STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505254	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crystal Cove Post Acute	1505 Carpenter Road SE Lacey, WA 98503

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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure adequate care and services were provided to promote wound healing and prevent pressure ulcers from developing or worsening by assessing wounds timely, and following physicians' s orders timely for 2 of 3 sampled residents (Resident 1 and 4) reviewed for pressure ulcers. This failure placed residents at risk for worsening pressure ulcers, infections and medical complications.Findings included .Facility PolicyReview of facility policy, titled Skin Assessment, effective 03/03/2025 showed A full body, or head-to-toe assessment, will be conducted upon admission/readmission, weekly, and with any change of condition or after any newly identified pressure injuryReview of facility policy, titled Wound Treatment Management, undated, showed, Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change. Treatments will be documented on the Treatment Administration Record or in the electronic health record . The effectiveness of treatments will be monitored through ongoing assessment of the wound.Resident 4Resident 4 was admitted to the facility on [DATE] with diagnoses including Diabetes, Peripheral Vascular Disease (poor circulation of extremities), and End Stage Renal Disease (advanced disease of kidneys). The admission Minimum Data Set (MDS), an assessment tool, dated 07/29/2025, documented Resident 1 was cognitively intact, required partial staff assist for dressing, repositioning, had two unstageable pressure ulcers (damage to skin and underlying structures without ability to determine severity because unable to visualize wound bed) and two venous/arterial ulcers, a diabetic ulcer and a skin tear on admission to the facility.Review of Resident 4's admission assessment, dated 07/25/2025, showed the following: Left heel pressure - Suspected deep tissue injury (SDTI) (localized area discolored intact skin or blood-filled blister that indicates underlying soft tissue damage). Left Toe - SDTI Left Antecubital space (front side of elbow) - Skin tear Bilateral Lower Extremities - Discolored due to poor circulationThe assessment did not show documentation regarding a pressure ulcer to the buttocksReview of Resident 4's Skin Assessment, dated 07/27/2025, showed the following: Left heel SDTI Left great (big) toe with diabetic ulcer.The assessment did not include wound measurements or descriptions of the wound.Review of Resident 4's wound consultant report, dated 07/30/2025 (5 days after admission), showed the following: Left Heel - DTPI (deep tissue pressure injury/persistent non-blanchable deep red, purple or maroon areas of intact skin of blood-filled blisters) - 3 centimeters (cm) x 4 cm x 0 Wound 2 Buttocks - DTPI - 6 cm x 8.5 cm x 0 intact with signs of infection. Wound 3 Left great toe - Diabetic foot ulcer - 1 cm x 1.5 cm x 0Review of Resident 4's Physician Order, dated 08/02/2025, showed the following: Wound 2, buttocks - reinforce off loading, if skin breaks down, border foam dressing every three days. Discontinued 08/09/2025.Review of Resident 4's electronic medication administration record (EMAR) dated 08/2025 showed the following: Wound 2, Buttock Pressure DTPI Treatment Recommendations: reinforce offloading. If skin begins to break down, may place bordered foam every 3 days and as needed once daily. No documentation was found that treatments were completed on 08/02/2025 and 08/04/2025.During an interview on 08/09/2025 at 9:30 AM, Resident 4 was inquiring about how often staff were to provide wound care to wounds and said they did not believe they were getting wound (continued on next page)

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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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	care being completed per provider order. Resident 4 stated, It's only done by the wound group every week.During an interview and review of documents on 08/18/2025 at 2:15 PM, Staff G, Resident Care Manager (RCM) acknowledged Resident 4 was admitted to the facility on [DATE] and the facility did not complete a wound assessment to include wound measurements and wound description until the wound consultants completed a wound assessment on 07/30/2025 (5 days) after admission. She acknowledged the wound assessments should be completed on admission and weekly. The RCM acknowledged the wound consultants recommended the resident should be referred to the resident's vascular surgeon and the facility had not made the referral.Resident 1Resident 1 was admitted to the facility on [DATE] with diagnoses including Multiple Sclerosis (neurological disorder), Cellulitis (skin infection) and a pressure ulcer to the left buttocks. The admission MDS, dated [DATE], documented Resident 1 was cognitively intact, had impairment to their lower extremities and required staff assistance for activities of daily living.Review of Resident 1's EMAR, dated 08/2025, showed the following: 06/27/2025 - Wound care right knee: 1. Skin prep (liquid skin protectant). daily one time a day for wound care. Not signed as completed 08/01/2025 and 08/02/2025. 