

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 04/01/2025
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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>37044</p> <p>Based on interview and record review, the facility failed to ensure resident funds were transferred to the state office of financial recovery (OFR) within 30 days of death or discharge, for 1 of 1 discharged residents (Resident 332) reviewed for trust accounts. This failure resulted in delayed reconciliation of resident trusts.</p> <p>Findings included .</p> <p>Review of Resident 332's death in facility Minimum Data Set (an assessment tool), dated 12/23/2024, showed the resident was on Medicaid and discharged from the facility on 12/23/2024.</p> <p>Review of Resident 332's trust account ledger, showed a balance of \$106.46 on 12/23/2024.</p> <p>On 04/01/2025 at 8:33 AM, a copy of the check for \$106.46 sent to the OFR was requested. Staff L, Business Office Manager, reported that Resident 332's trust balance had not yet been conveyed (the act of legally transferring property from one entity to another) to the OFR.</p> <p>Reference WAC 388-97-0340(5)</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37044</p> <p>Based on interview and record review, the facility failed to ensure care plans (CPs) were reviewed, revised, and accurately reflected resident care needs for 4 of 18 sample residents (Residents 331, 26, 67 & 71) whose CPs were reviewed. These failures placed residents at risk for unmet care needs, inappropriate care, and other negative health outcomes.</p> <p>Findings included .</p> <p>1) Resident 331 admitted to the facility on [DATE], with a NPO (nothing by mouth) order secondary to dysphagia (difficulty swallowing).</p> <p>A nutrition care plan for Resident 331, initiated 03/14/2025, showed if the resident ate less than 50% of their meal, staff were to offer a meal replacement, and were to monitor and report to the physician any decrease in appetite.</p> <p>An at risk for falls care plan for Resident 331, initiated 03/14/2025, directed staff to keep needed items, water, etc., in reach.</p> <p>An antiplatelet therapy care plan for Resident 331, initiated 03/19/2025, directed staff to monitor for loss of appetite.</p> <p>An acute/chronic pain care plan for Resident 331, initiated 03/14/2025, directed staff to offer snacks and fluids.</p> <p>A potential for pressure ulcers care plan for Resident 331, initiated 03/16/2025, directed staff to encourage fluid intake.</p> <p>An incontinent of bowel care plan for Resident 331, initiated 03/21/2025, directed staff to encourage fluids during the day to promote prompted voiding responses.</p> <p>On 03/28/2025 at 2:08 PM, Staff B, Director of Nursing Services (DNS), said the six care plans referenced above with interventions directing staff to offer/encourage oral food and fluid intake were inappropriate and needed to be revised/updated.</p> <p>2) Resident 26 admitted to the facility on [DATE]. A 04/23/2024 Dental Hygienist (DH) consult documented the resident had heavy build-up of food and plaque on their teeth. The DH recommended the resident's teeth be brushed two times per day.</p> <p>A 04/29/2024 dental consult documented that teeth numbers 22, 25, 29 and 31 were decayed and needed attention</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An activities of daily living care plan, initiated 08/10/2022, identified the resident had natural teeth and required one person assistance with oral care. The care plan failed to address the resident's four decayed teeth in need of attention identified on the 04/29/2024 dental consult, nor was there direction to staff to brush the resident's teeth twice daily as recommended by the DH.</p> <p>A seen by DH for potential carries [cavities] care plan, initiated 08/10/2022, showed the resident was seen by the DH on 04/23/2025, but failed to include the DH's recommendation to brush the resident's teeth two times a day, or the dentist's identification of four decayed teeth in need of attention.</p> <p>On 03/31/2025 at 2:16 PM, Staff B, DNS, said the DH's 04/23/2024 recommendation to brush Resident 26's teeth twice a daily, and the four decayed teeth (identified on the 04/29/2024 dental consult) should have been incorporated into the resident's CPs, but acknowledged they were not.</p> <p>3) Resident 67 admitted to the facility on [DATE]. Review of the Quarterly MDS, dated [DATE], showed Resident 67 was assessed to be constipated (two or fewer bowel movements during the seven-day assessment period).</p> <p>On 03/26/2025 at 1:52 PM, Resident 67 reported they had ongoing problems with constipation.</p> <p>Review of Resident 67's Electronic Health Record (EHR) showed a constipation care plan had not been developed or implemented.</p> <p>On 02/28/2025 at 2:13 PM, Staff B, DNS, said a care plan should have been developed and implemented, that addressed Resident 67's ongoing struggles with constipation.</p> <p>46793</p> <p>4) Resident 71 was admitted to the facility on [DATE]. The 5 Day MDS, dated [DATE], documented Resident 71 was on a diuretic (a medication that increases the production and excretion of urine by the kidneys) and was severely cognitively impaired.</p> <p>Resident 71 was prescribed Spironolactone (a diuretic) on 03/06/2025.</p> <p>Resident 71's CP under Special Instructions documented Resident 71 was not on diuretic. The CP had no section regarding the use of diuretics for Resident 71.</p> <p>Resident 71's Medication Administration Record and Treatment Administration Record for March 2025, documented Resident 71 had received Spironolactone daily.</p> <p>On 03/31/2025 at 11:22 AM, Staff B, DNS was interviewed with Staff D, Social Services Director and Staff E, Clinical Resource, present. Staff B said Resident 71 was on spironolactone. After reviewing the CP special instructions, Staff B said the CP only said not on diuretic and said the diuretic should have been on the CP.</p> <p>Reference WAC 388-97-1020(2)(c)(d)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46793</p> <p>Based on observation, interview and record review, the facility failed to ensure services provided met professional standards of practice related to accurate documentation of skin assessments for 1 of 6 residents (Resident 36) reviewed for skin conditions, accurate documentation of oral care 1 of 2 residents (Resident 331) reviewed for dental care, completion of orders on the Medication Administration Record (MAR)/Treatment Administration Record (TAR) for 2 of 18 sampled residents (Residents 18 & 74) reviewed, and to follow orders to provide influenza vaccinations to 1 of 5 residents (Resident 71) reviewed for immunization. This failure placed residents at risk for delays in treatment, unmet care needs, and potential negative outcomes.</p> <p>Findings included .