

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>505386</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MARYSVILLE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1821 GROVE STREET MARYSVILLE, WA 98270</b>	
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 0725  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to ensure they had sufficient nursing staff to provide care-planned care for one of three residents (#13) reviewed for restorative nursing services. The facility failure to provide sufficient restorative nursing staffing resulted in Resident #13 not receiving care-planned restorative services which placed the resident at risk for declines in mobility and range of motion related to lack of services. Findings included . The resident admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the resident's Nursing Rehab/Restorative records, for 30 days, with a print date of 09/10/2020, revealed she was care planned to have received active range of motion (ROM) with hip and knee movements five to six times per week with a goal to maintain bilateral (both) lower extremity ROM. In review of the 30 day look back period showed the resident only received this restorative service five times. The resident was also care planned to have received Active ROM to her bilateral lower extremities to include heel slides and hip exercises, for that 30 days the resident only received that restorative services five times. The resident had no documented refusals at all for the 30 days reviewed. In an interview on 09/10/2020 at 1:25 PM, the resident was unable to recall if she got restorative services or not, she just did not know anything about her restorative program at all. In an interview on 09/10/2020 at 1:48 PM, Staff A, Licensed Practical Nurse/Resident Care Manager, stated she thought the resident actually had refused restorative services on most days, but she couldn't say for sure. Staff A stated neither of the restorative aides was working that day so she just did not know. In a phone interview on 09/17/2020 at 12:07 PM, the Director of Nursing Services stated they (the facility staff) just didn't get to it (performing Resident #13s restorative program), she stated she didn't know if it was due to lack of staffing or not. In a phone interview on 09/17/2020 at 2:58 PM, Staff B, Restorative Aide (RA), stated the RAs didn't always get to Resident #13 to perform her restorative services because the RAs got pulled to the floor at least twice a week to work as nursing assistants. Staff B stated when she was on vacation that no staff were scheduled to cover her absence, so the residents that were to receive restorative services did not receive them at all. Staff B stated another reason why residents didn't always receive their care-planned restorative services was that if the nursing assistants on the floor needed help, for example needed two staff to transfer a resident, the RAs were responsible for helping them which she stated took away from their available time to provide restorative services. Staff B stated the two RAs just didn't have enough time to get to all of the restorative services residents were supposed to receive, and that We just can't get to all of the residents. In an interview on 09/08/2020 at 12:15 PM, Staff C, RA, stated not every resident that was supposed to receive restorative services actually received the services because she didn't have time, and that she had notified the nurses. Review of the Director of Nursing Services resignation letter, dated 08/28/2020, revealed one of the reasons she cited for resigning was that From my clinical perspective, we do not have enough associates to meet our obligations to the residents in our care. In an interview on 09/08/2020 at 12:53 PM, the Administrator stated to the best of her knowledge all care was getting done that she knew of. Reference: (WAC) 388-97-1080 (1)</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.