06/27/2025 - Wound care left knee: 1. Skin prep daily one time a day for wound care. Not signed as completed 08/01/2025 and 08/02/2025. 07/19/2025 - Wound 2 Right Foot Abrasion. Cleanse wound to patient tolerance with house wound cleanser and gauze. Normal Saline (NS) may be substituted if a wound cleanser is not available. Treat peri wound (around wound) with skin prep. Apply oil emulsion to the wound bed. Cover with rolled gauze. One time a day for wound care. Not signed as completed 08/01/2025 and 08/02/2025. 07/19/2025 - Wound 3: Left Buttock Surgical Treatment Recommendations: Cleanse wound to patient tolerance with house wound cleanser and gauze. NS may be substituted if a wound cleanser is not available. Treat peri wound with skin prep (liquid skin protectant). Apply 1/4 Dakins (topical antiseptic for wounds) soaked gauze to the wound bed. Cover with superabsorbent dressing one time a day for wound care. Not signed as completed 08/02/2025. 07/19/2025 - Wound 4: Right foot: for toes: 1. Keep eschar (hard black layer of dead tissue) as dry as possible. Ok to get in shower but pat dry thoroughly afterwards. 2. Apply betadine (antiseptic) daily to eschar only 3. Let dry completely and leave open to the air or wrap loosely with kerlix (cling wrap) one time a day for wound care. Not signed as completed 08/01/2025 and 08/02/2025. 08/02/2025 - Wound 3: Left Buttock Surgical Treatment Recommendations: Cleanse wound to patient tolerance with house wound cleanser and gauze. NS may be substituted if a wound cleanser is not available. Treat peri wound with skin prep. Apply 1/4 th Dakins soaked gauze to the wound bed. Cover with superabsorbent dressing two times a day for wound care. Not signed as completed am on 08/02/2025.During an interview on 08/05/2025 at 2:10 PM, Resident 1 said they provided wound care sporadically and that it was not completed on 08/01/2025 (Friday) or 08/02/2025 (Saturday) but they did provide wound care on 08/03/2025 (Sunday).During an interview on 08/21/2025 at 3:08 M, Staff G, Resident Care Manger (RCM) acknowledged Resident 1's wound treatments were not signed by the nurse as completed on 08/01/2025 and 08/02/2025.During an interview on 08/22/2025 at 4:55 PM, Staff B, Director of Nursing, acknowledged resident's wound/skin assessments were to be completed weekly by nursing or by the wound consultants and physician orders were to be followed and documented in the medical record.Reference WAC 388-97-1060 (3)(b)

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. Based on observation, interview and record review the facility failed to ensure sufficient dietary staff were trained and competent in recognizing and documenting appropriate food temperatures, appropriate chemical sanitation of the dishwasher, sanitizer bucket and three compartment sink, and providing meals at the established mealtimes for 1 of 1 kitchen. This failure placed residents at risk of food born illness and decreased quality of life.Findings included.Food TemperaturesFacility Policy Review of facility policy, titled, Food Safety Requirements undated showed, staff shall monitor food temperatures while holding for delivery to ensure proper hot and cold holding temperatures are maintained. Staff shall refer to the current FDA Food Code and facility policy for food temperatures as needed. Reheating - food that is cooked and cooled must be reheated so that all parts of the food reach an internal temperature of 165 FReview of facility policy titled Record of Food Temperatures, undated, included the following, Food temperatures will be checked on all items prepared in the dietary department. Hot foods will be held at 135 degrees Fahrenheit or greater. Measure and record the temperatures for each food product and milk at all meals. Record temperature on temperature log. No food will be served that does not meet the food code standard temperatures. Food temperatures will be verified using a thermometer which is both clean, sanitized and calibrated to ensure accuracy.Review of weekly food temperature logs, dated 06/08/2025-08/22/2025, showed missing temperatures for the following dates:06/20/2025 - Breakfast and lunch meals.06/21/2025 - Breakfast, lunch and dinner meals.07/03/2025 -Dinner meal.07/04/2025 - Lunch and Dinner meals.07/05/2025 - Breakfast, lunch and dinner meals.07/06/2025- 07/19/2025 - Breakfast, lunch and dinner meals.07/27/2025 - 08/05/2025 - Breakfast, lunch