

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2024
NAME OF PROVIDER OR SUPPLIER Gig Harbor Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3309 45th Street Court Northwest Gig Harbor, WA 98335	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36854</p> <p>Based on interview and record review, the facility failed to ensure a resident was free from physical restraints for 1 of 3 sampled residents (Resident 1) reviewed for Abuse. This failure placed the resident at risk for injury, limited freedom of movement and a decreased quality of life. The facility has corrected the above deficiency prior to the abbreviated survey and constituted as past non-compliance (the facility was not in compliance at the time the incident occurred; however, there was sufficient evidence the facility corrected the non-compliance after it was identified) and is no longer outstanding.</p> <p>Findings included .</p> <p>Review of the facility's Abuse Prevention Program policy, dated 10/01/2021, documented residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This included free from corporal punishment, involuntary seclusion, verbal, mental, sexual, or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms.</p> <p>Review of Resident 1's medical record showed they admitted to the facility on [DATE], and last readmitted [DATE] with multiple diagnoses, including dementia, psychotic disturbance, mood disturbance, anxiety, and aphasia (inability to speak).</p> <p>The Minimum Data Set (an assessment tool), dated 09/04/2024, documented Resident 1 had severe cognitive impairment, exhibited verbal and physical behaviors directed towards others, and was dependent upon staff for assistance with activities of daily living. Review of the record also documented Resident 1 had been placed on Hospice care (an outside agency which provides care and resources when a person's life expectancy is less than six months).</p> <p>Review of the facility's completed alleged abuse incident report investigation for Resident 1, dated 11/17/2024, showed a statement by Staff C, outside agency staff, dated 11/11/2024, who witnessed two aides were giving Resident 1 a COVID-19 test (nasal swab). Per the witness' statement, one staff had Resident 1 in a choke hold while the other staff administered the test. The witness documented that Resident 1 was fighting the staff, became very upset, and screamed and yelled for them to stop.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/11/2024, a statement by Staff D, a staff licensed practical nurse, documented an observation of one staff member with their arm around Resident 1's neck to hold the resident's head still while the other staff swabbed the resident's nose. Staff D documented Resident 1 appeared to struggle to refuse and their face was bright red. Staff D instructed the two staff to stop.</p> <p>On 12/03/24 at 2:34 PM, Staff B, a Registered Nurse and the Director of Nursing Services, stated the allegation was witnessed and substantiated. Staff B said they did a lot of staff education on a resident's right to refuse and said they could offer, and could try to educate, but they could never force someone to do something they did not want to do.</p> <p>On 11/27/24 at 4:42 PM, Staff A, the facility administrator, said the incident was witnessed and they did feel like it was forced and abuse, and it was substantiated. Staff A said they made sure the resident was okay and took immediate action, including resident interviews, staff interviews, in-service education provided to staff on abuse, and internal review and interventions implemented. Staff A stated they had achieved compliance as of 11/23/2024. Review of documentation Review of documentation and review of current facility resident EHR showed facility had achieved compliance as of 11/23/2024.</p> <p>Past noncompliance - no plan of correction required.</p> <p>Reference WAC 388-97-0640(1)</p>