

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 04/02/2025
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)
<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** 46827</p> <p>Based on interview and record review, the facility failed to protect a resident's right to be free from abuse for 1 of 6 sample residents (Resident 1) reviewed for abuse. Resident 1 experienced physical harm when the resident was moved out of the way abruptly while sitting in their wheelchair causing injury to their knee. This failure placed residents at risk for ongoing abuse and a diminished quality of life.</p> <p>Findings included .</p> <p>The facility's Abuse policy dated 10/01/2021 and revised on 10/20/2022, states This organization recognizes and respects that each resident has the right to be free from abuse, neglect, misappropriation of resident's property, and exploitation as defined in this subpart. This includes, but is not limited to, freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptom. Definitions: 'Abuse'-is the willful infliction of injury, unreasonable confinement, intimidation, or punishment resulting in physical harm, pain, or mental anguish Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.</p> <p>Resident 1 was admitted to the facility on [DATE] with a diagnosis of anemia unspecified (a condition characterized by a lower-than-normal number of red blood cells). The Admission Minimum Data Set, an assessment tool, dated 01/20/2025, documented Resident 1 was assessed as cognitively intact.</p> <p>In an interview on 03/27/2025 at 11:41 AM, Resident 1 was asked if they had any concerns with their care at the facility. Resident 1 immediately directed the conversation to a specific incident that occurred while he was self-propelling in his wheelchair from the dining room back to his room. Resident 1 stated a female CNA came up behind him and shoved him to the side of the hall as she was saying he was moving to slow, and she needed to get passed him. Resident 1 said he did not report this immediately but waited about a week. Resident 1 said he felt the CNA acted intentionally. Resident 1 said he immediately started to experience pain and swelling to his right knee after this event. Resident 1 said when he reported the incident and the injury to his knee the Nursing team had his right knee x-rayed. Resident 1 said he was notified there was no injury, and the swelling would resolve on its own. Resident said he does not have pain to the knee and longer and the swelling is improving.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 505436
		If continuation sheet Page 1 of 2

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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>Review of the facility's investigation, dated 03/24/2025, documented Resident 1 reported this incident to a therapist on 03/24/2025. Resident 1 gave the nursing management team a description of the perpetrator as a Certified Nursing Assistant (CNA) that is a blond short female with curls. Resident 1 stated this CNA walked up behind him as he was self-propelling back to his room from the dining room in his wheelchair. Resident 1 said the CNA told him he was moving too slowly, and she needed to get by him. Resident 1 said the CNA pushed his wheelchair abruptly causing his knee to hit the side of the wheelchair. Resident 1 reported this incident was about a week later. Resident 1 said he debated whether to report the incident or not ultimately deciding to report in the hopes of preventing something similar from happening to a peer. The investigation concluded this CNA was to remain suspended while the corporate level Human Resource department decided to approve termination. The CNA had been identified in three different allegations of abuse recently.</p> <p>In an interview on 04/02/2025 at 2:12 PM, Staff B, Director of Nursing Services/Registered Nurse, said the CNA Resident 1 identified was already on suspension at the time Resident 1 reported the incident. Staff B said due to this being the 3rd allegation of abuse against this CNA a request had been made to the Corporate Human Resource department for permission to terminate this staff member's employment. Staff B said the CNA has not returned to work and there is no plan to do so.</p> <p>At 2:50 PM, Staff A, Executive Director, said she had just received an email stating OK to terminate CNA's employment.</p> <p>REFERENCE: WAC 388-97-0640 (1).</p>		