and dinner meals.08/06/2025 - Breakfast and lunch.08/07/2025 - Lunch meal.08/08/2025 - 08/10/2025 - Breakfast, lunch and dinner meals.08/11/2025 - 08/13/2025 - Breakfast, lunch and dinner meals.During an observation and interview in the kitchen on 08/05/2025 at 11:45 AM, with Staff H - [NAME] 1 and Staff L - Dietary Aid 2. Observation of Staff H showed they took the food temperatures with a thermometer. Staff H pointed at a purple thermometer and stated that one is broken so I bring my own from home. Staff H said she was new and had very little training and had taken food temperatures once before.On 08/05/2025 at 1:15 PM, Staff L removed chicken from the oven and took the temperature of the chicken with the purple thermometer. The chicken appeared undercooked. The temperature of the chicken was 117 degrees F. Staff L took the chicken to the food chopper to be chopped. Staff H was asked to stop Staff L from chopping the chicken. Staff H told Staff L we can't serve raw chicken and instructed Staff L to place the chicken back in the oven.On 08/05/2025 at 1:50 PM, Staff H took a cheeseburger to Resident 9's room. Staff H was asked to take the temperature of the cheeseburger. The temperature was 126 degrees F. Staff H was asked what the temperature should be and Staff H responded it should be 165 degrees F but he wanted it. Staff H left the lunch meal with Resident 9.During an observation and interview in the kitchen on 08/06/2025 at 12:15 PM, Staff L was observed taking the temperature of a hamburger patty with a purple thermometer. The temperature of the meat was 112 degrees F. Staff L could not verbalize what the food temperature should be and acknowledged the thermometer was broken and there was no other working thermometer in the kitchen. Staff A, Administrator entered the kitchen and was advised there was not a functioning thermometer. Staff A left the kitchen and returned with a functioning thermometer.DishwasherDuring an observation of the kitchen on 08/20/2025 at 9:55 AM, Staff L was asked to complete a chemical test for the dishwasher. The chemical strip did not show adequate chemical concentration.During an observation on 08/20/2025 at 10:05 AM, Staff F, Dietary Manager 2, stated she would call the company who maintained the dishwasher to assess the dishwasher. Staff F filled the sanitation bucket for silverware with water and added the chemical. Staff F said the strip was 10 and should be 200 - 275. Staff F acknowledged they use the 3 compartments sink daily and there was no (continued on next page)

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	documentation of monitoring the temperature or chemical testing.During an interview on 08/20/2025 at 11:58 AM, with the Echo lab technician he stated he came to assess the dishwasher as requested by facility. He stated the dishwasher is testing at 100 ppm which is adequate. He stated the facility ran out of the correct sink and surface product to use so the facility hooked it up to a chorine-based product, so they were checking the chemical using the wrong chemical strips. He said they needed to use chlorine strips to check ppm. He said he counseled staff to increase the product until it comes up to an appropriate level and order the correct sanitizer. During an observation and interview on 08/21/2025 at 12:51 PM, Staff K, Dietary Aid 1, was asked if he could demonstrate the chemical testing for the dishwasher and the sanitary bucket. Staff K was unable to demonstrate how to complete the testing. Staff K said not sure if I did strips. Staff K was unable to show documentation of current dishwasher temperatures and chemical testing documentation for the dishwasher, 3 compartment sink or sanitary bucket.During an interview on 08/20/2025 at 10:50 AM, Staff F, stated she started this position seven prior. Staff F said she has had little training. Staff F said she was given the facility policies the other day and had no interaction with the consultant Dietician.During an interview on 08/21/2025 at 1:00 PM, with Staff F, Dietary Manager 2, she said the cook walked out so she had to take over cooking and had a new cook that she was responsible for training.During a telephone interview on 08/21/2025 at 1:14 PM, with Staff I, Dietician Consultant, she said she works at the facility one day per week. She said she is a consultant and does not have any kitchen involvement and does not oversee the kitchen. Staff I said she has clinical duties only.During an interview on 08/22/2025 at 4:40 PM, Staff A, Administrator, acknowledged the facility has had staff turnover with kitchen staff and Dietary Managers within the last several months. He acknowledged staff were new to the facility and were still in training. The Administrator acknowledged he is responsible for ensuring oversight in the kitchen.See F812Reference WAC 388-97-1160

