

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 505338	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2020
NAME OF PROVIDER OF SUPPLIER SNOHOMISH HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 800 10TH STREET SNOHOMISH, WA 98290	
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 0557 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interviews and record review, the facility failed to provide care in a manner that promoted resident respect and dignity for one of three residents (#1), reviewed. This failed practice placed the resident at risk for diminished self-worth, humiliation, frustration, and a decreased quality of life. Findings included . Review of the facility policy Resident Rights, updated September 2017 showed the facility provided federal and state specific resident rights to the residents and/or resident representative. Review of the Federal and State regulations for resident rights related to dignity included the following: A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. Additionally, The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. Resident #1 admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the resident's current care plan showed the resident was dependent upon 1-2 staff assistance for activities of daily living to include bed mobility, transfers, toileting, dressing, and bathing. Review of the Resident Functional Performance Record for the last week in February 2020 through 03/04/2020 showed the form was incomplete for bladder function, however on the times it was completed showed the resident was usually continent of urine. In an interview on 03/04/2020 at 11:40 AM, Resident #1 stated on one occasion, she believed it was about a week ago, she waited an hour for someone to respond to her call light. She stated she needed assistance to use the bathroom and when it took so long for assistance, she flooded her pants. She said she was very upset and she was crying by the time Staff A, Nursing Assistant (NA) answered her call light. Resident #1 stated that was a dignity issue. Resident #1 stated she had a couple of falls and was told she had to have help to use the bathroom. She said she watched a staff member walk past her room [ROOM NUMBER] times without stopping. She said Staff A told her all staff was to answer call lights. In an interview on 03/04/2020 at 4:14 PM, Staff A, NA stated she recalled the day when Resident #1 was incontinent and was upset, crying, and embarrassed when she answered her call light. She stated it was right after meal time and she had been assigned to the dining room. She stated another NA had been assigned to answer call lights while she was off the floor and should have responded to Resident #1's call light. She said she had to comfort the resident and calm her down. She stated she could not recall the date but believed it was last week when this occurred. She stated the resident was usually continent and used her call light to request assistance with toileting. In an interview on 03/09/2020, the Director of Nursing Services was informed of the findings of failed practice for dignity for Resident #1. She stated Staff A had not reported Resident #1's allegation of not receiving call light response for an hour, resulting in incontinence and emotional distress. Reference (WAC): 388-97-0860(1)(a)</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.