</p> <p><Documentation of Skin Assessments></p> <p>Resident 36 was admitted to the facility on [DATE]. The Quarterly Minimum Data Set (MDS, an assessment tool), dated 02/03/2025, documented Resident 36 was severely cognitively impaired.</p> <p>On 03/26/2025 at 11:07 AM, Resident 36 was sitting in a chair outside the dining room on the 500 Hall and was observed with a grey band around their left ankle with a pencil eraser sized red mark/scab located on the left ankle under the grey band with redness around the scab and long band line.</p> <p>On 03/31/2025 at 9:19 AM, Resident 36 was sitting in a chair outside the dining room on the 500 Hall. Staff C, Licensed Practical Nurse (LPN), was asked to observe Resident 36's ankle. Observation showed a pencil eraser sized scab on left ankle (on the top of the foot) with smaller scattered scabbing in a horizontal line about 1 inch long, with the wander guard located about 1 & 1/2 inches above the scab.</p> <p>A skin assessment titled, LN [Licensed Nurse]- Skin Evaluation - PRN [as needed] / Weekly, dated 03/30/2025, documented Skin is warm to touch. No new skin issues noted.</p> <p>A skin assessment titled, LN [Licensed Nurse]- Skin Evaluation - PRN [as needed] / Weekly, dated 03/23/2025, documented Skin is warm to touch. No new skin issues noted.</p> <p>On 03/31/2025 at 9:20 AM, Staff C, LPN, said if we find something like redness or a skin tear, it should be documented and measured and so we can take care of it. Staff C said if no new skin issues were observed, documentation would say, 'skin dry and intact, no concerns.' Staff C said if there was a new skin issue, documentation should include location, length, width and deep, including redness. When asked about Resident 36's skin impairment on the left ankle, Staff C checked the Electronic Health Record (EHR) and said the skin impairment was not documented and should have been. When asked about a possible cause for the skin impairment, Staff C said the wander guard looked as if it could have caused the skin impairment.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/31/2025 at 11:22 AM, Staff B, Director of Nursing Services (DNS), with Staff D, Social Services Director, and Staff E, Clinical Resource present, said staff made them aware of Resident 36's skin impairment and the expectation was that all skin impairments would be documented, to be able to provide care for and determine root cause.</p> <p>37044</p> <p><Documentation of Oral Care></p> <p>Resident 331 admitted to the facility on [DATE]. Review of the Admission MDS, dated [DATE], showed the resident had moderate cognitive impairment and was dependent on staff for oral care.</p> <p>On 03/26/2025 at 2:31 PM, Resident 331 reported they were provided oral care the previous evening for the first time since admission.</p> <p>Physicians' orders, dated 03/14/2025, showed Resident 331 was NPO (nothing by mouth) secondary to dysphagia (difficulty swallowing), and directed licensed nurses to provide Resident 331's oral care twice daily, once on day shift and once on evening shift.</p> <p>On 03/28/2025 at 10:29 AM, Resident 331 said they had not received oral care since the evening of 03/25/2025, as previously reported. The resident said staff informed them they had to wait for an order of toothettes to be delivered.</p> <p>On 03/28/2025 at 11:26 AM, Resident 331's assigned care giver Staff O, Certified Nursing Assistant (CNA), said they had not provided oral care to the resident.</p> <p>On 03/28/2025 at 11:26 AM, when asked about Resident 331's oral care, Staff P, Registered Nurse (RN), stated, I would think the (CNAs) would use a toothettes to provide oral care. When asked about his role in the provision of Resident 331's oral care, Staff P said they were responsible to ensure the CNAs provided it. Staff P then confirmed they had never personally provided oral care to Resident 331.</p> <p>Review of the March 2025 MAR showed the Staff P, RN, signed they provided Resident 331's AM oral care as ordered. Further review showed Staff P, RN had previously signed for Resident 331's oral care on 03/19/2025 for both day and evening shifts.</p> <p>On 03/28/2025 at 2:43 PM, Staff B, DNS, indicated a licensed nurse should only sign for tasks they completed or validated were complete, and acknowledged on three occasions Staff P signed for oral care they never provided.</p> <p>42960</p> <p><Documentation on MAR and TAR></p> <p>1) Resident 18 was admitted to the facility on [DATE]. The Admission MDS, dated [DATE], documented Resident 18 was moderately cognitively impaired.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 18's MAR and TAR for March 2025 showed four orders with blank boxes (no documentation) on 03/12/2025 for the night shift:</p> <ol style="list-style-type: none"> 1. Stage 1 Pressure Ulcer to Sacrum: 1. Cleanse with wound cleanser or sterile saline. 2. Apply skin prep to sacrum/coccyx area. 3. Cover with bordered foam dressing 2. Surgical Incisions to Right Thigh: Monitor placement and condition of silver dressings and notify the doctor or nurse manager if dressing is soiled or dislodged 3. Catheter Care 4. Stage 1 Pressure Ulcer to Bilateral Heels: 1. Apply skin prep 2. Apply boots, as allows. 3. Float heels, as tolerated every shift for Skin integrity <p>On 03/31/2025 at 11:44 AM, Staff K, LPN/Resident Care Manager (RCM), said while looking at the MAR/TAR, it looked like these orders were not completed because it was red on the 12th for the night shift. Staff K said, I don't know what happened, but I expect the nurse to change the dressings and provide care.</p> <p>On 03/31/2025 at 2:55 PM, Staff B, DNS, with Staff E, Clinical Resource, present, said, I cannot find any documentation that these orders were completed, and I don't see a progress notes indicating why. When asked what the blanks meant on the MAR/TAR, Staff B said it was not charted on. Staff B said she would expect some documentation even if the resident refused care.</p> <p>2) Resident 74 was admitted to the facility on [DATE]. The Admission MDS, dated [DATE], documented Resident 74 was moderately cognitively impaired.</p> <p>A review of Resident 74's MAR and TAR for March 2025 showed three orders with blank boxes (no documentation) for:</p> <ol style="list-style-type: none"> 1. Measure external catheter length on 03/09/2025 and 03/10/2025. 2. Skin emollient ointment (lotion) for dry skin, on 03/12/2025 on the night shift. 3. Apply barrier cream to coccyx for 03/12/2025 on the night shift. <p>On 03/31/2025 at 11:26 AM, while looking at Resident 74's MAR and TAR, Staff J, LPN/RCM said, I am not sure if these orders were done because it was blank. Staff J said her expectation was for the staff to make sure they documented everything.