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide prescribed nutritional supplements with meals for 2 of 2 residents (Resident 1 and 5) reviewed for nutrition. This failure placed residents at risk for decreased quality of life and weight loss. Findings included.Resident 1Resident 1 was admitted to the facility on [DATE] with diagnoses including multiple sclerosis (neurological condition), cellulitis (skin infection) and a pressure ulcer to the left buttocks. The admission Minimum Data Set (MDS), an assessment dated [DATE], documented Resident 1 was cognitively intact and required supervision to eat. Review of Resident 1's physician's order, dated 06/25/2025, showed an order for regular diet, regular texture and thin consistency.Review of Resident 1's physician's order, dated 06/30/2025, showed an order for mighty shakes (high calorie, high protein nutritional supplement) for wounds with lunch and dinner.During observation on 08/06/2025 at 9:10 AM, showed Resident 1 with his breakfast tray. The meal ticket on the tray showed breakfast should include two hardboiled eggs, sausage, biscuit, and milk. The breakfast tray had one egg, a waffle, rice cereal and a drink with no condiments.During observation on 08/06/2025 at 6:20 PM, showed Resident 1's dinner tray with chicken, macaroni and cheese, vegetables, corn bread and fruit. The menu indicated the resident would receive baked ham for the meat. Resident was agitated and said, I'm not eating that! An unidentified nursing assistant offered Resident 1 the alternative meal and resident refused and stated, I'm not special, I don't need a special meal, I want what everybody else is having.During an interview on 08/06/2025 at 6:00 PM with Staff E, Interim Dietary Manager, she stated we ran out of the ham about four trays before the end of the run so I gave the resident the alternative meat (chicken).During observation on 08/07/2025 at 10:15 AM, showed Resident 1's breakfast tray which included scrambled eggs, yogurt, and a fruit cup. The menu indicated the resident was to receive coffee cake and no coffee cake was provided.During observation and interview on 08/07/2025 at 10:15 AM, Resident 1's breakfast meal showed the meal ticket indicated the resident was to have coffee cake with his breakfast. Resident 1 did not have coffee cake or any cake or pastry on the breakfast tray. Resident 1 said he was always missing something off of his tray.Resident 5Resident 5 was admitted to the facility on [DATE] with diagnoses including Alzheimer's Disease and Dementia. The significant change MDS, dated [DATE], documented Resident 1 was cognitively impaired, and required staff assistance for eating.Resident 5's physicians' orders showed the following:01/10/2024 - Regular diet, regular texture, thin consistency07/08/2025 - Magic Cup (nutritional supplement) three times per day. Order discontinued08/21/2025 - Mighty shakes three times per day.During observation on 8/21/2025 at 1:49 PM, Resident 5's lunch meal showed no magic cup or mighty shake on the lunch tray.During an interview on 08/20/2025 at 10:50 AM, Staff F, Dietary Manager 2, stated she started this position seven days prior. Staff F said she has had little training. She said she was given the facility policies the other day and has had no interaction with the consultant Dietician.During a telephone interview on 08/21/2025 at 1:26 PM, Staff I, Dietician said magic cup was a high protein and high calorie supplement that she specifically will order for residents. She stated the previous Dietary Manager kept them in stock and was unsure why the facility did not have any in stock. During an interview on 08/22/2025 at 1:58 PM, with Staff F, Dietary Manager 2 she was asked why Resident 5 did not have a magic cup on their lunch tray. She stated they ran out of the magic cups and mighty shakes yesterday and no residents received them with their breakfast and lunch.During an interview on 08/22/2025 at 4:55 PM with Staff B, Director of Nursing, he acknowledged four residents did not receive the prescribed supplements of magic cup and 12 residents did not receive their might shakes on 8/22/2025 for breakfast and lunch meals. Reference WAC 388-97-1160 (1)(a)(b)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews and record reviews, the facility failed to ensure food temperatures were taken and documented, failed to ensure foods were cooked and served at the appropriate temperatures, failed to ensure food was stored and prepared in a sanitary manner, failed to ensure chemical solutions and water temperatures were maintained and documented and failed to ensure staff utilized proper handwashing during meal preparation and serving in 1 of 1 kitchen. This failure placed residents at risk for food borne illness.Findings included.Food TemperaturesFacility Policy Review of facility policy, titled, Food Safety Requirements undated showed, staff shall