

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 06/05/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on observation, interview, and record review, the facility failed to ensure sufficient staff were available to provide assistance with activities of daily living and prevent falls for 3 of 4 halls (100, 200 & 300) reviewed for sufficient staffing. This failure placed residents at risk for unmet care needs, risk if increased falls and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of a policy titled, 'Staffing' dated 10/01/2021, documented Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment.</p> <p>Review of facility assessment, revised 02/26/2025, showed 78 percent of residents required bathing assistance (assist and dependent) from staff, 73 percent required dressing assistance, 73 percent required transfer assistance and 73 percent required assistance with toileting. The assessment identified the facility utilized 40 contracted licensed staff. Staffing as described above is adequate as evidenced by: Staffing is reviewed daily at [facility] to ensure that adequate staff is available to meet the needs of residents and short term patients. Our meetings include a review of census, acuity, and they number of planned admissions, discharges. Staffing is changed on a daily basis to reflect the needs of the facility and the requirements set forth by CMS (Centers for Medicare Medicaid Services) and Washington State guidelines. We employ a full time staffer Monday through Friday whose main responsibility is to ensure adequate staff for our residents and patients. We employ the use of agency when our staff is unable to meet the needs of our residents . Other facility staff including department heads are available to assist with tasks such as tray pass an[d] answering call lights. Nursing Services for total nursing hours per resident day was documented to be 3 hours and 51 minutes.</p> <p>Review of March 2025 incident log showed 20 resident falls were logged.</p> <p>Review of April 2025 incident log showed 34 resident falls were logged.</p> <p>Review of May 2025 incident log showed 34 resident falls were logged.</p> <p>Resident 4</p> <p>Resident 4 admitted to the facility, on 03/20/2025, with multiple diagnoses. The Medicare 5-day minimum data set (MDS), an assessment tool, dated 03/26/2025, showed Resident 4 was cognitively intact. Resident 4 was able to make their needs known.</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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the care plan, dated 03/20/2025, documented Resident 4 was dependent on two staff for transfers in and out of bed.</p> <p>Review of the progress notes documented Resident 4 was diagnosed with pneumonia (an infection of the lungs) on 06/04/2025.</p> <p>During an interview on 06/05/2025 at 12:36 PM, Resident 4 said they did not get a shower as scheduled. Resident 4 said they are supposed to get a shower twice a week but only gets a shower once a week at the most. Resident 4 said they had gone as long as four weeks without a shower. Resident 4 said they had not gotten out of bed for 6 days and had not had their teeth brushed. Resident 4 said they currently have pneumonia because they have not been out of bed. Resident 4 said it would take 30-60 minutes for their call light to be answered.</p> <p>Observation, on 06/05/2025 at 12:39 PM, documented Resident 4 with disheveled hair.</p> <p>Resident 5</p> <p>Resident 5 admitted to the facility, on 06/13/2024, with multiple diagnose. The quarterly minimum data set (MDS), an assessment tool, dated 02/25/2025, showed Resident 5 was cognitively intact. Resident 5 was able to make their needs known.</p> <p>During an interview, on 06/05/2025 at 1:46 PM, Resident 5 said they had not had a shower for at least 2 weeks. Resident 5 said their hair had not been washed in approximately a month.</p> <p>During an observation, on 06/05/2025 at 1:46 PM, Resident 5 had oily hair.</p> <p>During an interview, on 06/04/2025 at 12:01 PM, Staff B, CNA (Certified Nursing Assistant), said they have 13 residents under their care at times. Staff C said it was very difficult to complete their tasks to care for the residents. Staff C said they were often serving meal trays alone. Staff C said it was not safe because it was difficult to find assistance of another staff to help with transfers that required two staff.</p> <p>During an interview, on 06/04/2025 at 1:21 PM, Staff C, CNA, said they have had as many as 15 residents to care for. Staff E said they feel it is sometimes unsafe with the number of staff in the building, weekends being the worst. Staff C said they were asked to come in on their day off a lot; adding almost every Saturday there were open shifts.</p> <p>During an interview, on 06/04/2025 at 2:02 PM, Staff E, CNA, said they would sometimes have to stay over late to finish tasks because they were unable to complete them during their shift because there was not enough staff.</p> <p>During an interview, on 06/04/2025 at 1:45 PM, Staff D, Staff Scheduler, said staffing was dependent on census. Staff F said it was the goal for each CNA to have 8-10 residents to care for. Staff F said they schedule direct care staff, so each resident would have 3.09 nursing hours per day per patient (PPD). When asked if they knew the required PPD, Staff F said 3.4.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview, on 06/05/2025 at 11:45 AM, Staff A, DNS (Director of Nursing Services), said staffing was dependent on census. Staff B said the following nursing administrative staff were counted in the PPD: DNS, Residential Care Managers (two), and Infection Preventionist. When asked if those staff were available on the weekends to meet the required PPD, Staff B said there was an administrative nurse on call on the weekends. Staff B said there was a manager on duty on the weekends, but it was not a nurse.</p> <p>Reference WAC 388-97- 1080 (1), 1090 (1)</p>		