</p> <p>On 03/31/2025 at 3:05 PM, Staff B, DNS, with Staff E, Clinical Resource, present, said, I don't see any documentation and/or a progress note to prove that these orders were completed, and my expectation was for documentation that it was done or that the resident refused.</p> <p>50945</p> <p><Influenza Vaccination></p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident 71 was admitted to the facility on [DATE].</p> <p>Review of the EHR showed a consent for the influenza (flu) vaccination was obtained on 02/12/2025.</p> <p>The EHR was reviewed on 03/27/2025, there was no record of an influenza vaccination given to Resident 71.</p> <p>Review of the MAR showed that on 02/22/2025 the nurse had signed off the influenza vaccine as Other/ See nurse Notes. The progress note from 02/22/2025 showed the nurse wrote the medication was out of supply.</p> <p>On 03/27/2025 at 5:53 PM, Staff B, DNS, emailed they were unable to find records of the influenza vaccine administered for Resident 71.</p> <p>During an interview on 03/28/2025 at 10:50 AM, Staff H, Infection Preventionist, when asked when the influenza vaccine went out of stock, responded that it never did and was in the refrigerator. [NAME] asked if it should have been given, said yes because Resident 71 had been consented.</p> <p>Reference WAC 388-97-1620(2)(b)(i)(ii),(6)(b)(i)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37044</p> <p>Based on observation, interview and record review, the facility failed to ensure the provision of bathing and oral care for 1 of 2 dependent residents (Resident 331) reviewed for activities of daily living (ADLs). These failures placed residents at risk for poor hygiene, body odor, dental caries (cavities or tooth decay), a decreased self-worth and diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's undated Partial-Bath policy showed residents could be bathed via shower, bed-bath or tub bath. They could also receive a partial bath on the days when full baths/showers were not provided. A partial bath consisted of washing the face, hands, underarms and groin. The policy instructed partial-baths should be provided every day that a shower/bed-bath/tub-bath was not provided.</p> <p>Resident 331 admitted to the facility on [DATE]. Review of the Admission Minimum Data Set (an assessment tool), dated 03/20/2025, showed the resident had moderate cognitive impairment, was dependent on staff for bathing and oral care, and choosing their type of bathing was Very Important.</p> <p>On 03/26/2025 at 2:29 PM, a strong foul odor was noted coming from Resident 331's room. Resident 331 was observed sitting up in bed with unclean, disheveled hair, and the strong odor appeared to be emanating from the resident's person. Resident 331 denied an incontinent episode. They reported staff had only provided oral care once since admission (12 days) and no showers had been provided. The resident said they requested a shower two days prior, on 03/24/2025, but had not received one yet. The resident stated, They [Staff] just wiped me down in bed, but that's not clean.</p> <p><Bathing></p> <p>On 03/31/2025 at 2:16 PM, Staff B, Director of Nursing Services, said resident preferences (bedtime/wake up time, type/frequency of bathing etc.) were obtained upon admit and were initially documented on a preference form, and then included in the resident's plan of care. Additionally, the facility policy for what a sponge bath entailed was requested.</p> <p>Review of Preference form, dated 03/14/2025, showed the form was not completed.</p> <p>Review of the March 2025 bathing record, from 03/14/2025 - 03/31/2025, showed the resident was offered/provided one shower, on 03/26/2025, in the 18 days since admission. The bathing record showed staff documented on 14 other days they provided a sponge bath.</p> <p>On 03/31/2025 at 2:16 PM, Staff B, Director of Nursing Services (DNS), said the facility did not have policy that described what a sponge bath entailed, but explained a sponge bath was equivalent to a partial-bath and provided a partial-bath policy.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/31/2025 at 4:44 PM, Staff B, DNS, said Resident 331's preferred method and frequency of bathing should have been obtained upon admission and implemented into their plan of care, but was not. Staff B acknowledged the Resident 331's desired method of bathing and offering/providing one in 18 days was insufficient.</p> <p><Oral Care></p> <p>On 03/28/2025 at 10:29 AM, Resident 331 said they still had only received oral care once (on 03/25/2025) as previously reported. The resident reported they were informed by staff that the facility was waiting for an order of toothettes to arrive. Resident 331 said their aide had not been to their room yet (that morning) and indicated they needed incontinent care as well. A search, with Resident 331's permission, of all dresser drawers, the wall locker, and the bathroom, showed no toothbrush, toothettes, or other oral care items were present in Resident 331's room.</p> <p>On 03/28/2025 at 11:26 AM, Resident 331's assigned care giver Staff O, Certified Nursing Assistant (CNA), said they had not yet provided the resident care.</p> <p>Review of the electronic health record showed 3/14/2025 orders for NPO (nothing by mouth) secondary to dysphagia (difficulty swallowing), and for licensed nurses to provide oral care for Resident 331 twice a day, once on day shift and once on evening s</p> <p>On 03/28/2025 at 11:26 AM, when asked about Resident 331's oral care Staff P, Registered Nurse (RN), stated, I would think the (CNAs) would use toothettes to provide oral care. When asked about his role in the provision of Resident 331's oral care Staff P, RN, indicated they were responsible to ensure the CNAs provided it. Staff P confirmed they had not ever personally provided Resident 331's oral care.</p> <p>Review of the March 2025 Medication Administration Record (MAR) showed the Staff P, RN, had signed they provided Resident 331's AM oral care as ordered. Further review showed Staff P, RN had previously signed for Resident 331's oral care on 03/19/2025 for both day and evening shift.</p> <p>On 03/28/2025 at 2:43 PM, Staff B, DNS, when asked if Resident 331's oral care was consistently provided Staff B, DNS, stated, No.</p> <p>Reference WAC 388-97-1060(2)(c).</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37044</p> <p>.</p> <p>Based on interview and record review, the facility failed to ensure routine assessment and monitoring of skin condition/injuries for 1 of 3 residents (Resident 331) reviewed for non-pressure skin, to provide bowel care in accordance with physicians' orders and facility protocol for 3 of 6 residents (Residents 67, 61 & 31) reviewed for bowel management, and to report dental pain for 1 of 2 residents (Resident 181) reviewed for dental care. These failures placed residents at risk for unidentified decline and/or delayed treatment of non-pressure skin conditions, abdominal pain, decreased appetite, other negative outcomes related to untreated constipation, and for untreated dental pain.