

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER Avamere Olympic Rehabilitation of Sequim		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 5th Avenue South 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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</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 consistent with professional standards for 2 of 9 Residents (Residents 1 and 2) reviewed for Quality of Care when the facility staff failed to monitor the residents for psychosocial harm following allegations against staff members. This failure placed all residents at risk for psychosocial harm, unmet care needs and decreased quality of life.</p> <p>Findings included .</p> <p><Resident 1></p> <p>Resident 1 was admitted to the facility on [DATE]. The Admission Minimum Data Set (MDS/an assessment tool), dated 12/13/2024, documented Resident 1 had mild cognitive impairment and was medically complex.</p> <p>The facility investigation, dated 01/19/2025, showed Resident 1 alleged a staff member did not like her and purposely left her in bed.</p> <p>The facility investigation, dated 01/20/2025, showed that during the investigation of the 01/19/2025 allegation, Resident 1 made an additional allegation that another staff member refused to toilet them during the previous night.</p> <p>Review of Resident 1's progress notes for 01/19/2025 through 01/24/2025 showed notes by Staff B, Registered Nurse (RN) and Director of Nursing (DNS), on 1/20/2025 and 1/24/2025 but no notes by nursing staff on 01/21/2025, 01/22/2025, or 01/23/2025 that showed monitoring of the resident for psychosocial harm.</p> <p>On 01/30/2025 at 1:09 PM, Resident 1 said there had been two occasions in which staff had mistreated or been rude to them. Resident 1 said the facility had taken care of it and they did not wish to elaborate.</p> <p><Resident 2></p> <p>Resident 2 was admitted to the facility on [DATE]. The Quarterly MDS, dated [DATE], showed Resident 2 was cognitively intact and medically complex.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility investigation, dated 01/17/2025, showed Resident 2 alleged staff were not treating them with dignity and respect when they were made care in pairs, requiring two staff members to be present at all times, and that staff talked over them. Resident 2 also reported they felt retaliated against by delayed call light times and had been upset for two days regarding how they were treated.</p> <p>Review of Resident 2's progress notes for 01/17/2025 through 01/23/2024 showed no nursing notes documenting that Resident 2 was monitored for psychosocial harm following their allegation.</p> <p>On 01/30/2025 at 1:20 PM, Resident 2 said there was an occasion when staff had mistreated or been rude to her, but the situation was solved. Resident 2 reported they were expressing a concern to staff and staff kept talking over them and staff decided to make them care in pairs, and that felt like retaliation and caused delayed call light response times. Resident 2 said they felt they were being punished.</p> <p>On 02/19/2024 at 1:40 PM, Staff E, RN, said if a resident made an allegation of abuse or neglect, they would be placed on alert and monitored for three days.</p> <p>At 1:57 PM, Staff F, RN, said residents were placed on alert for psychosocial harm for three days following an allegation and there should have been a progress note for every shift.</p> <p>On 02/21/2025 at 1:09 PM, Staff D, RN, Resident Care Manager, said after making an allegation, residents were monitored by placing them on alert and nursing staff would document every shift, every day. Staff D said she reviewed to ensure this happened during the daily clinical meeting and by reviewing the 24-hour summary.</p> <p>At 2:34 PM, Staff C, Social Services Director, said following an allegation, nursing staff placed the resident on alert for psychosocial harm and nursing staff would document in a progress note every shift.</p> <p>At 3:03 PM, Staff B, RN, DNS said following allegations residents were placed on alert for psychosocial harm and nursing staff should document in the progress notes. Staff B said she would expect staff to have documented monitoring for psychosocial harm for Residents 1 and 2 at least daily.</p> <p>Reference WAC 388-97-1620 (2)(b)(i)(ii)(6)(b)(i)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45203</p> <p>Based on interviews and record review, the facility failed to ensure activities of daily living (ADLs) pertaining to bathing/showers were provided for dependent residents for 5 of 9 residents (4, 5, 6, 7, and 8) reviewed for ADL care. This failure placed residents at risk of not receiving the care and services needed for which they were unable to perform themselves and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility policy titled, Supporting Activities of Daily Living, revised March 2018, showed residents who were unable to carry out ADLs independently would receive services necessary to maintain good hygiene, this included bathing, grooming and oral care.