

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  04/24/2025
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46827</b></p> <p>Based on interview and record review, the facility failed to conduct a prompt and thorough investigation that included immediate interventions and reporting for 1 of 8 sample residents (Resident 1) reviewed for falls. The failure to implement the facility's accidents and incident policy and procedure, placed residents at risk for further exposure to falls/injuries, unmet care needs, and diminished quality of life.</p> <p>Findings included .</p> <p>Review of the Washington State Department of Social &amp; Health Services Nursing Home Guidelines -The Purple Book (guidelines to assist nursing homes with compliance of the State and Federal requirements for the prevention, identification, reporting, and investigating incidents of abuse, neglect, abandonment, mistreatment, injuries of unknown source, exploitation, and misappropriation of nursing home residents), dated October 2015, showed the facility must begin an immediate investigation of alleged violations in order to collect accurate data.</p> <p>Review of the facility policy, 'Accidents and Incidents-Investigating and Reporting', dated 10/01/2021, documents under the subtitle Specific Procedures / Guidance the following:</p> <p>1. The nurse supervisor/charge nurse and/or the department director or supervisor shall promptly report the accident to the administrator/designee and will initiate and document investigation of the accident or incident.</p> <p>Resident 1 was originally admitted to the facility on [DATE] with the latest readmission on 04/19/2025 after surgical repair of right hip dislocation (when the thigh bone separates from the hip bone). The Annual Minimum Data Set (MDS-an assessment tool), dated 03/05/2025, documented Resident 1 was assessed as severely cognitively impaired.</p> <p>Review of the facility's investigation, started on 04/14/2025, documents acute pain to the right hip. Provider and resident representative notified on 04/14/2025. X-ray orders were obtained and results showed: Right hip arthroplasty (an orthopedic surgical procedure where the articular surface of a joint is replaced, remodeled or realigned by osteotomy or some other procedure) was dislocated anterior and superior from the acetabulum (the cup shaped socket on the pelvis that forms part of the hip joint). No acute fracture. Generalized soft tissue swelling. CONCLUSION: Dislocation of right hip arthroplasty.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility investigation started on 04/14/2025 documents an unreported fall on 04/06/2025. The investigation concluded the resident had experienced a ground level fall without nurse management notification and Risk Management not implemented. The licensed nurse was suspended pending the investigation and then terminated related to failure to follow facility policy.</p> <p>In an interview on 04/24/2025 at 2:00 PM, Staff A, Director of Nursing Services / Registered Nurse said when an incident occurs, which includes falls, the expectation is for risk management to be completed at the time of the incident with an intervention placed. Staff A said nurse management, provider and resident representative notification should also be completed at the time of the incident. Staff A said this licensed nurse did not report the resident's fall which occurred on 04/06/2025 until an investigation was started related to new onset of pain the following Monday. Staff A said due to this incident and other decisions in the past by this licensed nurse the facility decided to terminate her employment. Staff A stated the facility should have conducted and documented a thorough investigation at the time of the fall.</p> <p>REFERENCE WAC 388-97-0640 (1)(2)(a)(b)(6)(a)(b)(c).</p>		