</p> <p>Findings included .</p> <p><Non-Pressure Skin></p> <p>Review of the facility's Skin and Wound Monitoring and Management policy, revised 12/2023, showed a licensed nurses would assess non-pressure skin injuries that exist on a resident. These assessments would include measurements and a description of the nature, location and characteristics of the skin alteration(s). A licensed nurse would assess/evaluate a resident's skin at least weekly. Areas of breakdown, excoriation, discoloration, or other unusual findings, whether identified at the time of admission, or as a new finding, must be documented in the nurses' notes or on the appropriate weekly assessment form.</p> <p>Resident 331 admitted to the facility on [DATE]. Review of the Admission Minimum Data Set (MDS, an assessment tool), dated 03/20/2025, showed the resident had moderate cognitive impairment, and received High-Risk antiplatelet drug therapy (drugs that prevent blood clots by inhibiting the activation and aggregation of platelets).</p> <p>Review of the Initial Admission Record, dated 03/14/2025, showed staff documented Resident 331 had bruising to: bilateral (both) upper and lower extremities (UEs, LEs) the abdomen secondary to insulin use; and to the groin and inner thigh. Specific location descriptions of the bruises (e.g. size, color, specific location on abdomen, UEs and LEs etc.) was not documented.</p> <p>A 03/16/2025 at 3:27 PM nurse's note, documented Resident 331 was found lying on their back on the floor, with their tube feeding pump/pole found tipped over, leaning on the bed. They were assessed to have no injury.</p> <p>A 03/16/2025 at 3:49 PM nurse's note, documented Resident 331 fell out of the right side of the bed and was found lying on their back on top of a fall mat. They were assessed to have no injury.</p> <p>An antiplatelet therapy care plan, initiated 03/19/2025, instructed staff to perform a daily skin inspection and to monitor, document and report to the physician as needed, signs and symptoms of antiplatelet complications to include bruising.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The March 2025 Medication and Treatment Administration Records (MAR and TAR) showed no direction to staff to monitor Resident 331's identified bruising, or for adverse side effects associated with anti-platelet therapy.</p> <p>A 03/21/2025 weekly skin evaluation, identified a 1 centimeter (cm) by 1 cm surgical incision to the mid-abdomen and abdominal bruising. Staff documented a feeding tube surgical incision was present to the mid-abdomen and multiple bruises to all quadrants of the abdomen of various sizes, shapes and colors.</p> <p>On 03/26/2025 at 2:33 PM, Resident 331 was observed with a large bruise that extended from their abdominal midline, around the right flank (side), to the mid-back. The resident reported they believed it was related to a recent fall at the facility.</p> <p>A 03/28/2025 weekly skin evaluation, identified a 1 cm (centimeter) by 1 cm surgical incision to the mid-abdomen and abdominal bruising. Staff documented the resident had bruises to bilateral UEs and LEs, groin and inner thigh. No further description, characteristics or measurements were documented. The large bruise that was observed on 03/26/2025 that extended from Resident 331's mid abdomen, around the right flank to the mid-back.</p> <p>On 04/01/2025 at 10:08 AM, Staff B, Director of Nursing Services (DNS), confirmed the presence of the bruise that extended from the mid-abdomen, around the right flank, to the back of Resident 331. Staff B said the bruise should have been identified and documented, and explained that bruises were usually monitored on the TAR but acknowledged this did not occur for Resident 331.</p> <p>On 04/01/2025 at 10:12 AM, when asked if staff could determine if a bruise continued to evolve/increase in size, in the absence of initial measurements, Staff B, DNS, stated, No.</p> <p><Bowel Care></p> <p>Review of the facility's Bowel Protocol policy, dated 03/2025, showed the protocol was to provide a structured approach to bowel care when a resident went three days without a bowel movement (BM), with the intent to attain healthy bowel elimination. Unless superseded by new bowel care orders, bowel care would be provided as needed, as follows:</p> <p>a) Miralax would be administered, as needed (PRN), if no BM after 3 days (9 shifts).</p> <p>b) If a resident did not have a BM after administration of Miralax, a Dulcolax suppository would be administered on the next shift. All effort and interventions, including a successful bowel movement would be documented.</p> <p>1) Resident 67 admitted to the facility on [DATE]. Review of the Quarterly MDS, dated [DATE], showed Resident 67 was assessed to be constipated (two or fewer BMs during the seven-day assessment period).</p> <p>On 03/26/2025 at 1:52 PM, Resident 67 reported they had problems with constipation.</p> <p>Review of the Electronic Health Record (EHR), showed Resident 67 had the following 07/23/2024 bowel care orders:</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a) Administer Miralax, PRN, if no BM after 9 shifts.</p> <p>b) Administer a Dulcolax suppository, PRN, if no results from Miralax.</p> <p>Review of January, February and March 2025 bowel records and MARs, showed the following periods Resident 67 went without both a BM and the associated bowel care medication:</p> <p>a) No BM from 01/10/2025 - 01/15/2025 (18 shifts); No PRN bowel medication was administered.</p> <p>b) No BM from 01/30/2025 - 02/03/2025 (15 shifts); No PRN bowel medication was administered.</p> <p>c) No BM from 02/06/2025 - 02/09/2025 (12 shifts); No PRN bowel medication was administered.</p> <p>d) No BM from 02/17/2025 - 02/20/2025 (12 shifts); No PRN bowel medication was administered.</p> <p>e) No BM from 02/26/2025 - 03/03/2025 (18 shifts); Miralax was administered on 03/01/2025, with no results. Staff failed to administer the Dulcolax suppository until 03/04/2025, nine shifts after the administration of Miralax.</p> <p>f) No BM from 03/05/2025 - 03/10/2025 (18 shifts); No PRN bowel medication was administered.</p> <p>On 03/28/2025 at 2:37 PM, Staff B, DNS, when asked if facility nurses administered Resident 67's PRN bowel medication in accordance with physicians' orders, on any of the above referenced occasions, stated, No.</p> <p>42960</p> <p>2) Resident 61 was admitted to the facility on [DATE]. The Admission MDS, dated [DATE], showed Resident 61 was moderately cognitively impaired and needed partial to moderate assistance with activities of daily living (ADLs).</p> <p>A review of the 30 days of bowel movements (BM) from 02/26/2025 - 03/26/2025 for Resident 61, showed two periods of time where they went over nine shifts without a BM: 02/27/2025 - 03/04/2025 (6 days) and 03/12/2025 - 03/16/2025 (5 days).