</p> <p>Review of the facility grievance log for 01/01/2025 to 01/28/2025 showed three residents reported not receiving showers. Two were included in the sample below (Resident 4 and 5).</p> <p><Resident 4></p> <p>Resident 4 was admitted to the facility on [DATE]. The Admission Minimum Data Set (MDS/an assessment tool), dated 12/25/2024 showed that the resident was cognitively intact.</p> <p>Review of Resident 4's careplan, initiated 12/19/2024, showed Resident 4 was dependent on staff for bathing.</p> <p>Review of the grievance communication form, dated 01/04/2024, showed Resident 4 reported she had received one shower since admission, a period of 15 days.</p> <p>Review of Resident 4's Bathing TASK record from 01/04/2025 to 01/31/2025 showed Resident 4 received three bed baths during the time frame.</p> <p><Resident 5></p> <p>Resident 5 was admitted to the facility on [DATE]. The admission MDS, dated [DATE], showed that the resident was cognitively intact.</p> <p>Review of Resident 5's careplan, initiated 01/08/2025, showed Resident 5 was dependent on staff assistance for bathing.</p> <p>Review of the grievance communication form, dated 01/22/2025, showed a family member reported Resident 5 only had one shower since admission and smelled and looked grungy.</p> <p>On 02/04/2025 at 5:17 PM, Resident 5's family member said she had to speak to staff at the facility because Resident 5 had not had a shower in nine days. Resident 5's family member said the staff member asked if she wanted to fill out a grievance and she told them, No, I want her to have a shower!</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 5's Bathing TASK record for 01/08/2025 to 02/04/2025 showed Resident 5 had received one shower between 01/08/2025 and 01/22/2025 and did not receive a shower or bed bath between 01/13/2025 and 01/23/2025, a period of nine days.</p> <p><Resident 6></p> <p>Resident 6 was admitted to the facility on [DATE]. The Quarterly MDS, dated [DATE], showed Resident 6 was cognitively intact.</p> <p>Review of Resident 6's careplan, initiated on 04/09/2024, showed Resident 6 was dependent on staff assistance for bathing.</p> <p>Review of Resident 6's Bathing TASK record for 01/18/2025 to 02/09/2025 showed the resident received three bed baths during the timeframe, one was provided by hospice services.</p> <p><Resident 7></p> <p>Resident 7 was admitted to the facility on [DATE]. The quarterly MDS, dated [DATE] showed Resident 7 was cognitively intact.</p> <p>Review of the careplan, initiated on 01/22/2025, showed Resident 7 was dependent on staff for bathing.</p> <p>On 02/21/2025 at 1:30 PM, Resident 7 said she didn't get showers as regularly as they would like, they only get about one a week and when they do get one, staff are in a rush.</p> <p>Review of Resident 7's Bathing TASK record for 01/22/2025 to 02/19/2025 showed the resident received four showers during the time frame.</p> <p><Resident 8></p> <p>Resident 8 was admitted to the facility on [DATE]. The Quarterly MDS, dated [DATE], showed Resident 8 was cognitively intact, medically complex, and required staff assistance for bathing.</p> <p>Review of Resident 8's Bathing TASK record for 01/21/2025 to 02/20/2025 showed the resident received two showers during that time frame.</p> <p>On 02/05/2025 at 2:42 PM, Staff G, Nursing Assistant (NA), said it was difficult to get all of the assigned showers done on their shift. Staff G said some shifts there were three showers to be done, making it difficult.</p> <p>On 02/18/2025 at 4:20 PM, a staff member, who wished to remain anonymous, said that due to the complexity of care of the residents, it was challenging to get all of the assigned tasks done within their shift and this included showers.</p> <p>02/19/2025 at 1:57 PM, Staff F, Registered Nurse (RN), said NAs usually have two resident showers per shift. Staff F said she was aware there had been concerns with residents not getting showers.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 02/21/2025 at 1:09 PM, Staff D, RN, Resident Care Manager, said she was aware of reports of residents not getting showers. Staff D attributed it to time management. Staff D said she reviewed the shower schedule and it was equally distributed.</p> <p>At 2:34 PM, Staff C, Social Services Director, said she was aware there had been several grievances for showers. Staff C said the concerns were passed on to Staff A, Administrator Staff A and Staff D and [the other RCMs] to address.</p> <p>At 3:02 PM, Staff B, RN, Director of Nursing Services, said residents should receive showers twice weekly unless they preferred once weekly. Staff B said she was aware residents had reported not receiving showers and attributed it to staff not being organized enough. Staff B said they reviewed the shower schedule and adjusted; they reviewed daily during clinical meeting for any missed showers.</p> <p>Reference WAC 388-97-1060 (2)(c)</p>		