monitor food temperatures while holding for delivery to ensure proper hot and cold holding temperatures are maintained. Staff shall refer to the current FDA Food Code and facility policy for food temperatures as needed. Reheating - food that is cooked and cooled must be reheated so that all parts of the food reach an internal temperature of 165 FReview of facility policy titled Record of Food Temperatures, undated, included the following, Food temperatures will be checked on all items prepared in the dietary department. Hot foods will be held at 135 degrees Fahrenheit or greater. Measure and record the temperatures for each food product and milk at all meals. Record temperature on temperature log. No food will be served that does not meet the food code standard temperatures. Food temperatures will be verified using a thermometer which is both clean, sanitized and calibrated to ensure accuracy.Review of weekly food temperature logs, dated 06/08/2025-08/22/2025, showed missing temperatures for the following dates:06/20/2025 - Breakfast and lunch meals.06/21/2025 - Breakfast, lunch and dinner meals.07/03/2025 -Dinner meal.07/04/2025 - Lunch and Dinner meals.07/05/2025 - Breakfast, lunch and dinner meals.07/06/2025- 07/19/2025 - Breakfast, lunch and dinner meals.07/27/2025 - 08/05/2025 - Breakfast, lunch and dinner meals.08/06/2025 - Breakfast and lunch.08/07/2025 - Lunch meal.08/08/2025 - 08/10/2025 - Breakfast, lunch and dinner meals.08/11/2025 - 08/13/2025 - Breakfast, lunch and dinner meals.During an observation and interview in the kitchen on 08/05/2025 at 11:45 AM, with Staff H - [NAME] 1 and Staff L - Dietary Aid 2. Observation of Staff H showed they took the food temperatures with a thermometer. Staff H pointed at a purple thermometer and stated that one is broken so I bring my own from home. Staff H said she was new and had very little training and had taken food temperatures once before.On 08/05/2025 at 1:15 PM, Staff L removed chicken from the oven and took the temperature of the chicken with the purple thermometer. The chicken appeared undercooked. The temperature of the chicken was 117 degrees F. Staff L took the chicken to the food chopper to be chopped. Staff H was asked to stop Staff L from chopping the chicken. Staff H told Staff L we can't serve raw chicken and instructed Staff L to place the chicken back in the oven.On 08/05/2025 at 1:50 PM, Staff H took a cheeseburger to Resident 9's room. Staff H was asked to take the temperature of the cheeseburger. The temperature was 126 degrees F. Staff H was asked what the temperature should be and Staff H responded it should be 165 degrees F but he wanted it. Staff H left the lunch meal with Resident 9.During an observation and interview in the kitchen on 08/06/2025 at 12:15 PM, Staff L was observed taking the temperature of a hamburger patty with a purple thermometer. The temperature of the meat was 112 degrees F. Staff L could not verbalize what the food temperature should be and acknowledged the thermometer was broken and there was no other working thermometer in the kitchen. Staff A, Administrator entered the kitchen and was advised there was not a functioning thermometer. Staff A left the kitchen and returned with a functioning thermometer.During an observation of lunch meal service on 08/18/2025 at 1:00 PM with Staff F, Dietary Manager 2 showed a requested temperature check of a lunch tray for Resident 8. Food temperatures were as follows:Mashed potatoes 133 degrees Fahrenheit (F), pot roast 127 degrees F. When asked if food was at an adequate temperature to serve to the resident, Staff F said meat should be 135 degrees. Staff F directed delivery of lunch tray to Resident 8.During an interview with Resident 8 on (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	08/18/2025 at 1:05 PM, the resident was asked if her lunch was served at a warm temperature. Resident stated it .no it is lukewarm.Its usually just lukewarm.Food StorageObservation of the kitchen on 08/07/2025 at 3:35 PM, with Staff E, Interim Dietary Manager showed a 16 oz bag of marshmallows dated 7/28/2025 open to air and not sealed, with one eighth of the bag remaining, a 2 pound (lb) 5 ounce (oz) bag of frosted flake cereal, with one eighth of the bag remaining, opened to air, dated 08/11/2025, one plastic bag with macaroni, undated and open to the air, and two unlabeled clear plastic bins containing white powdered substance.DishwasherFacility PolicyReview of the facility policy, titled Dishwasher Temperatures undated, showed It is the policy of this facility to ensure dishes and utensils are cleaned under sanitary conditions through adequate dishwasher temperatures. For low temperature dishwashers (chemical sanitization):a. The wash temperature shall be 120 F.b. The sanitizing solution shall be 50ppm (parts per million) hypochlorite (chlorine) on dish surface in final