

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505537	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2026
NAME OF PROVIDER OR SUPPLIER Montesano Health-Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 800 N Medcalf Lane Montesano, WA 98563	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. . Based on observation, interview and record review, the facility failed to ensure beverage cups were thoroughly cleaned for 1 of 6 sampled residents (Resident 1) reviewed for dietary services. This failure placed residents at risk for exposure to unsanitary conditions that promote foodborne illness and a diminished quality of life. Findings included. Record review of the facility policy titled, Warewashing, dated 01/2024, showed All cookware, dishware, and serviceware that is not processed through the dish machine will be manually washed and sanitized. In an interview, and observation on 07/27/2026 at 4:17 PM, Resident 1 said that she had been served milk and other fluids in what appeared to be dirty cups. Resident 1 was able to provide a photo taken of one of the cups that appeared to have brown staining on the entire inner side of the clear plastic cup. Resident 1 stated this has happened on at least four occasions. In an observation and interview on 07/27/2026 at 6:06 PM, dietary staff were filling clear cups with milk which appeared to have brown staining on the inner side of the cup. Staff B, Dietary Chef said the cups are used for tea in addition to other beverages. Staff B said the tea film does not come off the inside of the cup with the standard washing process and needs to be soaked and then hand washed. 14 cups with brown staining were on the tray line area to be filled with beverages. Staff B said the cups should not be on the clean side of the kitchen and should have been set aside to soak and be hand washed. In an interview on 07/27/2026 at 6:51 PM, Staff A, Administrator, said she was not aware of dirty cups being used to serve residents. Staff A said she would expect the dishware to be thoroughly cleaned before used to serve residents. Reference WAC 388-97-1100 (3)		

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