

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505349	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Willapa Harbor Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 Jackson Street Raymond, WA 98577	

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 - Some</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>37934</p> <p>Based on observation and interview, the facility failed to provide a safe dining environment by ensuring the floorboard heater was not hot to the touch in 1 of 1 dining room reviewed for environment. This failure had the potential to place residents at risk of burns and a diminished quality of life.</p> <p>Findings included .</p> <p>On 07/21/2024 at 12:45 PM, the dining room floorboard heater was observed radiating heat. The floorboard heater was hot to the touch and made this observer's hand move quickly away when touched.</p> <p>At 12:47 PM, Staff D, Maintenance Director, said the floorboard heater had to be manually turned on. Staff D touched the floorboard heater, removed his hand quickly and stated, It's pretty hot.</p> <p>At 12:51 PM, Staff D was observed using a thermometer which read 100 degrees. Staff D said it was hot and would be turned down.</p> <p>Reference WAC 388-97-0880 (1)</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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47518</p> <p>Based on observation, interview, and record review, the facility failed to obtain an evaluation assessment, consent, and physician order for full length bolsters on both sides of the bed for 1 of 2 sampled residents (7) reviewed for physical restraints. This failure placed residents at risk for injury, unmet care needs, and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 7 was admitted to the facility on [DATE]. The quarterly Minimum Data Set assessment, dated 05/16/2024, documented Resident 7 was moderately cognitively impaired.</p> <p>On 07/21/2024 at 3:28 PM, Resident 7 was observed lying in bed on an air mattress with bolsters on the upper and lower full length left and right side of the bed.</p> <p>On 07/22/2024 at 12:54 PM, Resident 7's bed was observed with an air mattress with bolsters on the upper and lower full length left and right side of the bed.</p> <p>At 1:47 PM, Resident 7 was observed lying in bed on an air mattress with bolsters on the upper and lower full length left and right side of the bed.</p> <p>Record review of Resident 7's Electronic Health Record did not show an evaluation assessment, consent, or physician's order related to a bolstered air mattress.</p> <p>On 07/23/2024 at 9:12 AM, Resident 7 was observed lying in bed on an air mattress with bolsters on the upper and lower full length left and right side of the bed.</p> <p>At 2:26 PM, Staff E, Resident Care Manager and Licensed Practical Nurse, said an assessment, physician's order, and consent, signed by the resident or family member, was needed for use of a bolstered mattress. Staff E said she could not find an assessment, physician order, or consent for Resident 7's bolsters on the mattress and it should have been done.</p> <p>At 3:22 PM, Staff B, Director of Nursing Services and Registered Nurse, said she expected evaluation assessments, consents, and physician orders were completed for use of safety devices such as bolsters on mattresses.</p> <p>Reference WAC 388-97-0620 (1)(a)(b)(4)(a)(b)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50416</p> <p>Based on observation, interview and record review, the facility failed to develop and implement a comprehensive care plan addressing wounds for 1 of 5 sampled residents (20) reviewed for comprehensive care plans. This failure placed residents at risk for continued decline and decreased quality of life.</p> <p>Findings included .</p> <p>Resident 20 was admitted to the facility on [DATE]. The quarterly Minimum Data Set assessment, dated 04/17/2024, documented Resident 20 was cognitively intact and was at risk of developing skin breakdown.</p> <p>On 07/21/2024 at 3:08 PM, Resident 20 was observed lying in bed and had a darkened skin impairment to his left great toe.</p> <p>Resident 20's comprehensive care plan did not address the skin impairment on his left great toe.</p> <p>On 07/24/2024 at 10:17 AM, Staff E, Infection Preventionist and Licensed Practical Nurse, said Resident 20's electronic health record did not have a specific care plan for the left great toe skin impairment.</p> <p>At 2:07 PM, Staff B, Director of Nursing Services and Registered Nurse, said it was the expectation that if a new skin impairment developed, a care plan would be implemented to address the skin impairment's care. Staff B said there was not a care plan for the left great toe skin impairment in Resident 20's comprehensive care plan.</p> <p>Reference WAC 388-97-1020 (1)(2)(a)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51254</p> <p>Based on observation, interview, and record review, the facility failed to ensure grooming assistance was provided for 1 of 2 sampled residents (12) reviewed for activities of daily living (ADLs). This failure placed residents at risk for unmet care needs, poor hygiene, and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 12 was admitted to the facility on [DATE]. The quarterly Minimum Data Set assessment, dated 07/22/2024, showed Resident 12 was cognitively intact and had an impairment on one side (left) of the upper extremity.</p> <p>Resident 12's care plan, dated 06/19/2023, showed Resident 12 required extensive assistance with personal hygiene and did not have specific interventions for nail care.