

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 505195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2020
NAME OF PROVIDER OF SUPPLIER NORTH AUBURN REHAB & HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 2830 1 STREET NORTHEAST AUBURN, WA 98002	
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 - Few	<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 interview and record review, the facility failed to provide assistance with Activities of Daily Living (ADLs) for dependant residents for three (#s 1, 2 & 3) of seven residents reviewed for bathing. Failure to consistently provide showers to residents who were dependant on staff for bathing placed residents at risk for poor hygiene, embarrassment, and decreased quality of life. Findings included, RESIDENT #1 Resident #1 re-admitted to the facility on [DATE]. According to the 06/10/2020 Admission Minimum Data Set (MDS, an assessment tool), the resident was cognitively intact with clear comprehension, required extensive assistance with ADLs, and decisions about bathing were determined to be very important. According to this assessment, Resident #1 was not bathed during the seven day assessment period. In an interview on 08/27/2020 at 11:50 AM, Resident #1 stated I have been here for two and a half months and only got two showers. I'm supposed to get them on Mondays and Thursdays. When asked what happens on scheduled shower days, Resident #1 stated they don't come in, the day just goes by. I started cleaning my groin every other day and used a fan to air it out, because (staff) were not coming. Review of the 08/26/2020 Facility Master Bathing Schedule (FMBS), confirmed Resident #1 was scheduled to receive bathing assistance on Monday and Thursday evenings. According to Resident #1's bathing records, between 08/01/2020 and 08/27/2020 (27 days), the resident was only bathed once on 08/20/2020. From 08/01/2020 through 08/19/2020 (19 days) no bathing was provided. During an interview on 08/28/2020 at 11:00 AM, when asked if Resident #1 was provided assistance with bathing at the frequency he was assessed to require Staff B, (Director of Nursing) stated, No. RESIDENT#2 Resident #2 admitted to the facility on [DATE]. According to the 06/02/2020 Quarterly MDS, the resident was cognitively intact with clear comprehension, required extensive assistance with personal hygiene, and decisions about bathing were assessed to be very important. According to this assessment, Resident #2 was not bathed during the seven day assessment period. When interviewed on 08/27/2020 at 11:50 AM, Resident #2 recalled long gaps between showers and stated that staff don't come when they are supposed to, and indicated the long periods without bathing made him feel unclean. According to the 08/26/2020 FMBS, Resident #2 was scheduled to receive bathing assistance twice a week on Tuesday and Saturday evenings. Review of Resident #2's bathing records from 07/31/2020 through 08/26/2020, showed Resident #2 only received bathing assistance on four of his eight scheduled bathing days. Additionally from 07/31/2020 through 08/10/2020 the resident was not bathed for 11 consecutive days. In an interview on 08/28/2020 at 11:25 AM, Staff B acknowledged the facility failed to offer and provide bathing in accordance with the established bathing schedule. RESIDENT #3 Similar findings were noted for Resident #3 who according to the 08/26/2020 FMBS was to be bathed every Monday and Thursday. Review of the bathing records for July and August 2020, showed between 07/30/2020 and 08/27/2020 (29 days), the resident was only bathed two times. From 08/01/2020 to 08/16/2020 (16 days) there is no record of any bathing being provided. During an interview on 08/28/2020 at 11:25 AM, Staff B acknowledged the facility failed to consistently provide bathing assistance to Resident #3 and indicated 16 days without a shower was excessive. REFERENCE: WAC 388-97-1060 (2)(c). .</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.