

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 08/28/2024
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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</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 routine cleaning services to support a clean and homelike environment for 2 of 5 sampled residents (Resident 1 and 2) reviewed for clean, homelike environment. This failure placed residents at risk for a less than homelike environment, diminished quality of life and potential infection control issues.</p> <p>Findings included .</p> <p>Review of the undated facility policy titled, Healthcare Cleaning Policy, showed the purpose was to maintain cleanliness in the healthcare setting and included that floors, furniture, and bathrooms should be free from visible streaks or stains and that high touch surfaces would be cleaned and disinfected with hospital grade disinfectant.</p> <p>Resident 1 was admitted to the facility on [DATE]. The Admission Minimum Data Set, an assessment tool, dated 06/27/2024, documented Resident 1 was cognitively intact and required substantial to maximal assistance from staff for completion of activities of daily living (ADLs)</p> <p>On 08/28/2024 at 12:18 PM, when Resident 1 was asked if housekeeping had cleaned their room regularly during the previous 10 days, replied, No, not once. When asked if nursing staff provided cleaning services, they replied, well somewhat, but mostly my family cleaned my room.</p> <p>Resident 2 was admitted to the facility on [DATE]. The Admission MDS, dated [DATE], documented the resident was cognitively intact and required partial to moderate assistance from staff for completion of ADLs.</p> <p>Review of Facility Housekeeping Daily Assignment sheets for 08/18/2024 to 08/27/2024 (10 days) for the southwest hall, comprising of rooms 117 through 129 showed no housekeeping assignment/performed for cleaning Resident 1 and Resident 2's rooms. One additional room (123) on the same hall showed no housekeeping was performed during the 10 days reviewed.</p> <p>At 2:00 PM, Staff E, Housekeeping Staff, said they clean resident rooms daily by way of a list of assigned rooms, not necessarily that every room was cleaned daily.</p> <p>At 2:05 PM, Staff F, Housekeeping Staff, said resident rooms were cleaned according to the list he received and he cleaned the rooms on the list.</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 08/28/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 2:11 PM, Staff D, Housekeeping Supervisor, when asked how frequently resident rooms were to be cleaned, they replied, I try to get to them once a week, if I can. When asked what would prevent the housekeeping staff from regularly cleaning resident rooms, Staff D said staffing and scheduling challenges were impacting the ability to complete all of the housekeeping tasks, that also included laundry and floor care.</p> <p>At 2:20 PM, Staff B, Assistant Director of Nursing, Infection Preventionist, said she would expect resident rooms to be cleaned once weekly.</p> <p>At 2:28 PM, Staff B, Director of Nursing, said she would expect resident rooms to be deep cleaned once weekly.</p> <p>At 2:44 PM, Resident 1's family member (FM) said they usually visited every other day, and they didn't think housekeeping ever mopped the floor or wiped anything down, it was gross, there would be white stuff smeared on the bedside table and nightstand and the bathroom was dirty. FM said they wiped everything down when they visited but had to use baby wipes as there was no disinfecting wipes.</p> <p>At 2:53 PM, Staff A, Administrator, said resident rooms were to be cleaned weekly and he would not expect resident family members to clean resident rooms.</p> <p>Reference WAC 388-97-0880</p>		