

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505400	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/23/2025
NAME OF PROVIDER OR SUPPLIER Enumclaw Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2323 Jensen Street Enumclaw, WA 98022	

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. (continued on next page)

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 - Some</p>	<p>Based on observation, interview, and record review the facility failed to initiate, investigate, and resolve grievances for 6 of 12 sampled residents (Residents 2, 3, 4, 5, 6, 7, 8) reviewed for grievances. This failure placed residents at risk for emotional distress, unresolved frustration, and a diminished quality of life. Findings included .According to the facility's revised 03/2025 Grievance Procedure Policy, the Administrator oversees the grievance procedure and coordinates the center system for collecting, tracking, and responding to grievances. The Administrator is designated as the Grievance Official for the center. The policy showed grievances are resolved immediately, when possible, by the individual receiving the grievance. When immediate resolution is not possible, the grievance is routed to the Grievance Official promptly. If the grievance involves abuse, neglect, exploitation, or misappropriation of resident property, the Administrator is notified immediately, and an investigation begins. The policy showed the Administrator logs Grievances on the Grievance log.&lt;Resident 2&gt; According to the 06/19/2025 Annual Minimum Data Set (MDS-an assessment tool) Resident 2 had clear speech, was understood and understands others. Resident 2 has impairment on both sides of lower body, is dependent on staff for toileting, bathing, repositioning in bed, and transfers from bed to chair, chair to bed. According to the Self Care Deficit Care Plan, updated 07/02/2025, Resident 2 required the use of a mechanical lift, with 2 person assist, to transfer from bed to chair, and chair to bed. In an interview on 08/22/2025 at 1:45 PM Resident 2 stated the mechanical lift malfunctioned, dropped Resident approximately 6 inches, and caused pain to their left knee. Resident 2 stated they submitted 2 separate grievances that took over 2 weeks to get a response. In an interview on 08/22/2025 at 11:00 AM, when asked for a copy of the August Grievance Log, Staff A, Administrator stated the grievance log had not been updated in a couple weeks, believed the grievances were completed and documented on. The Grievance Log provided by Staff A was completely void of data entries. Staff A provided grievances filed in August 2025, 6 showed incomplete grievances. Staff A stated they have 5 days to resolve the issue but attempt to complete them in 2 days. In an interview on 09/03/2025 at 2:14 PM Staff A stated August's Grievance Log was not current, that it was important to track and manage resolutions, to follow up, and ensure Resident's need are met. In an interview on 09/03/2025 at 2:50 PM Staff B (Maintenance Director) stated they do not have a log for mechanical lift inspections. Review of August 2025 Grievance Log showed no entry for a grievance filed by Resident 2 on 08/14/2025 related to a faulty mechanical lift, that dropped Resident 2 into their wheelchair and caused increased pain after the incident. Review of 08/14/2025 Grievance form filed by Resident 2 showed incomplete resolution, actions, recommendations, or notification to Resident 2. &lt;Resident 8&gt; According to the 08/25/2025 Quarterly MDS Resident 8 had clear speech, understood, understands others, and is alert and oriented. Resident has diagnoses of anxiety and depression among others. Resident 8 able to provide all cares for self. According to the updated 06/06/2025 Behavior monitoring care plan, Resident 8 has a history of anxiousness that is triggered by the feeling of being unsafe and the approach of staff or others. In an interview on 09/03/2025 at 3:05 PM, Resident 8 stated they have not received feedback regarding the grievance they submitted a couple weeks prior. Review of August 2025 Grievance Log showed no entry for a grievance filed by Resident 8 on 08/18/2025 related to a staff member constantly standing outside their door, creeping them out, and attempted to remove Resident 8's comforter to take their vital signs. Review of 08/18/2025 Grievance form filed by Resident 8 showed incomplete resolution, actions, recommendations, or notification to Resident.&lt;Resident 4&gt; According to the 07/09/2025 admission MDS Resident 4 had clear speech, understood, understands others, and is alert and oriented. Resident 4 requires partial/moderate assistance for toileting, transfers and required substantial/maximal assistance with perineal hygiene. According to the 07/03/2025 Baseline Plan of Care CP showed assistance needed with toileting and hygiene. In an interview on 09/03/2025 at 11:55 AM Resident 4 stated the grievance had not been discussed with them yet and they are worried about getting a rash or infection in the groin area. Review of August 2025 Grievance Log showed no entry for a grievance filed by Resident 4 on 08/18/2025 related to a staff member who does not clean them properly. Review of 08/18/2025 Grievance form filed by Resident 4 showed incomplete resolution, actions, recommendations, or notification to Resident. Similar findings of grievance not entered on log, no resolution, recommendations, or notification to Residents 5, 6, 7. REFERENCE: WAC 388-97-0460.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, interview, and record review the facility failed to ensure residents who were dependent on staff for assistance with Activities of Daily Living (ADLs - i.e. grooming, bathing, eating, etc.) received the assistance they required for 1 of 4 sample residents (Resident 1) reviewed for ADLs. The failure to provide ADL assistance to dependent residents as required left residents at risk for poor hygiene, diminished feelings of self-worth, and other negative health outcomes. According to a 07/25/2025 Quarterly MDS, Resident 1 had clear speech, was able to understand, and be understood by others. This MDS showed Resident 1 was dependent on staff for bathing and required partial/moderate assistance from staff for personal hygiene, showers, transfers and mobility. Review of a revised 08/11/2025 Baseline Plan of Care (CP) showed directions to staff for Resident 1 to have a shower twice weekly and the resident required substantial maximum support from staff for bathing and dependent on 1 person assist with hair care and personal hygiene. During observations and interviews on 08/22/2025 at 08:50 AM, 09/03/2025 at 4:50 PM, and 09/11/2025 at 11:05 AM, Resident 1 was seen lying in bed, on their back, with unkempt hair. Resident 1 stated they requested 2 showers a week, they were supposed to happen on Mondays and Thursdays, but they do not they seem to be random. Resident stated their hair was so matted in the beginning a staff member had to cut it out. During an interview on 09/03/2025 at 2:10 PM Staff C stated they would expect the staff to follow the CP and give the two showers a week as written. During an interview on 09/11/2025 at 11:17 AM Staff A stated the shower aides are pulled to the floor occasionally, we try to get the shifts covered. During an interview on 09/11/2025 at 12:30 PM Staff D, Certified Nursing Assistant/Shower Aide (CNA) stated they get pulled from showers to work the floor on occasion. Review of Task Shower Sheets dated 08/18/2025-09/04/25 showed 2 bed bathes given, and 3 Resident Refusals over 18 days. Additional shower sheets for the remainder of the 30 days requested, none provided. No other refusals of showers documented. Reference: WAC 388-97-1060(2)(c).</p>

