

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505254	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2026
NAME OF PROVIDER OR SUPPLIER Crystal Cove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, interview and record review the facility failed to provide written notice of bed holds (holding or reserving a resident's bed while the resident was absent from the facility) given at the time of hospital transfer for 2 of 7 residents (Resident 11 and 13) reviewed for discharge process. This failure placed residents at risk of not being informed of their rights. Findings included .Findings included.Review of the facility policy, titled Bed Hold Notice, undated, documented .in the event of an emergency transfer of a resident, the facility will provide written notice of the facility's bed-hold policies to the resident and/or the resident representative within 24 hours.The facility will keep a signed and dated copy of the bed-hold notice information given to the resident and/or resident representative in the resident's file and/or medical record.Resident 11Resident 11 was admitted to the facility on [DATE]. The admission Minimum Data Set (MDS), an assessment tool, dated 11/10/2025 showed the resident was cognitively intact.Review of Resident 11's medical record, dated 01/19/2026, documented the resident requested to be transferred to the hospital for treatment and evaluation. Continued review showed no documentation a bed hold notice was provided to Resident 11.During an interview with Collateral Contact (CC) A, hospital staff, on 02/19/2026 at 3:12 PM, she stated Resident 11 had been a resident at the facility prior to his admission to the hospital. CC-A stated the facility was notified the resident was ready for discharge. She stated the facility told her he could return to a room with four beds. (The resident had previously been in a room with only two beds). CC-A said Resident 11 did not want to return to a room with four beds. CC-A stated the facility told her Resident 11's previous semiprivate bed was no longer available and a room with four beds was the only available bed. CC-A stated the hospital had to find another facility for the resident to be discharged to.Resident 13Resident 13 was admitted to the facility on [DATE]. The admission MDS dated [DATE] showed the resident had mild cognitive impairment.Review of Resident 13's medical record, dated 02/08/2026, showed the resident was transferred to the hospital by ambulance and admitted to the hospital. Continued review showed no documentation a bed hold notice was provided to Resident 13.During an interview with Staff B, Director of Nursing (DNS) on 03/03/2026 at 2:00 PM, he acknowledged a bed hold form was not signed and there was no documentation to indicate a bed hold notice was provided to Resident 11 and 13. Staff B acknowledged it was a nursing responsibility to ensure a bed hold notice was provided to the resident or resident representative when a resident was transferred to the hospital and return was expected.Reference WAC 388-97-0120(1)(2)(a)-(d)(3)(a)(4)(b)(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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to provide restorative nursing services for 1 of 3 residents (Resident 3) reviewed for therapy services. This failure placed residents at risk for decline in mobility, functional ability and a decreased quality of life. Findings included. Review of the facility policy, titled Restorative Nursing Programs undated, documented. It is the policy of this facility to provide maintenance and restorative services designed to maintain or improve a resident's abilities to the highest practicable test. Residents, as identified during the comprehensive assessment process, will receive services from restorative aides when they are assessed to have a need for restorative nursing services. These services may include. Passive or active range of motion Splint or brace assistance. Bed mobility training and skill practice. Training and skill practice in transfers and walking. Training and skill practice in dressing and/or grooming. Training and skill practice in eating and/or swallowing. Amputation/prosthesis care. Communication training and skill practice. The discharging therapist, Restorative Nurse, or designated licensed nurse will communicate to the appropriate restorative aide, the provisions of the resident's restorative nursing plan, providing any necessary training to carry out the plan. Resident 3 was admitted to the facility on [DATE] with diagnoses including right below the knee amputation. The quarterly Minimum Data Set (MDS), an assessment tool, dated 10/23/2025 showed the resident had mild cognitive impairment, had no behaviors, required staff assistance for activities of daily living, transfers and mobility and used a wheelchair. Review of the Physical Therapy (PT) Discharge Summary with dates of service from 08/18/2025 through 09/30/2025, documented recommendations for the RNP (Restorative Nursing Program) and to follow up with prosthetic company for further fittings. Review of Resident 3's medical record showed no physicians order for Resident 3 to receive RNP services. During an interview and review of Resident 3's medical record on 02/26/2025 at 12:20 PM, Staff D, Physical Therapist (PT) was asked if the record showed a recommendation for the resident to receive RNP services after the resident was discharged from PT services. Staff D acknowledged there was a PT recommendation for Resident 3 to receive RNP services and there was no documentation Resident 3 received RNP services. Reference WAC 388-97-1060(3)(d)(j)(ix)</p>