

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 01/30/2026
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure laboratory tests were completed as ordered for 1 of 3 residents (Resident 4) reviewed for quality of care. This failure placed the resident at risk of medical complications from lack of monitoring of medical conditions. Findings included. Review of the facility policy, titled Laboratory Testing, undated showed It is the policy of this facility to obtain laboratory and radiology services when ordered by a physician, PA [Physicians Assistant], NP [Nurse Practitioner] or clinical nurse specialist and to promptly notify the ordering entity of test results. Lab results and pending or missing lab results will be part of a change of shift report. Pending or missing lab results will be followed-up during daily clinical meeting. Resident 4 was admitted to the facility on [DATE] with diagnoses including Parkinson's Disease and Hyperparathyroidism (occurs when 1 or more of the 4 parathyroid glands in the neck produce excessive parathyroid hormone [PTH], leading to high calcium levels [hypercalcemia]. Review of the admission Minimum Data Set (MDS), an assessment tool, dated 10/25/2025 showed the resident had cognitive impairment and required assistance for activities of daily living. Review of Resident 4's laboratory results dated [DATE] showed a high calcium level of 12.2 (8.6 - 10.2 normal range). Review of a physician's order, dated 11/14/2025, showed an order to obtain PTH, vitamin D and ionized calcium one time only for hyperparathyroidism. Review of Resident 4's laboratory results, dated 11/14/2025, showed a PTH and ionized calcium were not performed/ no specimen was received. Review of a provider note, dated 11/22/2025, showed .calcium 12.2 on 11/7/25. PTH and ionized calcium was not performed, reordered today. Review of a physician's order, dated 11/28/2025, showed an order to obtain PTH and ionized calcium one time only for hyperparathyroidism. Review of Resident 4's laboratory results, dated 11/29/2025, showed PTH and ionized calcium not performed, no specimen received. Review of a physician's order, dated 12/01/2025, showed an order to obtain a CBC (complete blood count) and CMP (comprehensive metabolic panel). Review of a progress note, dated 12/02/2025 at 11:17 PM, showed the nurse received call from the lab related to a critical lab value for calcium. Resident transferred to the hospital for evaluation and treatment. Review of Resident 4's hospital record showed the resident was admitted to the hospital on [DATE]. Hospital records showed .Blood work. Calcium was elevated at 17. Pt [patient] was admitted .for acute pulmonary embolism (blood clot that blocks and stops blood flow to an artery in the lungs), aspiration pneumonia (infection caused by inhaling something other than air in the lungs) and hypercalcemia (abnormally high calcium levels in the blood, primarily caused by hyperparathyroidism or malignancy). During an interview with Staff A, Administrator on 01/30 /2026 at 11:45 PM, he acknowledged Resident 4 had physician orders for labs on 11/14/2025 and 11/29/2025 for PTH and calcium ionized levels. He acknowledged the lab indicated the specimens for calcium and PTH were not obtained on those dates. Staff A acknowledged the lab notified the facility Resident 4 had a high calcium level on 12/02/2025 and the resident was sent to the hospital for evaluation and treatment. Staff A stated it was a nursing responsibility to</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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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>ensure labs were collected, sent and results were received as ordered. Reference WAC 388-97-1620 (2)(b)(i)(ii)</p>