

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505093	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2026
NAME OF PROVIDER OR SUPPLIER Orchard Park Health Care & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4755 South 48th Tacoma, WA 98409	
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)		
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that a restorative nursing program was initiated for 1 of 1 residents (Resident 1) reviewed for range of motion (ROM) and mobility. This failure placed the resident at risk for decreased ROM, worsening contractures (a tightening/shortening of muscles, tendons, or ligaments causing a rigid, abnormal, and typically fixed positioning of joints), decreased independence, and a diminished quality of life. The facility had corrected the above deficiency prior to the complaint survey, and it is constituted as past non-compliance (the facility was not in compliance at the time the incident occurred; however, there was sufficient evidence the facility corrected the non-compliance after it was identified) and is no longer outstanding. Findings included. Review of the admission Minimum Data Set (MDS, a required assessment tool), dated 12/05/2025, showed that Resident 1 admitted to the facility on [DATE] with diagnoses to include stroke, aphasia (a communication disorder caused by brain damage - most commonly a stroke - that impairs a person's ability to process, express, or understand language), malnutrition and depression. In addition, the MDS showed that Resident 1 had adequate speech, adequate hearing, was able to make needs known, able to understand others, had no behaviors, no rejection of care, did not walk, required partial to maximal assistance for activities of daily living (ADLS), and was always incontinent (involuntary loss of control) of bowel and bladder. An observation on 03/09/2026 at 1:38 PM showed Resident 1 lying in bed. The bed was against the wall and positioned so that Resident 1 was facing toward the window. The head of the bed was elevated, there were wedge-style pillows under the left side of the body, so that Resident 1 was resting on their right side. Resident 1 was initially curled up in fetal position but then began moving their right leg with full ROM - stretching it out fully and placing it up against the wall. The left leg remained in a contracted position. Resident 1's left hand and arm appeared contracted as well. Review of the Physical Therapy (PT) Discharge Summary, signed on 01/14/2026, showed that Resident 1 was discharged from skilled PT services on 01/13/2026. The discharge summary showed that two of Resident 1's therapy goals were to demonstrate improved active/passive ROM of left hip and knee with use of splinting and ROM techniques, and to demonstrate good tolerance to right knee splinting with carry over of functional ROM. The discharge summary also showed that their discharge recommendations were to continue Resident 1's splint and brace. The care plan, dated 02/26/2026, showed that Resident 1 had limited physical mobility related to contractures, and that there was a referral to Restorative Nurse Assistant (RNA, specialized certified nursing assistants [CNA] with advanced training in rehabilitative techniques). In interview on 03/19/2026 at 1:08 PM, Staff B, Certified Occupational Assistant (COTA) stated that Resident 1 was discharged from all skilled therapy services (physical, occupational, and speech) on 01/13/2026. Staff B, COTA, stated that there was a restorative nursing program written for Resident 1, but it could not be located. In interview on 03/19/2026 at 1:47 PM, Staff A, Director of Nursing Services (DNS) stated that Resident 1 had a restorative nursing program referral, dated 01/08/26, for right knee splint 3 x week, but they were unable to locate the referral and were unable to locate any documentation to show that a (continued on next page)</p>		

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
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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>restorative nursing program was completed for Resident 1 between 01/14/2026 and 03/09/2026. During an interview on 03/19/2026 at 1:56 PM, Staff A, DNS, stated that the facility had identified that the restorative nursing program was not being provided as care planned, and they immediately began working on and developed an internal plan of correction which included audits of all residents' restorative programs, measurements of contractures; in-servicing (education) of staff on restorative program documentation; ongoing audits of restorative programs being administered to residents; and referral to the Quality Assurance and Performance Improvement program for ongoing monitoring. Staff A, DNS, stated they had achieved compliance as of 03/09/2026. Review of documentation and review of current facility resident EHR showed facility had achieved compliance as of 03/13/2025. Past noncompliance - no plan of correction required. Reference WAC 388-97-1060 (3)(d).</p>