rinse.2. Chemical solutions shall be maintained at the correct concentration, based on periodic testing, at least once per shift, and for the effective contact time according to manufacturer's guidelines. Results of concentration checks shall be recorded.3. Water temperatures shall be measured and recorded prior to each meal and/or after the dishwasher has been emptied or re-filled for cleaning purposes.Review of the facility policy, titled, Manual Ware washing 3 Compartment Sink undated showed The facility utilizes a 3 compartment sink to wash, rinse and sanitize pots, pans and other utensils to prevent the spread of bacteria that may cause food borne illness.A 3-step process is used to manually wash, rinse and sanitize dishware correctly: First step: Thorough washing using hot water and detergent after food particles have been scraped off. Second step: Rinsing with hot water to remove all soap residues. Third step: Sanitizing with either hot water (at least 171 degrees F) for 30 seconds or a chemical sanitizing solution used according to manufacturer's instructions. A temperature measuring device shall be provided by the facility and readily accessible for frequent measuring of the washing and sanitizing temperatures. Sanitizing solutions shall be tested by a test kit or other device that accurately measures the concentration in MG/L. Testing will occur periodically but not limited to:a. When sink is initially filled,b. At least once per shift,c. With extended use, andd. As neededReview of a Dietary Aide Checklist showed Prepare a sanitation bucket and record PPMReview of the facility sanitizer dish machine logs showed logs completed01/2025-05/2025, 08/01/2025- 08/19/2025 showed documentation of ppms documented six times per day with all ppms documented at 200.Review of facility dishwasher temperature logs dated 01/2025 only.During an observation of the kitchen on 08/20/2025 at 9:55 AM, Staff L was asked to complete a chemical test for the dishwasher. The chemical strip did not show adequate chemical concentration.During an observation on 08/20/2025 at 10:05 AM, Staff F, Dietary Manager 2, stated she would call the company who maintained the dishwasher to assess the dishwasher. Staff F filled the sanitation bucket for silverware with water and added the chemical. Staff F said the strip was 10 and should be 200 - 275. Staff F acknowledged they use the 3 compartment sink daily and there was no documentation of monitoring the temperature or chemical testing.During an interview on 08/20/2025 at 11:58 AM, with the Echo lab technician he stated he came to assess the dishwasher as requested by facility. He stated the dishwasher is testing at 100 ppm which is adequate. He stated the facility ran out of the correct sink and surface product to use so the facility hooked it up to a chorine-based product, so they were checking the chemical using the wrong chemical strips. He said they needed to use chlorine strips to check ppm. He said he counseled staff to increase the product until it comes up to an appropriate level and order the correct sanitizer. During an observation and interview on 08/21/2025 at 12:51 PM, Staff K, Dietary Aid 1, was asked if he could demonstrate the chemical testing for the dishwasher and the sanitary bucket. Staff K was unable to demonstrate how to complete the testing. Staff K said not sure if I did strips. Staff K was unable to show documentation of current dishwasher temperatures and chemical testing documentation for the dishwasher, 3 compartment sink or sanitary bucket.During an interview on 08/20/2025 at 10:50 AM, Staff F, stated she started this position seven prior. Staff F said she has had little training. Staff F (continued on next page)

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	505254	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crystal Cove Post Acute	1505 Carpenter Road SE Lacey, WA 98503

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	said she was given the facility policies the other day and had no interaction with the consultant Dietician.Hand washingDuring an observation in the kitchen on 08/05/2025, Staff L opened a bag of frozen chicken with gloved hands, placed the chicken on a sheet pan with gloved hands, left the station and returned to the station with the same gloves on. Staff L removed the gloves and donned new gloves without sanitizing the hands.During an observation in the kitchen on 08/18/2025 at 12:25 PM, Staff M, [NAME] 2 with gloved hands plated food, left the station and picked up a slice of tomato and onion with the gloved hands, picked up a hamburger bun with the same gloved hands, picked up a cooked hamburger patty and placed it on the bun, removed the gloves and donned new gloves and did not sanitize the hands.At 12:30 PM Staff O, Dietary Aid 4, came from the other side of the kitchen to the food prep station with gloved