The grievance should be addressed within five days and the resident should be followed up with to ascertain satisfaction. The facility should provide a written resolution to the resident/representative if requested.</p> <p>Resident 1 was readmitted to the facility on [DATE]. The Minimum Data Set, an assessment tool, dated 04/04/2024, documented the resident was cognitively intact, and required partial to moderate assistance for transfers. The care plan initiated documented Resident 1 required a 1-person pivot transfer, with gait belt and walker, or a sit to stand (mechanical lift) transfer.</p> <p>On 05/16/2024 at 2:18 PM, Resident 1 said she was overall happy with care except she got stuck in the sit to stand lift twice. The first occurrence was 02/02/2024 and then again on 04/10/2024. Resident 1 said she reported the first occurrence during a care conference following the 02/02/2024 instance and Staff D, Social Service Director, said they would file a grievance for her. Resident 1 said no other staff members interviewed or spoke to her about the first instance. Then the resident went on to discharge home and readmitted to the facility. Resident 1 said she had the second occurrence and inquired about the grievance record from the first one. Resident 1 said she was told by Staff D that it was thrown out because she had not been injured.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/17/2024 at 5:12 PM, Collateral Contact (CC) said they observed Resident 1 get stuck in the mechanical lift on 02/20/2024 at 9:45 AM. CC said the lift lost power and the emergency release did not work due to a piece missing. Staff had to try several batteries, with none of them working, and ultimately, they assisted staff with getting Resident 1 back in her chair. CC said this was reported at a care conference later in the month and they were told by Staff D that she would fill out a grievance form to address the concern. CC said at the discharge care conference CC asked about the grievance and was told they did not file a formal grievance as it was determined the issue was staff not keeping the batteries charged.</p> <p>Review of the facility's Grievance Log, dated 02/01/2024 to 05/01/2024, did not show any listed grievances for Resident 1.</p> <p>Review of the facility's Incident log, dated 04/01/2024 through 05/01/2024, showed an equipment related incident for Resident 1 logged on 04/15/2024. Review of the facility investigation showed the resident reported being stuck in the lift due to the battery not working and the emergency release being broken. Staff training was held regarding proper battery charging and emergency release procedures.</p> <p>On 06/06/2024 at 1:25 PM, Staff D said if a resident reported a concern during a care conference, they would generate a grievance form and then it was usually discussed at the morning meeting to make sure it was not an allegation. Staff D said the grievance forms usually go to Staff A, Administrator; B, Assistant Administrator; or C, Director of Nursing Services. Staff D said Resident 1 did report a concern regarding being stuck in the lift during a care conference held on 02/20/2024. Staff D said she filled out a grievance form and believed she gave it to Staff B. Staff D said she recalled it being discussed the following morning meeting and it was determined they would need check if they needed new batteries. Staff D said she recalled the family later requested a copy of the grievance form, but they were not able to locate it.</p> <p>At 1:56 PM, in a joint interview with Staff A and Staff B, Staff A said grievances were filled out by residents, or staff could assist them. The grievances were then reviewed during the morning meeting, and then given to the department head responsible for the reported concern, and then logged into the system for tracking. Staff B said they reviewed the forms and followed up with the resident to make sure it was resolved. Staff A said regarding the situation Resident 1 reported on 2/20/2024, of being stuck in the lift for a while and staff had to get another battery to get her down; they looked at the equipment, and ordered new batteries and the pull pin (emergency release). Staff A said he did not follow up with the resident. Staff A believed Staff C did. When asked if the issue was addressed in February, why did it reoccur in April, Staff A said they did not purchase new batteries and clips for all of the lifts. When asked if they would expect it to be on the grievance log, Staff A said if there was a form filled out. When asked if they would expect a grievance form to be filled out, Staff B said yes.</p> <p>At 2:20 PM, Staff C said she was not aware of the February grievance regarding the mechanical lift reported by Resident 1.</p> <p>Reference WAC 388-97-0460</p>		