

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505418	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER Providence Marianwood		STREET ADDRESS, CITY, STATE, ZIP CODE 3725 Providence Point Drive Southeast Issaquah, WA 98029	

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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prepare residents for a safe transfer or discharge from the nursing home.</p> <p>44295</p> <p>Based on interview and record review, the facility failed to ensure a safe discharge for 1 of 3 residents (Resident 1) reviewed for discharges. The facility failed to ensure the Home Health Agency (HHA) was provided with all required information and documents to initiate home services as expected after discharge and failed to ensure indwelling catheter care education was provided and documented as provided to the Collateral Contact (CC). These failures placed the resident at risk for unmet care needs after discharge, potential for re-hospitalization, distress, and diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility, Transfer and Discharge policy, dated 04/2024, showed all discharges would be consistent with the needs of the resident and in conformance with the policy. The policy showed transfer documentation and appropriate medical information would be noted in the medical record and include all special instructions or precautions for on-going care. The policy showed the facility would provide sufficient preparation for the resident or the resident representative, in a form or manner they could understand, to ensure a safe and orderly discharge from the facility.</p> <p><Resident 1></p> <p>Review of a Discharge Minimum Data Set (MDS, an assessment tool) dated 03/01/2024, showed Resident 1 was able to make their own decisions, their needs known, and had diagnoses that included a left hip fracture and left lower leg fracture that required surgical repair. The MDS showed Resident 1 had impairments to the left side, used a wheelchair, had an indwelling catheter (a flexible tube that eliminates urine from the body), was dependent on a helper for toileting hygiene, and required maximum assistance with lower body dressing and bathing.</p> <p>Review of a discharge Care Plan (CP), dated 02/29/2024, showed Resident 1's plan was to discharge home with a goal of Resident 1, their CC and the caregiver would understand the home discharge regimen. Interventions included assuring that continuum of care was maintained by giving a detailed summary of care needs when discharged and educate the family or caregiver on the home regimen, such as equipment, appointments, and contact information for HHA's.</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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a Discharge Summary and Instructions, dated 03/01/2024, showed under Recommended Services section, with choices of Home Health (HH) services, specialized services, and outpatient services, no areas were marked. A recommended discipline section showed a registered nurse, physical and occupational therapist, and a bath aide were marked. The discharge summary showed a referral was made for HH services. If you do not hear from them after discharge, please reach out to them directly, and listed the HHA name and phone number.</p> <p>In an electronic mail (e-mail) communication dated 03/04/2024 at 5:00 PM, Staff C (Social Services Director) documented that Resident 1's HHA was diverted from one HHA to another due to the original HHA overbooked and unable to accept new patients.</p> <p>During an interview on 03/06/2024 at 11:40 AM, Resident 1 stated they discharged from the facility on 03/01/2024 at 11:30 AM, HH services were expected to start 03/01/2024 at 12:30 PM, and as of 03/06/2024 they have been without HH services for five days. Resident 1 stated upon discharge their CC was not educated on how to provide care for the indwelling catheter, neither Resident 1 or their CC knew about indwelling catheter care, and they did not receive indwelling catheter care. Resident 1 stated Staff D (Advanced Registered Nurse Practitioner) did not complete their discharge orders properly as the form was marked other, so no services were identified, and the HHA required specific information to initiate services. Resident 1 stated they were concerned about how they would be transported to upcoming doctor's appointments as they were wheelchair bound and had a split-level home with two separate flights of stairs, they were not able to maneuver.</p> <p>In an interview on 03/12/2024 at 2:58 PM, the HHA stated on 02/29/2024, when the referral for Resident 1 was received, the referral was missing information the HHA needed to start services. The HHA stated they reached out to the facility to obtain specific information about exact services Resident 1 required but had issues getting the required information. The HHA stated the facility provided and clarified the information on Monday 03/04/2024. Resident 1 was notified by the HHA on Tuesday 03/05/2024. Services started on 03/06/2024.</p> <p>Review of a HHA referral checklist, undated, showed the HHA required information on: why the patient needed HH services, what services were being requested, and what care was associated with each service. The HHA checklist showed when a patient had a catheter the HHA needed to know the size, date inserted, and date it needed to be changed. The HHA checklist showed at the bottom of the page, please provide referral 2-3 days prior to discharge so our team has adequate time to process, accept, and schedule the patient.</p> <p>During an e-mail communication on 04/19/2024 at 5:35 PM Staff C documented on 03/01/2024 they received an e-mail from the HHA and when they became aware that Resident 1's HHA was diverted to another HHA company. Staff C stated they did not send the referral or any information to the new HHA because the first HHA sent the referral. Staff C stated they did not receive a phone call requesting more information on Resident 1 from the HHA and the facility did not call Resident 1 to inform them of the change in HHA's. Staff C stated they assumed they would receive a call from the HHA.</p> <p>In an e-mail communication on 04/22/2024 at 7:30 PM, Staff B (Director of Nursing Services) documented they could not locate or provide documentation that showed facility staff provided Resident 1 or their CC with indwelling Foley care education on how to properly care and clean the indwelling catheter. Staff B documented they would expect education to be provided and documented as provided to the resident or the CC when they discharged from the facility with an indwelling catheter.</p> <p>(continued on next page)</p>		

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