STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505255	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Othello Nursing & Rehab	495 North Thirteenth Street Othello, WA 99344

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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. 38527 Based on interview and record review, the facility failed to ensure laboratory services were obtained as ordered and followed-up timely, for 1 of 3 sampled residents (Resident 2), reviewed for laboratory (lab) services. This failure placed the resident at risk for delayed treatment, and a decline in condition. Findings included . Review of the October 2024 progress notes for Resident 2 showed on 10/07/2024 the resident complained of urinary symptoms including a burning sensation during urination and urinary frequency. The notes showed the medical provider was notified and an order for a urinalysis (UA; laboratory test of urine to detect a wide range of disorders including urinary tract infections) was obtained. Review of Resident 2's UA lab report dated 10/08/2024 showed multiple abnormal results were identified. The lab report was not signed by a provider and/or nursing staff to show it had been reviewed. Review of the October 2024 provider notes showed the resident was seen by a Nurse Practitioner on 10/09/2024. The note did not include information regarding the UA results obtained the previous day. On 10/10/2024 at 10:11 AM a representative for Resident 2 reported the resident had concerns about a UTI and had not heard the results yet. Additional review of the provider notes showed on 10/17/2024 the resident was seen by a Physician Assistant who documented the UA results from the previous week were concerning for a urinary tract infection (UTI). Another UA was ordered with directions to perform additional testing if the new UA had abnormal results. Review of Resident 2's October 2024 Medication Administration Record (MAR) showed an order to obtain a UA on 10/17/2024 or 10/18/2024. The MAR was blank/not signed on either day. In a telephone interview on 10/29/2024 at 1:23 PM Resident 2 stated they had been discharged home from the facility with several medical issues that were unaddressed. The resident stated they were unable to recall if facility staff followed-up with them regarding their UTI. (continued on next page)

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)
F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 10/29/2024 at 2:36 PM Staff C, Registered Nurse, stated the medical providers were responsive to staff concerns but the provider who answered the phone and/or visited the residents were not always the same, so it was hard to ensure continuity of care. Staff C stated they had not been at the facility during the past few weeks and were unable to provide any additional information about follow-up with the provider(s) for Resident 2's UA results and/or whether the re-ordered UA had been obtained. In an interview at 3:35 PM the same day with Staff B, Director of Nursing, and Staff A, Infection Preventionist, Staff B stated lab results were received by nursing staff who were then responsible to ensure the provider received the results. Staff A stated the UA on 10/08/2024 was received by the facility the same day and staff should have notified the provider of the abnormal results by phone right away. Staff A stated they did not know if a second UA was obtained when the provider ordered it on 10/17/2024 and/or if the resident received follow-up information on their health status. Reference: (WAC) 388-97-1620(2)(b)(i)