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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>505239 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>07/11/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Park Rose Care Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>3919 South 19th Street<br>Tacoma, WA 98405 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
| <p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46827</b></p> <p>Based on interview and record review, the facility failed to ensure 1 of 6 residents (Resident 1) had Cardiopulmonary Resuscitation (CPR) directives clearly documented and available to inform staff of the resident/resident representative's wishes in the event CPR was needed. The failure to ensure the physician order was updated in the electronic health record (EHR) and the Physician Orders for Life Sustaining Treatment (POLST) form were available placed the resident at risk for not receiving care in accordance with their decision-making if their heart stopped beating or breathing stopped.</p> <p>Findings included .</p> <p>Facility policy, Cardiopulmonary Resuscitation (CPR), ,d+[DATE], documented Regency Pacific Management, LLC and its affiliated communities shall be able to and does provide emergency basic life support immediately when needed, including cardiopulmonary resuscitation, to resident requiring such care prior to the arrival of emergency medical personnel in accordance with the related physicians' orders and the resident's advance directives. The policy also documents, Upon admission and on a routine basis, residents and their legal representatives will provide the facility with any legal documents identifying decisions on CPR. POLST forms will be kept in the front of a resident's chart or emergency binder and scanned in the facility electronic medical record. Physician orders will be obtained to ensure the resident's wishes are addressed. Any previously retained POLST form will be archived.</p> <p>Resident 1 was admitted on [DATE] with multiple diagnoses including nontraumatic intracerebral hemorrhage in brain stem [a type of stroke (a disease that affects the arteries leading to and within the brain)].</p> <p>Resident 1's EHR documented the code status was Do Not Resuscitate (DNR) status.</p> <p>Resident 1's EHR did not contain a POLST form or an advance directive (a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves).</p> <p>(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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>On [DATE] at 1:50 PM, Staff C, Resident Care Manager (RCM)/Licensed Practical Nurse (LPN), said on [DATE] Resident 1's daughter was in the facility visiting her mother. Staff C said she reviewed the admission paperwork with the daughter which included the hospital having the resident down as DNR. The daughter requested to change the DNR status to CPR. A POLST form was filled out reflecting the CPR status change and placed in the box for the provider to review and sign. Staff C said she did not update the EHR related to the new code status. Staff C said on [DATE] she had heard that Resident 1 had passed. Staff C said she tried to find the new POLST form that had been filled out and could not locate it.</p> <p>At 2:03 PM, Staff B, Director of Nursing Services (DNS)/Registered Nurse (RN), said the admitting nurse should have called the provider, obtained an order for the new code status, and entered that order into the EHR once the new POLST form had been filled out. Staff B said in the absence of a POLST form then the resident should have reverted to full code.</p> <p>Reference WAC [DATE](1)</p> |   |  |