

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/13/2025
NAME OF PROVIDER OR SUPPLIER  Martha and Mary Health Service		STREET ADDRESS, CITY, STATE, ZIP CODE  19160 Front Street Northeast Poulsbo, WA 98370	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46068</p> <p>Based on interview and record review, the facility failed to follow physician orders for a surgical wound for 1 of 3 (Resident 1) residents reviewed for quality of care. This failure placed residents at risk for clinical complications, infections and discomfort.</p> <p>Findings included .</p> <p>Resident 1 was admitted to the facility on [DATE].</p> <p>Resident 1's Hospital's Skilled Nursing Facility Transfer Orders, dated 02/15/2025, showed the resident had a C2-T10 PSF, T4 Corpectomy (surgical procedure on the spine) on 02/06/2025. The orders showed discharge instructions to the SNF [skilled nursing facility] to remove the staples in the incision three weeks postop (post-surgery) unless there were any concerns about the incision and then call the surgeon.</p> <p>Review of Resident 1's electronic medical record on 05/13/2025, showed no documentation the staples were removed from the resident's incision and/or the surgeon was contacted.</p> <p>Resident 1's discharge orders, dated 03/03/2025, showed the resident had a follow up appointment with the surgeon on 03/20/2025. The orders showed no documentation the resident had staples in their incision and/or instructions for removal.</p> <p>Resident 1's progress notes, dated 03/04/2025, showed the resident was discharged to their prior living facility with medications and orders.</p> <p>On 05/13/2025 at 04:02 PM, Staff A, Registered Nurse Case Manager, said Resident 1 was discharged to their assisted living facility with their current orders and referrals for home health. Staff A said there was no documentation sent regarding the staples in the resident's incision and/or documentation the facility staff had removed them.</p> <p>On 05/13/2025 at 4:43 PM, Staff B, Director of Nursing, said the facility staff missed Resident 1's order for staple removal from the surgical incision and failed to relay the information to the assisted living facility.</p> <p>Reference WAC 388-97-1060 (1)</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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