

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 505309	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2020
NAME OF PROVIDER OF SUPPLIER CAREAGE OF WHIDBEY		STREET ADDRESS, CITY, STATE, ZIP 311 NORTHEAST 3RD STREET COUPEVILLE, WA 98239	
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 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to provide assistance with bathing for six of six residents (#1, #2, #3, #4, #5, and #6) reviewed for activities of daily living (ADL) who were unable to complete tasks independently. The facility failed to provide residents, who were dependent on staff for assistance, with bathing and placed residents at risk for poor hygiene, skin conditions, diminished quality of life and dignity. Findings included . Review of the facility's policy on resident bathing frequency showed the facility did not have a policy addressing the residents' bathing frequency. RESIDENT #6 Resident #6 was admitted on [DATE] with a [DIAGNOSES REDACTED]. Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE], showed the resident required physical help of one person for bathing. Review of the Care Plan Focus Problem ADL/Mobility performance deficit related to pneumonia initiated on 01/25/2020, showed no interventions addressing the residents bathing needs or frequency. Review of a Grievance Form dated 06/30/2020 showed Resident #6 family member was not happy due to the resident not getting routine showers. The facility response was to provide the resident a bath the following day and noted that the facility was working on a new shower schedule to improve and assure that resident showers were done. Review of the Documentation Survey V2 Report for bathing showed the following: In May 2020, the resident received four baths for the month on 05/02/2020, 05/08/2020, 05/22/2020 (13 days after last bath) and 05/25/2020; In June 2020, the resident received two baths for the month on 06/04/2020 and on 06/13/2020; and In July 2020 (from 07/01/2020 through 07/17/2020), the resident received five baths on 07/01/2020 (17 days after last bath), 07/08/2020, 07/10/2020 and two baths on 07/15/2020. In an interview on 07/16/2020 at 12:47 PM, Resident #6, stated that she was not getting showers and would like a shower every other day. RESIDENT #1 Resident #1 was admitted on [DATE] with a [DIAGNOSES REDACTED]. Review of the Significant Change MDS assessment dated [DATE], showed the resident required physical help of one person for bathing. Review of the Care Planned Focus Problem for ADL self-care performance deficit related to decline in mobility initiated on 12/03/2016 and revised on 06/11/2020, showed the resident bathing preferences was one to two shower per week. Review of the Documentation Survey V2 Report for bathing showed the following: In May 2020, the resident received six baths on 05/03/2020, 05/10/2020, 05/13/2020, 05/19/2020, 05/23/2020 and 05/27/2020; In June 2020, the resident received one bath on 06/14/2020; and In July 2020 (from 07/01/2020 through 07/17/2020), the resident received four baths on 07/07/2020, 07/11/2020, 07/16/2020 and 07/17/2020. In a phone interview on 07/01/2020 at 4:48 PM, Resident #1s family member expressed concerns with the lack of showers the resident had been receiving. RESIDENT #2 Resident #2 was admitted on [DATE] with a [DIAGNOSES REDACTED]. Review of the Significant Change MDS assessment dated [DATE], showed the resident required total assistance of one person with bathing. Review of the Care Planned Focus Problem for ADL/mobility performance deficit related required assist from staff due to new stroke with a revised date of 11/11/2019, showed bathing required two persons assist with transfer into the shower chair and one person assist with bathing. Review of the Documentation Survey V2 Report for bathing showed the following: In May 2020, the resident received three baths on 05/06/2020, 05/09/2020 and 05/22/2020; In June 2020, the resident received one bath on 06/04/2020; and In July 2020 (from 07/01/2020 through 07/17/2020), the resident received three baths on 07/02/2020 (27 days from last bath), on 07/11/2020 and on 07/17/2020. In an interview on 07/16/2020 at 1:02 PM, Resident #2, stated that she received a shower weekly maybe, It would be nice to get two showers, and the service is not very good. There is not enough care available. RESIDENT #3 Resident #3 was admitted on [DATE] with a [DIAGNOSES REDACTED]. Review of the Quarterly MDS assessment dated [DATE], showed the resident required total assistance of two persons for bathing. Review of the Care Planned Focus Problem of Self Care Deficit related to bilateral and right upper body weakness initiated on 11/22/2016 and revised on 06/09/2020, showed it was important to have two baths a week on Wednesday and Saturday. Review of the Documentation Survey V2 Report for bathing showed the