</p> <p>A review of the MAR for February and March 2025, showed Resident 61 was not given Miralax after nine shifts without a BM.</p> <p>On 03/31/2025 at 1:42 PM, Staff K, Licenses Practical Nurse (LPN)/Resident Care Manager (RCM), said, I don't see that they received any bowel medications, and I would expect that [Resident 61] would get Miralax first if they had not had a BM.</p> <p>On 03/31/2025 at 2:40 PM, Staff B, DNS, with Staff E, Clinical Resource, present, said I do not see where Resident 61 received medications for no BM on the MAR and I would expect Miralax to be given after nine shifts without a BM.</p> <p>50945</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3) Resident 31 was admitted to the facility on [DATE]. The Significant Change MDS, dated [DATE], showed Resident 31 was moderately cognitively impaired, dependent on staff for cares, and was on hospice services (end of life care).</p> <p>Review of Resident 31's last 30 days of bowel movements, showed two periods of time they went over three days without a bowel movement: 02/24/2025 to 02/28/2025 (5 days) and 03/08/2025 to 03/11/2025 (4 days).</p> <p>Review of the MAR showed that on 02/27/2025, Resident 31 was given Miralax. No bowel movement medication was provided on 02/28/2025.</p> <p>During an interview on 03/28/2025 at 9:19 AM, Staff J, RCM, when asked about the bowel protocol, said that after three days or nights of no bowel movement, residents were given Miralax, then if no result would be given a suppository, and if no result again then they would be given an enema.</p> <p>During an interview on 03/28/2025 at 3:17 PM, Staff B, DNS, regarding the period of 02/24/2025 to 02/28/2025, said they did not see any medications administered on 02/28/2025 and did not see any refusal documentation. Regarding the period of 03/08/2025 to 03/11/2025, Staff B said they did not see any intervention or progress note on 03/11/2025. When asked about the Miralax order being discontinued, said hospice had not reordered it. When asked if the power of attorney for Resident 31 had been notified of the discontinuation of the Miralax order, said they would have to follow up with hospice staff.</p> <p>On 03/31/2025 at 7:29 AM, Staff B, DNS, emailed they had contacted hospice staff and it was an error that the Miralax medication was discontinued.</p> <p>50392</p> <p><Failure to Report Dental Pain></p> <p>Resident 181 admitted to the facility on [DATE]. According to the Admission MDS, dated [DATE], Resident 181 was severely cognitively impaired and had obvious or likely cavity or broken natural teeth. Review of Resident 181's care plans, showed Resident 181 required mouth inspections and changes were to be reported to the nurse.</p> <p>On 03/27/2025 at 8:19 AM, Resident 181 was observed to have a front tooth missing. When asked if any of their teeth hurt, Resident 181 said yes, and indicated the missing front tooth area.</p> <p>On 03/31/2025 at 9:08 AM, Resident 181 when asked if any of her teeth hurt, pointed to the missing front tooth and said, it hurts. When asked if it hurt all the time, Resident 181 nodded yes. When asked if they had told anyone, they said no.</p> <p>A review of the Oral Hygiene records from 03/24/2025 through 04/01/2025 showed Resident 181 had refused oral care seven times out of 17 opportunities.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 03/31/2025 at 11:49 AM, Staff I, Certified Nursing Assistant (CNA), when asked if she did inspections of resident's teeth/mouth when providing dental care said, yes and if there was a noted problem she would let the nurse know so they could schedule an appointment or have people from dental come. When asked if she had provided oral care to Resident 181, Staff I said she had tried to, but Resident 181 told her no, that it was too painful and would close their mouth. When asked if she had reported Resident 181's reports of pain and refusals of oral care to the nurse, Staff I said no, not since Resident 181 had been back from the hospital (Resident 181 returned from the hospital on 03/24/2025).</p> <p>On 03/31/2025 at 12:13 PM, Staff B, DNS, said if a resident refused oral care from a CNA due to pain, the CNA should notify the nurse so the nurse could notify the provider and a referral for dental care could be made. When told that Staff I had not notified a nurse, since Resident 181's returned from the hospital, that Resident 181's refusals of oral care were because of dental pain, Staff B said that did not meet expectations.</p> <p>Reference WAC 388-97-1060(1)</p>		

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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>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50392</p> <p>Based on interview and record review, the facility failed ensure timeliness of laboratory [NAME] to include the reporting of critical lab results to the provider immediately for 1 of 3 residents (Resident 71) reviewed for hospitalization . This failure placed residents at risk for medical complications, hospitalization , delayed treatment, and diminished quality of life.</p> <p>Findings included .</p> <p>The facility policy titled Policy/Procedure - Nursing Clinical, revised 09/2024, documented Results of laboratory, radiological, and diagnostic tests outside the clinical reference ranges shall be reported to the resident's attending physician, PA [physician assistant], NP [nurse practitioner] or clinical nurse specialist promptly or as specified in the order. Call MD [doctor of medicine] immediately with any critical levels.</p> <p>Resident 71 admitted to the facility 02/12/2025. According to the Medicare 5-day Minimum Data Set (an assessment tool), dated 03/12/2025, Resident 71 was severely cognitively impaired.</p> <p>Review of the Electronic Health Record (EHR) showed Resident 71 had a critical laboratory value that was collected on 02/20/2025 at 3:36 PM, and resulted on 02/21/2025 at 7:07 AM.</p> <p>Further review of the EHR documented the provider was notified of the critical laboratory result, over two and a half days later, on 02/23/2025 at 5:00 PM.</p> <p>A Nursing progress note, dated 02/23/2025 at 7:14 PM, said This nurse was notified by the DNS [Director of Nursing Services] that a critical lab result was matched and resulted on 02/21/2025. Notified on call provider re: the critical lab result and an order was place to send the resident to the ER [emergency room] for further eval and treatment. The provider ordered a non emergent transport. Daughter notified.