STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505436	A. Building B. Wing	01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gig Harbor Health and Rehabilitation	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36854 Based on interview and record review, the facility failed to provide supervision of two person staff assistance with bed mobility while providing care to prevent accident/falls for 2 of 3 sampled residents (Resident 1 and 2) reviewed for falls. Resident 1 experienced harm when care was provided by one staff that resulted in a fall from bed and injury requiring hospital evaluation. This failure placed residents at risk of injury, unmet care needs and a diminished quality of life. Findings included <Resident 1> Resident 1 was admitted to the facility on [DATE] with multiple diagnoses. The Minimum Data Assessment, an assessment tool, dated 11/07/2024, documented Resident 1 was alert, had some cognitive impairment, and required substantial/maximal (helper does more than half the effort) assistance with activities of daily living. Review of Resident 1's physician orders showed an 12/07/2024 order for a low-air-loss mattress (a mattress filled with air to reduce pressure on a person's skin) to promote Resident 1's skin integrity. Review of Resident 1's record included directions for staff to monitor the function of the air mattress every shift. The comprehensive care plan, revised on 12/27/2024, showed Resident 1 required two caregivers to assist with bed mobility. On 12/31/2024 at 1:09 PM, Resident 1 said Staff C wanted to change him and he told her to get somebody else but she wouldn't do that. Resident 1 said the Staff C had him on the edge of the bed, pulled the draw sheet toward her and he fell out of bed. Resident 1 said he bruised his buttock and received a bump on the back of his head. Resident 1 said his butt and hip really hurt. Resident 1 said it made him angry and was upset about it. When asked if two staff came to assist him now, Resident 1 said sometimes it's two unless it's somebody who knows what they're doing, then it's one. Review of a 12/13/2024 11:54 PM nurse progress note showed Resident 1 fell on the floor during care around 9:30 PM. The note showed Resident 1 complained of pain to the right shoulder, back, and head. Emergency Services was called, and Resident 1 was transported to the hospital emergency room for further assessment of injuries. (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

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 01/14/2025
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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Review of the 12/18/2024 facility investigation documented the resident fell on [DATE] fell during incontinent care while a staff member was providing care alone to the resident in bed when the resident required a 2-person assist for in-bed care. The investigation documented the root cause of the fall as inadequate staff during in-bed care, which led to the fall. On 12/31/2024 at 2:10 PM, Staff C, a certified nursing assistant, said Resident 1 was supposed to have two caregivers for incontinence care but nobody else was available at the time. Staff C said they were almost done with care when the resident slid off the bed. After that happened, Staff C went out into the hall and called for help, the nurse came, 911 was called and the resident was sent out. On 01/14/2025, Staff B, a Registered Nurse and the facility Director of Nurses, said staff are expected to follow the resident's plan of care for resident safety. <Resident 2> Resident 2 was admitted to the facility on [DATE] with multiple diagnoses. The Minimum Data Assessment, an assessment tool, dated 11/07/2024, documented Resident 2 was receiving Hospice services, was cognitively impaired, and required substantial/maximal assistance with most activities of their daily living. Review of Resident 2's care plan documented a revision, dated 11/16/2022, to ensure two staff during care regarding the resident's fear of rolling off the bed. A nursing progress note, dated 12/17/2024 at 8:30 PM, documented Resident 2 had an assisted fall. The note documented, while the staff was changing the resident, the resident slide from the bed. The staff tried to catch the resident from falling but could not, and the resident fell . No injuries or discomfort were noted, the resident was assessed and monitored. Review of the facility investigation, dated 12/20/2024, identified the root cause as failure of staff to follow the plan of care to use two persons with cares. On 01/14/2025, Staff B, a Registered Nurse and the facility Director of Nurses, said staff are expected to follow the resident's plan of care for resident safety, Reference WAC 388-97-1060