hands picked up lettuce and sliced onion and placed it on bread, finished making the sandwich, removed the gloves and left the kitchen without sanitizing the hands.Sanitary Kitchen Review of a Cooks Daily Cleaning Schedule dated 07/24/2025 showed no documentation tasks were completed.Review of a Dietary Aide Daily Cleaning/Prep Schedule, undated showed no documentation tasks were completed.During an observation of the kitchen and interview on 08/07/2025 at 12:35 PM, with Staff N, Dietary Aid 3, the stove and oven was observed with caked on brown debris, a thick brown substance on the floor under the stove and grill doors, black liquid on the outside of the grill beneath the grease trap, and the walk in refrigerator with wet blankets soaking up water on the floor of the refrigerator. Staff N was asked how long the walk-in refrigerator had been leaking? He said it has been leaking as long as he had worked there, approximately 2 weeks.During an interview on 08/21/2025 at 1:00 PM, with Staff F, Dietary Manager 2, she said the cook walked out so she had to take over cooking and had a new cook that she was responsible for training. Staff F acknowledged the kitchen cleaning tasks have not been completed regularly.During a telephone interview on 08/21/2025 at 1:14 PM, with Staff I, Dietician Consultant, she said she works at the facility one day per week. She said she is a consultant and does not have any kitchen involvement and does not oversee the kitchen. Staff I said she has clinical duties only.During an interview on 08/22/2025 at 4:40 PM, Staff A, Administrator, acknowledged the facility has had staff turnover with kitchen staff and Dietary Managers within the last several months. He acknowledged staff are new to the facility and are still in training. The Administrator acknowledged he is responsible for ensuring oversight in the kitchen.Reference WAC 388-97-1100 (3)

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Administer the facility in a manner that enables it to use its resources effectively and efficiently. Based on observation, interview and record review the facility Administration failed to ensure there was active and engaged oversight and a monitoring system in place to correct findings from an internal audit related to treatment and service to prevent/heal pressure ulcers, food procurement, sufficient dietary support personnel and a sanitary kitchen. This failure placed residents at risk for development or worsening pressure ulcers, food borne illness and a diminished quality of life. Findings included .Review of a facility document titled Mock Survey, dated 07/28/2025 and 07/29/2025 included the following:The facility failed to ensure a resident receives care consistent with professional standards of practice, to prevent pressure injuries and does not does not develop pressure injuries.skin checks not completed every 7 days.no measurements of this wound were taken other than the measurements taken upon admission.Infection Prevention/Control.follow enhanced barrier precautions for residents.standing/pooled water on the floor between the walk-in fridge and freezer.Towels on the floor under food racks.[Staff L, Dietary Aid 2] observed performing chemical testing of water to ensure product disbursement. Recommend staff training on proper chemical testing procedures.Kitchen hood dirty with dust and debris.During complaint investigation observation, interview and record review showed the facility was aware and had not taken actions to correct the above findings.Refer to F 686 - Pressure Ulcers. The Administration failed to ensure a system was in place to ensure skin assessments and wound treatments were completed to treat and prevent pressure injuries for Resident 1 and Resident 5.Refer to F 802 - Sufficient Dietary Personnel. The Administration failed to ensure sufficient dietary staff were trained and competent in recognizing and documenting appropriate food temperatures, appropriate chemical sanitation of the dishwasher, sanitizer bucket and three compartment sink, and providing meals at the established mealtimes for 1 of 1 kitchen. This failure placed residents at risk of food born illness and decreased quality of life.Refer to F 812 - Food Safety Requirements. The Administration failed to ensure food temperatures were taken and documented, failed to ensure foods were cooked and served at the appropriate temperatures, failed to ensure food was stored and prepared in a sanitary manner, failed to ensure chemical solutions and water temperatures in the kitchen were maintained and documented and failed to ensure staff utilized proper handwashing during meal preparation and serving. This failure placed all residents at risk for food borne illness.Refer to F 880 - Infection Control. The Administration failed to ensure staff were properly trained in transmission based precautions for a antibiotic resistant bacteria.During an interview on 08/22/2025 at 4:40 PM, Staff A, Administrator, acknowledged the facility had staff turnover with kitchen staff and Dietary Managers within the previous several months. Staff A acknowledged staff were new to the facility and still in training. The Administrator acknowledged the facility had an internal audit with findings. Staff A acknowledged he was responsible for ensuring oversight in the kitchen. Staff A said the facility has a Dietician Consultant that comes to the facility weekly and he was aware the Dietician Consultant did not oversee the kitchen. Reference WAC 388-97-1620.