</p> <p>On 04/01/2025 at 9:27 AM, Staff B, DNS, Registered Nurse, said for a critical laboratory result the facility would get a call from the laboratory to tell them about the critical result, and then the information would be given to the nurse and would be reported to the provider. Staff B said the results would go into the EHR under the results tab, but there would not be a notification that there was a new result, and if the floor nurse did not receive a call from the laboratory, they needed to be diligent about checking the laboratory results tab every day or they might not be aware of a result. Staff B said the provider should be made aware immediately of any critical laboratory results. Regarding the delayed provider notification of the critical laboratory result for Resident 71 on 02/21/2025, Staff B said due to a name misspelling it was not matched in their system with Resident 71, it was in the unmatched category, and this was why it was not seen sooner. When asked if the two and a half day delay in reporting to the provider Resident 71's critical lab result met her expectations, Staff B said, no.</p> <p>Reference WAC 388-97-1620 (2)(b)(i)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37044</p> <p>Based on observation, interview and record review, the facility failed to fully operationalize an effective Infection Control and Prevention program when the facility failed to implement Infection Prevention and Surveillance Program (IPSP) to ensure line listings contained complete and accurate infection control data, with ongoing monitoring and analysis of infections and microorganisms for 2 of 2 months (January and February 2025) reviewed. Additionally, the facility failed to ensure staff performed hand hygiene, followed standard precautions (common sense practices to prevent the spread of infection in healthcare), enhanced barrier precautions (EBP, a set of infection control measures that use gowns and gloves to reduce the spread of multidrug-resistant organisms (MDROs) and transmission based precautions used when someone has confirmed or suspected infections) for 3 of 4 residents (Residents 331, 16, & 31) reviewed for infection control. Additionally, the facility failed to have an adequate laundry sorting process for 1 of 1 laundry rooms reviewed for infection control. Additionally, the facility failed to provide residents with the COVID vaccination for 2 of 5 residents (Residents 37 & 71) reviewed for immunizations. These failures detracted from the facility's ability to identify trends, develop and implement interventions, and placed residents at risk for facility acquired infections, viruses and related complications and a decreased quality of life.</p> <p>Findings included .</p> <p><Infection Surveillance></p> <p>Review of the January 2025 Infection Control Report (ICR) showed there were six healthcare acquired (HAI) urinary tract infections (UTIs) and seven HAI skin infections.</p> <p>Review of the January 2025 line listing showed only six HAI skin infections listed, not seven as identified in the ICR. Of the six residents with skin infections, four were female. All four female residents' skin infections were caused by yeast.</p> <p>During an interview on 04/02/2025 at 10:33 AM, when asked if the trend of female residents with yeast infections in January was identified, what they attributed it too, and what action, if any, was taken to decrease the prevalence, Staff H, Infection Preventionist (IP), said they were aware of the yeast infections and recorded them on the ICR, but did not take any further action and did not have documentation of any associated staff education. The January 2025 infection control summary was requested but not provided.</p> <p>Review of revised McGeers' criteria (tool for infection surveillance and antibiotic stewardship, criteria to show if antibiotics were indicated) for a UTI without an indwelling catheter, showed residents with signs and symptoms of a UTI (pain with urination, increased frequency), must also have a positive urinalysis to meet the criteria for a UTI and antibiotic therapy</p> <p>The line listing for January 2025 showed there were five HAI UTIs listed, not six as identified in the ICR.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident 22 had an onset date of 01/30/2025, for signs/symptoms staff documented pain. The line listing showed no culture was obtained. The resident was treated with a 14-day course of Septra double strength (an antibiotic), and staff determined this met the criteria for a UTI.</p> <p>Resident 336 had an onset date 01/16/2025, for signs/symptoms staff documented burning urinary retention. The line listing showed no culture was obtained. The resident was treated with Cefpodoxime (an antibiotic) and staff determined this met the criteria for a UTI.</p> <p>During an interview on 04/02/2025 at 10:33 AM, Staff H (IP), acknowledged that the January line listing was incomplete and did not list all signs and symptoms observed, did not consistently identify if diagnostic testing was performed (cultures, x-rays) or what the results were. When asked if Resident 22 and 336, based on the information documented on the line listing, met the criteria for a UTI, Staff H, IP, stated, No.</p> <p>Review of the February 2025 ICR showed there were no UTIs. Review of the line listing showed Resident 335 had a 02/27/2025 onset of urinary urgency, a urinalysis was positive, greater than 100,000 Enterobacter and was treated with Macrobid for five days for an UTI.</p> <p>During an interview on 04/02/2025 at 10:33 AM, Staff H, IP, said they missed Resident 335's UTI on the February 2025 ICR. Staff H confirmed the line listing was missing the onset date, signs and symptoms, culture and chest x-ray results, identified microorganisms, and associated antibiotic sensitivity reports for multiple residents included on the line listing. Staff H said the line listing should contain complete and accurate data but acknowledged it did not.</p> <p><Laundry Services></p> <p>Laundry service was observed on 03/31/2025 from 12:38 PM - 1:18 PM, and showed the following:</p> <p>At 12:38 PM, Staff S, Laundry Staff, provided a tour of the soiled/dirty separating room. They explained all resident linen and clothing from the units were delivered to the soiled linen room where they were to be separated. Laundry staff were to perform hand hygiene, don (put on) gloves, gowns, surgical masks and eye protection, prior to separating/sorting the laundry. Staff S indicated that was why the door to the hallway was to remain closed. Observation of the door frame between the soiled linen room and the laundry room, showed the door was removed. Three door hinges and a skid plate were still seen mounted on the frame.</p> <p>At 12:44 PM, the exhaust fan was noted to be covered with a heavy mat of grey lint, with several dangling strands visible.