</p> <p>On 07/22/2024 at 11:31 AM, Resident 12 was observed to have long unkept fingernails on both hands. Resident 12 said it was her preference for her fingernails to be shorter.</p> <p>The electronic medical record did not reflect any nail care was offered and/or refused from 06/30/2024-07/22/2024.</p> <p>On 07/23/2024 at 10:30 AM, Staff F, Nursing Assistant, said nail care was completed on shower days. Staff F said shower days were two times weekly, and nail care refusal should be documented.</p> <p>At 12:20 PM, Staff E, Resident Care Manager and Licensed Practical Nurse, said nail care was offered with shower or skin assessment. Staff E said nail care refusals would be documented just like a shower refusal in the electronic medical record or on a paper shower sheet.</p> <p>At 3:50 PM, Staff B, Director of Nursing Services and Registered Nurse, said nail care should be completed on shower days and any refusal should be documented. Staff B observed Resident 12's nails and indicated they were long and unkept.</p> <p>Reference WAC 388-97-1020 (2)(a)(i)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37934</p> <p>Based on observation, interview and record review, the facility failed to provide resident centered activities incorporating the resident's preferences for 1 of 1 sampled resident (285) reviewed for activities. This failure placed residents at risk for a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 285 was admitted to the facility on [DATE]. The admission Minimum Data Set assessment, dated 05/06/2024, showed Resident 285 was moderately cognitively impaired and had an activity preference of going outside to get fresh air when the weather was good.</p> <p>The May 2024, June 2024 and July 2024 Activity Participation reports did not have documentation Resident 285 had been offered, refused, or had gone outside while at the facility.</p> <p>On 07/22/2024 at 8:52 AM, Resident 285 said it would be nice to go outside.</p> <p>On 07/24/2024 at 9:25 AM, Staff C, Life Enrichment Director, said she did an initial assessment to learn Resident 285's choices. Staff C said she invited residents outside if the weather permitted. Staff C said they had invited Resident 285 to go outside but was not sure if the resident had been outside.</p> <p>At 1:44 PM, Staff B, Director of Nursing Services and Registered Nurse, said resident preferences should be offered.</p> <p>At 2:24 PM, Staff A, Administrator, said he expected activities staff to document what they were doing and how long. Staff A said documenting refusals was weak.</p> <p>Reference WAC 388-97-0940 (1)(2)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51254</p> <p>Based on observation, interview, and record review, the facility failed to ensure restorative services were provided for 1 of 2 sampled residents (12) reviewed for range of motion (ROM) and mobility. This failure placed residents at risk for avoidable decline and diminished quality of life.</p> <p>Findings included .</p> <p>Resident 12 was admitted to the facility on [DATE]. The quarterly Minimum Data Set (MDS) assessment, dated 07/22/2024, showed Resident 12 was cognitively intact, had impairment on one side of the body, and did not show the resident was on a restorative therapy program.</p> <p>The care plan, dated 06/19/2023, showed Resident 12 had limited physical mobility related to stroke and weakness. There were no interventions for maintaining ROM or function in the care plan. The care plan showed Resident 12 required extensive assistance x2 (two person) for bed mobility, and repositioning, and transfers with 2 staff members with a mechanical lift.</p> <p>On 07/21/2024 at 11:31 AM, Resident 12 said her hand did not open, and the resident demonstrated the limited mobility of her hand. Resident 12 indicated she did not recall staff ever performing range of motion to the left hand.</p> <p>On 07/23/2024 at 12:20 PM, Staff E, Resident Care Manager and Licensed Practical Nurse, stated, We do not have any patients with contractures. When asked what they would do if they had a resident with a contracture, Staff E said they would have a diagnosis and a care plan. Staff E said they were in the process of getting a restorative program back up and running.</p> <p>At 3:45 PM, Staff B, Director of Nursing Services and Registered Nurse, stated, I would have to check with the MDS nurse to see if any patients had contractures. When asked about Resident 12, Staff B observed Resident 12's left hand and stated, Well, it looks like it is contracted. Staff B said no restorative program was in place.</p> <p>Reference WAC 388-97-1060 (3)(d)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>37934</p> <p>Based on interview and record review, the facility failed to ensure Registered Nurse (RN) supervision was provided at least eight hours daily for 3 of 30 days reviewed. This failure placed residents at risk for not receiving needed care and supervision of care.</p> <p>Findings included .</p> <p>The Aging and Long-Term Support Administration (AL TSA) Staffing Pattern, and the facility's Daily Nurse Staffing Forms, showed the facility did not have an RN on duty for any of their three shifts (day, evening & night) on 06/30/2024, 07/07/2024 and 07/14/2024.</p> <p>On 07/24/2024 at 2:24 PM, Staff A, Administrator, said they were trying to hire nurses from using a hiring software; however, they mostly got Licensed Practical Nurse applicants. Staff A said if they were short on RNs they would pull from their management team and use staff from another facility whenever they could.</p> <p>Reference WAC 388-97-1080 (3)</p>