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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>505395 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                          | (X3) DATE SURVEY COMPLETED<br><br>07/23/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Staffholt Health and Rehabilitation of Cascadia |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>456 C Street<br>Blaine, WA 98230 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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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>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>37035</p> <p>Based on interview and record review the facility failed to ensure residents had the right to voice grievances related to call light response time, missing personal items, and excessive wait times without fear of retaliation. The failure to allow the Resident Council Committee (RCC) to file grievances on complaints/concerns without the fear of retaliation placed residents at risk for ongoing unmet care needs, unresolved missing property and diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Complaints and Grievances, dated 11/28/2017, showed an individual had the right to voice grievances to the facility or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which had been furnished as well as which had not been furnished and other concerns regarding their Long-Term Care facility stay. The facility should make prompt efforts by the facility to resolve grievances the resident may have. The Executive Director/Designee was responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions. Complaints/grievances may be brought by any individual or group. Complaints/grievances can, also, be brought forth through contact with the facility support center or staff. Complaints/grievances area acknowledged, investigated and the complainant apprised of progress toward a resolution. The facility reports any alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law.</p> <p>Review of the RCC minutes from the 04/15/2024 meeting showed the following complaints:</p> <ul style="list-style-type: none"> <li>- Bathrooms not cleaned daily,</li> <li>- Missing laundry,</li> <li>- Wait times, short staffing, no staff available during lunchtime to assist with residents needs</li> <li>- Complaints of cold meals.</li> </ul> <p>Review of the April 2024 Grievance Log showed no grievances listed for the complaints from the 04/15/2024 RCC meeting.</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>Review of the RCC minutes from the 05/20/2024 meeting showed complaints of reported lost resident clothing.</p> <p>Review of the May 2024 Grievance Log showed no grievances listed for the concerns residents reported regarding lost clothing from the 05/20/2024 RCC meeting.</p> <p>Review of the RCC minutes from the 06/17/2024 showed the following resident complaints:</p> <ul style="list-style-type: none"> <li>- Missing laundry for three residents,</li> <li>- New agency staff were unfamiliar with residents' care,</li> <li>- Long call wait times for three residents and</li> <li>- A three hour wait time for pain medication for one resident.</li> </ul> <p>Review of the June 2024 Grievance Log showed no grievances were listed from the 06/17/2024 RCC meeting.</p> <p>In an interview on 07/23/2024 at 3:33 PM, Staff B, Activities Assistant stated they were told they had to have the RCC take a vote to pick one of the complaints that were brought up in the monthly RCC meeting. Staff B stated the one complaint RCC voted on would be the one grievance they filed. Staff B stated there had to be more yes votes than no votes to file a grievance. Staff B stated Staff C, Chief Executive Officer/Administrator told them there had to be a majority of the residents who voted yes on one of the complaints to file a grievance from the RCC meeting. Staff B stated there were still resident concerns with call light wait times and lack of help. Staff B stated the RCC's real concern about reporting complaints as a grievance was their names would be attached to the grievance. Staff B stated the residents felt if their name was on the grievance then facility staff would not treat them well and would not provide their care. Staff B stated Resident 2 had reported that one of the Nursing Assistants would not give them water when they asked for water and the resident had to ask again and at that time the Nursing Assistant was not too happy to hear the resident's request again.</p> <p>In an interview on 07/23/2024 at 4:38 PM, Staff A, Social Services Manager stated they would fill out a green colored grievance form if a resident had a complaint and would take it to the stand-up meeting.</p> <p>In an interview on 07/23/2024 at 4:40 PM, Staff C stated if residents brought up any concerns, major or not they would ask the resident if they wanted to fill out a grievance form. Staff C stated the grievance form would come to them, they would assign it to a manager, discuss the grievance and they would track the grievances. Staff C stated they would handle the grievance timely and would try to resolve it and make sure the resident was satisfied with their resolution of the grievance. Staff C stated if they handled a complaint quickly, they would not place the complaint on a grievance form. Staff C stated they were taught best practices and for the RCC to have a true grievance it had to be the majority rules to file a true RCC grievance. Staff C stated the residents could be offered a personal grievance form if their complaint did not receive the majority vote as the RCC complaint.</p> <p>(continued on next page)</p> |

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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>In an interview on 07/23/2024 at 5:00 PM, Staff B stated the RCC had to vote on one complaint from the complaints that were discussed at the RCC meeting, of which would be filed as a RCC grievance. Staff B stated this was a new process for the facility and was from the direction of the new Administrator. Staff B stated the residents did not want to report some of their complaints due to their fear of retaliation by staff.</p> <p>Refer to WAC 388-97-0460(1)(2)</p> |