</p> <p>At 12:53 PM, the door from the hallway (entering the soiled linen room) swung open and a staff member [Staff G, CNA] threw two tied off bags of soiled linen. The bags landed on the floor and slid through the doorless doorframe into the laundry room and came to rest against the concrete pad that the first washer sat on. Staff S, Laundry Staff, who was folding clean laundry on a table four feet away from the doorless entry to the soiled linen room, walked over and picked up the bags of soiled linen bare handed, placed them on the concrete pad against the side of the washing machine. Staff S then returned to folding clean laundry without performing hand hygiene.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>At 1:02 PM, observation of the laundry room revealed there were multiple overhead pipes and an air conditioner unit that were heavily blanketed with light grey lint. When an overhead pipe was tapped, greyish white lint and debris drifted down onto the folding table.</p> <p>At 1:09 PM, Staff R, Maintenance Supervisor, indicated they were unsure when or why the door between the soiled linen room and laundry room was removed. Staff R also acknowledged most environmental surfaces, overhead pipes, and air conditioning and exhaust vents in the laundry were covered in a mat of light grey lint needed to be cleaned.</p> <p>At 1:18 PM, when informed of the linen bags that were thrown across the soiled linen room and slid across the floor into the laundry room into the laundry room and Staff S' handling the bags bare handed to place them on the concrete pad leaned up against the against the washer, before they returned to folding clean laundry, without performing hand hygiene, Staff R said the staff members did not follow the proper process. Staff R said Staff S should have gloved and returned the bags to the soiled linen room to be correctly handled and separated. Staff R said Staff S' failure to perform hand hygiene after handling the bags with bare hands, likely resulted in the cross-contamination of the clean laundry that was being folded.</p> <p><EBP></p> <p>1) Resident 331 admitted to the facility on [DATE]. A tube feeding care plan, initiated 03/14/2025, showed the resident was on EBP secondary to a new gastrostomy (a surgical procedure that creates an opening into the stomach through the abdominal wall, allowing for direct access to the stomach for feeding.)</p> <p>On 03/28/2025 at 11:28 AM, an EBP sign was posted outside Resident 331's door. Staff Q, Certified Nursing Assistant (CNA), entered Resident 331's room without performing hand hygiene, or donning a gown or gloves. Staff Q informed Resident 331 they found some toothettes and would provide oral care. Staff Q entered the resident's bathroom and filled a cup with water, moistened the toothettes, donned gloves, without performing hand hygiene, and proceeded to Resident 331's bedside and provided oral care. When Staff Q finished, they removed their gloves and attempted to toss them in the trash can. Staff Q then noticed the trash can was filled with yellow gowns and stated, I didn't gown up and she's on [EBP] precautions.</p> <p>46793</p> <p>2) Resident 16 was admitted to the facility on [DATE]. The Quarterly, Minimum Dated Set (MDS, an assessment tool) dated 01/31/2025, documented Resident 16 was cognitively intact and was on EBP for a suprapubic catheter (a thin, flexible tube inserted directly into the bladder through a small incision in the lower abdomen, just above the pubic bone).</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 03/31/2025 at 9:39 AM, Staff G, Certified Nursing Assistant (CNA), completed appropriate hand hygiene, then donned (put on) a pair of gloves. Staff G closed the privacy curtain, (contaminating gloves) and then moved the supply cart next to Resident 16's bed. Staff G, wearing the same gloves, opened the closet door to obtain container to collect urine, closed the closet door and then put collection container on the floor (on a paper towel in front of bed), emptied the urine into the collection container, closed the catheter valve, put the catheter back into the privacy bag and removed gloves, but did not wash their hands. Staff G went to the bathroom to fill up the bucket with water, did not complete hand hygiene and then donned a new pair of gloves. Staff G placed a washcloth into the bucket of water, sprayed peri wash on the washcloth, cleaned the end of the catheter valve, then returned to the bathroom to empty urine into the toilet, added water to the urine cup and then placed it on the sink in the bathroom. Staff G removed his gloves but did not complete hand hygiene. Staff G returned to Resident 16 and laid a towel across the resident's abdomen and cleaned the catheter tubing (down to connector area, first 3rd of tubing) with washcloth from bucket of water. Staff G received another washcloth and dried the tubing. Staff G removed the gloves but again did not complete hand hygiene. Staff G retrieved another washcloth, sprayed it with peri wash and cleaned the rest of the catheter tubing, that was connected to catheter bag. Staff G removed his gloves but did not complete hand hygiene.</p> <p>When asked about the Enhanced Barrier Precaution (EBP) sign on door, Staff G said it means standard precautions. When asked about wearing a gown when providing care, Staff G stated, I normally wear a gown, I forgot to wear my gown. When asked about hand hygiene, Staff G said they do not wash their hands between, because the gloves protect their hands, and they had changed their gloves multiple times.</p> <p>On 03/31/2025 at 10:09 AM, Staff H, Infection Preventionist (IP), said the EBP signs on the doors meaning it was a standard precaution. Staff H said the facility has had many in-services regarding hand hygiene and it did not meet their expectation that staff was observed not completing hand hygiene while providing resident care.</p> <p>On 04/01/2025 at 11:43 AM, when asked about their expectation for hand hygiene related to glove change, Staff B, Director of Nursing Services (DNS), said staff should do hand hygiene before putting on a new set of gloves, and again after they are removed.</p> <p>50945</p> <p>3) Resident 31 was admitted to the facility on [DATE].</p> <p>Review of Resident 31's skin alteration order on 03/27/2025, showed that they had skin tears on the right forearm and on the left lower leg, three left toes with wounds, and bilateral heels with wounds that all required wound care.</p> <p>An observation on 03/31/2025 at 9:58 AM showed that Staff F, Registered Nurse (RN), provided wound care to the seven wounds listed above. Staff F was observed to remove and put on new gloves a total of 10 times without any hand hygiene (hand sanitizer or soap and water). There was no hand sanitizer observed available directly at the bedside, nor brought to the bedside for the treatment.</p> <p>(continued on next page)</p>		

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 04/01/2025
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.

