

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  03/19/2026
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to monitor the functioning of window alarms to prevent elopement for 1 of 20 residents (Resident 1) in a secure dementia unit. This failure placed residents at risk for elopement from the facility, injury and a diminished quality of life. Findings included. Resident 1 was admitted to the facility on [DATE] with diagnoses including dementia (loss of memory, function, and overall thinking to the point where it disrupts daily living) with behavior disturbance and sensorineural hearing loss (permanent hearing loss). The Minimum Data Set (MDS), an assessment tool, dated 02/15/2026 showed Resident 1 was cognitively impaired, had shown behavior symptoms, wandering behaviors and required staff supervision for ambulation and most activities of daily living. Review of Resident 1's elopement/wandering evaluation, dated 02/09/2026, documented the resident was disoriented, ambulated independently or with supervision and had a score of 21 (High risk 10-55). Review of Resident 1's care plan, dated 02/10/2026, showed the resident was at risk for elopement, wandered, had a history of attempts to leave the previous facility unattended, had impaired safety awareness and wandered aimlessly. An intervention of a wander guard (electronic wander management system designed to protect residents with cognitive impairment from wandering away from a facility) was implemented on 02/10/2026. Review of a physician's order, dated 02/09/2026, showed Resident 1 may reside in the secured dementia unit. Review of Resident 1's progress note, dated 02/14/2026 at 11:52 PM, documented the left window screen on Resident 1's window was observed on the ground outside, indicating the resident likely exited through the window, ambulated around the exterior of the building, then rang the doorbell at the front entrance and reported this information to the staff. Review of a facility investigation summary for an incident, dated 02/14/2026, showed Resident 1 left the facility unattended on 02/14/2026 between the hours of 9:45 pm and 10:30 pm. The resident returned unharmed and was dressed appropriately. It was identified Resident 1 had left the facility through an alarmed window that failed to alarm when the resident opened the window. On investigation the alarm on Resident 1's window malfunctioned. Resident 1 was placed on 15-minute safety checks throughout the night. The alarm system was replaced the following morning. On 03/17/2026 at 3:10 PM, Resident 1 was observed seated on a chair in the dining room working on a puzzle. The resident had a wander guard on the lower extremity. Observation of the resident's room showed a functioning window alarm on the left side of the window and the window screen intact. During an interview with Staff A - Administrator on 03/18/2026 at 9:45 AM, he acknowledged on 02/14/2026 at 10:30 PM, Resident 1 had rang the facility doorbell and asked to return to his room. He stated the window screen had been found outside and it appeared the resident had exited the facility through the window. Staff A stated the window alarm was found intact with workable batteries but did not alarm. He stated the facility checked all resident window alarms and found no other issues. Staff A was asked how often the window alarms were checked. He stated maintenance was checking the window alarms approximately quarterly but could not provide documentation of checking the function of the window alarms. During an interview with Staff B, Plant Operations Manager on 03/18/2026 at 1:00 PM, he stated he made rounds weekly (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
---	-------	-----------

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  03/19/2026
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>and glanced at the window alarms for any flashing red light which may indicate it needed attention. He stated he checked for window alarm function and changed the batteries on all window alarms every three months. He acknowledged he did not have documentation of maintenance or checks for the window alarms for the secure dementia unit. Reference WAC 388-97-1060(3)(g)</p>		