following: In May 2020, the resident received four baths on 05/03/2020, 05/08/2020, 05/13/2020, and 05/19/2020; In June 2020, the resident received five baths on 06/05/2020, 06/10/2020, 06/14/2020, 06/19/2020 and 06/22/2020; and In July 2020 (from 07/01/2020 through 07/17/2020), the resident received two baths on 07/03/2020, and 7/11/2020. In an observation and interview on 07/16/2020 at 1:12 PM, Resident #3, stated that she received a shower weekly but would like a shower two to three times weekly. The resident had visible white matter on her teeth. Resident #3, stated that she would like to have oral care two to three times daily. RESIDENT #4 Resident #4 was admitted on [DATE] with a [DIAGNOSES REDACTED]. Review of the Quarterly MDS assessment dated [DATE], showed the resident required physical assistance of one person to bath. Review of the Care Planned Focus Problem of ADL self-care performance deficit related to [MEDICAL CONDITION] with a revised date on 10/16/2019, showed the resident would like two showers per week in the morning on Wednesdays and Saturdays. Review of the Documentation Survey V2 Report for bathing showed the following: In May 2020, the resident received four baths on 05/02/2020 05/08/2020 05/22/2020, and 05/25/2020; In June 2020, the resident received three baths on 06/05/2020, 06/09/2020 and 06/25/2020; and In July 2020 (07/01/2020 through 07/17/2020), the resident received one bath on 07/08/2020 and two baths on 07/17/2020. In an interview on 07/16/2020 at 1:21 PM, Resident #4, stated that she had gone up to three weeks without a shower but normally received a shower weekly and it was going on two weeks since her last shower. Resident #4 stated that she feels frumpy, and does not want to get up out of bed when she does not receive a shower. RESIDENT #5 Resident #5 was admitted on [DATE] with a [DIAGNOSES REDACTED]. Review of the Admission MDS assessment dated [DATE], showed the resident required physical assistance of one person for bathing. Review of the Care Plan Focus Problem of ADL self-care performance deficit related to weakness with an initial date of 12/16/2016 and resided on 05/18/2020 showed the resident would like her showers on Sunday and Wednesday in the morning. Review of the Documentation Survey V2 Report for bathing showed the following: In May 2020, the resident received five baths on 05/02/2020, 05/09/2020, 05/19/2020, 05/23/2020, and 05/27/2020; In June 2020, the resident received one bath on 06/09/2020; and In July 2020 (from 07/01/2020 through 07/17/2020) the resident received three baths on 07/03/2020, 07/12/2020, and on 07/15/2020. In an interview on 07/16/2020 at 2:01 PM, Resident #5 stated that she used to get a shower twice weekly but now she received a shower every one to two weeks. STAFF INTERVIEWS In an interview on 07/16/2020 at 2:06 PM, Staff A, NAC (Nursing Assistant Certified), stated that the staffing was always changing, and they did not really have the staff needed to provide the residents with the care and services they needed. We try our best. In an interview on 07/16/2020 at 2:37 PM Staff B, Licensed Practical Nurse/Resident Care Manager, stated that she felt the staff do the best they can with the staff they have and they were trying to hire. Staff B stated that staffing needs come up daily and they try to fill the openings with back up staff, on call staff and PRN (as needed) staff. In a phone interview on 07/24/2020 at 12:02 PM Staff C, NAC, stated that they had written reminders as to which resident was scheduled for a shower. Staff C stated each shift looked through the computer charting system as well as things were passed on in the shift to shift report. Staff C stated they (the NAC) were supposed to look at the shower reports and they</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.

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<p>F 0677</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>documented showers in the computer. In a phone interview on 07/27/2020 at 12:41 PM Staff D, NAC, stated that she would look in a follow up report in the facility's computer system to see which resident last received a shower and she would offer them first. Staff D stated that they were told to do one to two showers each shift and if appropriately staffed, they do the best they could but if they were short staffed they would pass the showers down to the next shift. Staff D stated that now they were assigned showers versus having to look them up but sometimes they have a shower aide and they complete the assigned showers for the day. Staff D stated they document the residents' showers in the computer. Staff D stated that if the resident did not receive their scheduled shower it could be they refused which they charted to or if there were staff call offs they would be short staffed. Reference: (WAC) 388-97-1060(2)(c)</p>		