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>Based on observation, interview, and record review the facility failed to ensure specialized rehabilitative services were provided as determined by the physician's orders for 1 (Resident 53) of 2 residents who were reviewed for position/mobility. This failure placed residents at risk for decline in physical and functional mobility, and a diminished quality of life. According to 07/25/2025 Quarterly MDS, Resident 1 had multiple diagnoses considered Medically Complex Conditions. This MDS showed Resident 1 required substantial/maximal assistance with upper and lower body dressing, rolling from side to side, sitting to lying, lying to sitting, toilet transfers, and wheelchair mobility. The MDS showed Resident 1 did not attempt to walk due to medical conditions or safety concerns. Review of a revised 08/11/2025 Baseline Plan of Care (CP) showed Resident 1 to ambulate with therapy only, dependent on 2 person staff for all mobility. During observations and interviews on 08/22/2025 at 08:50 AM, 09/03/2025 at 4:50 PM, and 09/11/2025 at 11:05 AM, Resident 1 was seen lying in bed, on their back, working on leg exercises while lying in bed. Resident 1 stated they missed some therapy sessions related to dialysis appointments in beginning of stay but did not understand why sometimes the therapists just didn't show up. During an interview on 09/11/2025 at 11:35 AM Staff A stated they would expect the therapy staff to treat as ordered and can't answer if therapy was short or not. During an interview on 09/11/2025 at 12:40 PM Staff E, Therapy Director stated they missed therapy sessions, they should have been documented why they were missed or refused but they did not see those entries. Staff E stated therapy provided 5 treatments weekly. When asked for the additional documented refusals of treatments, none were provided. Review of Occupational Therapy (OT) Evaluation and Plan of Treatment dated 06/06/2025 showed OT was ordered 5 times a week. Review of the Physical Therapy (PT) Evaluation and Plan of Treatment dated 06/06/2025 showed PT was ordered 3 times a week. Review of a therapy calendar provided by Staff A showed Resident 1 received PT 2x/week and OT 3x/week for week of 06/23/2025-06/27/2025. OT 4x/week and PT 2x/week for week of 07/07/2025-07/11/2025, OT 3x/week for week 07/28/2025-08/01/2025, OT 3x/week for week of 08/11/2025-08/15/2025, OT 4x/week for week of 08/25/2025-08/29/2025 REFERENCE: WAC 388-97-1280 (1)(a-b), (3)(a-b).</p>		