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/01/2025 at 11:43 AM, Staff B, DNS, said for wound care hand hygiene should have been done any time staff donned a new set of gloves and it did not meet expectations this was not done during the wound care observation on 03/31/2025.</p> <p><Covid Vaccination></p> <p>1) Resident 37 was admitted to the facility on [DATE].</p> <p>Review of the Electronic Health Record (EHR) showed consent for the Covid vaccination was obtained on 10/28/2024.</p> <p>The EHR was reviewed on 03/27/2025, there was no record of a Covid vaccination administered to Resident 37.</p> <p>2) Resident 71 was admitted to the facility on [DATE].</p> <p>Review of the EHR showed consent for the Covid vaccination was obtained on 02/12/2025.</p> <p>The EHR was reviewed on 03/27/2025, there was no record of a Covid vaccination administered to Resident 71.</p> <p>On 03/27/2025 at 5:53 PM, Staff B, Director of Nursing Services, emailed they were unable to find records that the Covid vaccine was administered for both Resident 37 and Resident 71.</p> <p>During an interview on 03/28/2025 at 10:50 AM, Staff H, Infection Preventionist, said they were unable to find a reason for why the Covid vaccine was missed for Resident 37. When asked what their expectation was for Covid vaccination, said moving forward they would be obtaining consent and providing vaccinations themselves to prevent them being missed. Regarding Resident 71, Staff H said they should have double checked after Resident 71's hospitalization that the Covid vaccine was rescheduled.</p> <p>Reference WAC 388-97-1320 (1)(c),(2)(a)(b),(3)</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37044</p> <p>Based on interview and record review, the facility failed to implement an antibiotic stewardship program that ensured complete and accurate information was collected (signs/symptoms, culture results etc.), evaluated to determine if McGeer's Criteria (tool for infection surveillance and antibiotic stewardship, criteria to show if antibiotics were indicated) was met, antibiotic use warranted, and providers were notified if criteria was not met or a microorganism was resistant to the current treatment for 3 of 3 residents (Residents 50, 31 & 335) reviewed for antibiotic use. These failures placed residents at risk for ineffective treatment of infections, development of multi-drug-resistant organisms, and other negative health outcomes.</p> <p>Findings included .</p> <p>During an interview on 03/26/2025 at 1:26 PM, Staff H, Infection Preventionist (IP), said the facility utilized revised McGeer's Criteria as their standardized tool for evaluating potential infections.</p> <p>Review of the facility's undated Statement of Leadership Commitment for Antibiotic Stewardship in A Skilled Nursing Facility policy, showed staff would reassess use of antibiotics 1-2 days after they were initiated and compare culture results if available. The day the laboratory test (cultures) become available they would be entered into the resident's record, and action taken in response to the results.</p> <p>1) Resident 50 admitted to the facility on [DATE]. The February 2025 Infection Prevention and Control Surveillance Log [IC log] showed Resident 50 was started on Augmentin (an antibiotic) three times a day, for seven days, on 02/07/2025.</p> <p>Review of the February 2025 line listing showed the space provided to document the type/location of infection, signs and symptoms exhibited, diagnostic results (cultures, x-rays etc.), if there were change in mentation, and if the resident's signs/symptoms and diagnostic data met McGeer's criteria for antibiotic treatment, were all blank.</p> <p>A Change in Condition Evaluation form, dated 02/05/2025, documented Resident 50 had a productive cough and abnormal lung sounds. The provider was notified and ordered a chest x-ray, cough syrup and a bronchodilator (medication that relaxes the muscles in the airways, making it easier to breathe.)</p> <p>A nurses note, dated 02/06/2025, showed Resident 50 was started on Augmentin for a bacterial infection. No information related to the type/location of infection, signs/symptoms exhibited, and diagnostic testing performed (cultures, x-ray) was documented.</p> <p>A provider note, dated 02/06/2025, documented Resident 50's lung sounds were clear, but they were experiencing a loose cough and fatigue. Augmentin (an antibiotic) was ordered for suspected pneumonia, pending results of the chest x-ray.</p> <p>The February 2025 Medication Administration Record (MAR) showed Resident 50 received the full seven-day course of Augmentin.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Olympia Transitional Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 430 Lilly Road Northeast Olympia, WA 98506	
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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the electronic health record (EHR) showed no documentation or indication the chest x-ray ordered on 02/05/2025 was obtained. Nor was there documentation that nursing informed the provider that Resident 30's signs and symptoms did not meet McGeer's Criteria.</p> <p>During an interview on 04/02/2025 at 10:33 AM, Staff H, Infection Preventionist (IP), confirmed the IC log line listing was incomplete and failed to consistently document the signs/symptoms a resident had, what, if any, microorganism was identified, and whether it sensitive to the antibiotic in use. Staff H confirmed there were no chest x-ray results present and the documented signs/symptoms, without chest x-ray confirmation, did not meet McGeer's criteria.</p> <p>When asked if there was documentation, they notified the provider Staff H stated, No.</p> <p>2) Resident 31 admitted to the facility on [DATE]. The February 2025 IC log showed on 02/21/2025 Resident 31 was started on doxycycline (an antibiotic) for a wound infection.</p> <p>Review of the February 2025 IC line listing showed Resident 31's showed the resident had a skin infection, a culture that was positive for three microorganisms and the resident was started on doxycycline. The signs/symptoms the resident presented with, the microorganisms the culture identified and whether they were sensitive to doxycycline were not documented.</p> <p>Review of the EHR showed the most recent wound culture in the record was obtained on 02/06/2025, 15 days prior to the resident's recorded onset of signs and symptoms of a wound infection.</p> <p>A 02/20/2025 provider note documented Resident 31 had some purulent drainage (usually sign of inflammatory response/infection) from toes on the left foot. The provider wrote an order to Continue doxycycline twice a day.</p> <p>Review of the February and March 2025 MARs showed Resident 31 completed the full 14 days of doxycycline.</p> <p>During an interview on 04/02/2025 at 10:33 AM, Staff H (IP) confirmed the line listing was incomplete and there was no recent wound culture performed on Resident 31. Staff H also shared the 02/06/2025 wound culture showed it was resistant to doxycycline. When asked if the provider was notified Staff H stated, No, I don't see anything.</p> <p>3) Resident 335 admitted to the facility on [DATE]. The February 2025 IC log showed on 02/27/2025 the resident complained of urinary urgency and was started on Macrobid x five days for a urinary tract infection. The organism was not identified. Staff documented a urine culture and sensitivity was pending.</p> <p>During an interview on 04/02/2025 at 10:33 AM, Staff H (IP) located Resident 335's urine culture and sensitivity. Staff H, IP, indicated it was positive for Enterobacter and the culture and sensitivity showed it was resistant to Macrobid. When asked if there was documentation to show the provider was notified that it was resistant Staff H (IP) stated, No.</p> <p>No Associated WAC</p>		