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of observation, interview and record review the facility failed to follow infection control practices for transmission-based precautions for 1 of 1 resident (Resident 6) reviewed for infection control. This failure placed residents at risk for spread of infection, health complications, and a diminished quality of life. Findings included .Facility PolicyReview of the facility policy, titled Transmission-based Precautions undated showed, Signage that includes instructions for use of specific PPE [personal protective equipment] will be placed in a conspicuous location outside the resident's room, wing, or facility-wide. Additionally, either the CDC category of transmission-based precautions (e.g., contact, droplet, or airborne) or instructions to see the nurse before entering will be included in the signage. Contact Precautions: The facility will have PPE readily available near the entrance of the resident's room and will don appropriate PPE before or upon entry into the environment of a resident on transmission-based precautions. Intended to prevent transmission of pathogens that are spread by direct or indirect contact with the resident or the resident's environment. Healthcare personnel caring for residents on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the resident's environment. Donning personal protective equipment (PPE) upon room entry and discarding before exiting the room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination. Review of facility policy, titled Infection Reporting, undated, showed, Transmission-based precautions will be noted with a sign on the resident's door for the duration the resident is on transmission-based precautions.Review of the Center for Disease Control (CDC) website documented Carbapenem-resistant Acinetobacter baumannii (CRAB) is a species of bacteria that is an opportunistic pathogen. It can cause a variety of different types of infections. Infections caused by (CRAB) are resistant to all available antibiotics. CRAB spreads through direct and indirect contact with patients infected or colonized with CRAB or contaminated environmental surfaces. Wear Gown & Gloves when caring for patients with CRAB. Carbapenemases identified in U.S. CRAB.Less Common.OXA- 235-like.Resident 6 was admitted to the facility on [DATE] with diagnoses including quadriplegia (loss of motor and/or sensory function to trunk and limbs). The quarterly Minimum Data Set (MDS), an assessment tool, dated 07/30/2025, documented Resident 6 was cognitively intact, and required staff assistance for activities of daily living.Resident 6's lab result (rectal swab) dated 07/31/2025 documented OXA-235 like detected. Hand written note on lab result showed, Contact precautions.Resident 6's care plan, dated 7/29/2025, showed the resident was on enhanced barrier precautions related to a suprapubic catheter (flexible tube into bladder to drain urine).During an observation and interview on 08/20/2025 at 12:45 PM, Resident 6's room did not have signage on the resident's door to indicate the resident was on contact precautions. Further observation showed Staff D, Certified Nursing Assistant (CNA) in the room at the bedside of Resident 6, assisting the resident with the tv remote. Staff D did not wear a gown or gloves. Staff D exited the resident's room. Staff D was asked if they were aware Resident 6 was on contact precautions. Staff D said they were aware but did not realize they needed to wear PPE.During an interview on 08/20/2025 at 4:19 PM, Staff B, Director of Nursing (DNS) said usually if a resident is on contact precautions they would just use PPE for the resident in the room who was on precautions but stated they contacted people today and they are going to use PPE for all residents in the room who are on contact precautions.During an interview on 08/22/2025 at 3:00 PM, Staff C, Infection Preventionist, acknowledged Resident 6 had a positive wound culture and they implemented contact precautions. Staff C said she was unsure why there was no signage on the resident's door. Staff C acknowledged staff were to don a gown and gloves prior to entering a resident's room on contact precautions.Reference WAC 388-97-1320 (2)(b)