

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Olympia Transitional Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  430 Lilly Road Northeast Olympia, WA 98506	

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 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49451</b></p> <p>Based on interview and record review, the facility failed to ensure timely laboratory (lab) services were provided for 2 of 3 residents (Resident 3 and 4) reviewed for lab services. This failure placed residents at risk for delayed identification and treatment of underlying health conditions, over or underdosing of medication and other potential negative outcomes.</p> <p>Findings included .</p> <p>Review of the undated facility policy, titled, Lab Test Results Protocol, showed incoming and outgoing nurses would review the lab book for any labs that were still pending and follow-up accordingly.</p> <p>&lt;Resident 3&gt;</p> <p>Resident 3 was admitted to the facility on [DATE] with diagnoses including aftercare following hip joint prosthesis, osteomyelitis (bone infection) of the left femur (thigh bone). The 5-day Minimum Data Set (MDS), an assessment tool, showed Resident 3 was cognitively intake, had no behaviors and was dependent on staff for personal hygiene, transfers and toileting.</p> <p>Resident 3's physician orders showed the following:</p> <p>06/19/2024 - complete blood count (CBC) (a blood test that provides information about the cells in the blood), comprehensive metabolic panel (CMP) (measures 14 substances in the blood to provide information about metabolism, chemical balance and overall health), erythrocyte sedimentation rate (ESR) (a blood test that indicate inflammation in the body), C-reactive protein (CRP) (a blood test to help identify inflammation in the body) weekly every Thursday.</p> <p>07/02/2024 - CBC, BMP CRP x1</p> <p>07/02/2024 - Fax labs to Infectious Disease Clinic (ID) clinic</p> <p>07/31/2024 - CBC, CMP, ESR, CRP every Thursday and fax results to ID.</p> <p>Review of Resident 3's lab results showed no CBC lab results for 07/02/2024, no lab results for 07/14/2024 through 07/20/2024 or 08/04/2024 through 08/10/2024 were documented in Resident 3's medical record.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/23/2024 at 1:25 PM, Staff C, Registered Nurse (RN) said they were the assigned nurse for Resident 3 and acknowledged they were unable to get the amount of blood required for the lab tests ordered on 08/08/2024. The nurse said they notified the Resident Care Manager but were unsure if the lab tests were completed for Resident 3 for 08/08/2024.</p> <p>On 08/27/2024 at 4:30 PM, Staff B, Director of Nursing Services and Registered Nurse, acknowledged Resident 3 had weekly labs ordered on 06/19/2024 which included CBC, CMP, ESR, CRP to be drawn every Thursday by nursing. Staff B said the CBC was not completed on 07/02/2024 as the facility did not have the appropriate blood tubing to draw the lab and no documentation could be provided that other attempts were made for the missing labs. Staff B said the resident should have had weekly labs drawn on 07/18/2024 and confirmed the electronic medical record was left blank. Staff B confirmed the weekly labs were not drawn on 08/08/2024 as the nurse could not obtain blood from the peripherally inserted central catheter (PICC) line and had to complete a venous blood draw. Staff B could not provide documentation the provider was notified or that other attempts were made to obtain the ordered lab tests due on 08/08/2024.</p> <p>&lt;Resident 4&gt;</p> <p>Resident 4 was admitted to the facility on [DATE] with diagnoses including orthopedic after care, arthritis due to bacteria in right hip, and acquired absence of right hip joint. The Admission MDS, dated [DATE], showed Resident 4 was cognitively intact, had no behaviors and was dependent on staff for personal hygiene and transfers.</p> <p>Resident 4's physicians' orders, dated 07/09/2024, showed an order to obtain CBC, CMP, ESR, CRP and fax results to ID.</p> <p>Review of Resident 4's medical record showed no documentation of lab results for CBC, CMP, ESR or CRP.</p> <p>On 08/27/2024 at 4:30 PM, Staff B said she called the laboratory to obtain Resident 4's lab tests for CBC, CMP and CRP for 07/10/2024. Staff B said labs were obtained but the results of the labs were not in the resident's medical record, so it was unlikely the lab results were forwarded to the Infection Disease office as ordered. Staff B said the lab results should be in the results tab when completed and available for nurses to review.</p> <p>Reference WAC 388-97-1620 (2)(b)(i)</p>		