

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/17/2026
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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review the facility failed to serve food at appropriate temperatures for 3 of 4 halls reviewed. This failure placed residents at increased risk for foodborne illnesses and decreased quality of life. Findings included . Review of the facility policy, titled Food Safety Requirements, undated, documented Holding.staff shall monitor food temperatures while holding for delivery to ensure proper hot and cold holding temperatures are maintained.Ready-to-eat foods that require heating before consumptions must be heated to at least 135 degrees F [Fahrenheit].Observation of dining service for the dining room on 07/17/2026 at 12:00 PM, with Staff A, Director of Nursing showed residents eating their lunch meal. Observation of the lunch meal served to Resident 4 showed the temperature of the meat was 130 degrees. Staff A was asked if the temperature was adequate to serve to the resident and they stated yes and staff served the lunch meal to Resident 4. Staff A took food temperatures of numerous lunch trays and food temperatures were below 135 degrees F. Staff A instructed staff to return the trays to the kitchen to be reheated.Observation of dining service for Hall B on 07/17/2026 at 12:20 PM, with Staff A, showed several trays had been passed to residents in Hall B. Staff A took food temperatures of numerous lunch trays and food temperatures were below 135 degrees F. Staff A instructed staff to return the trays to the kitchen to be reheated.Observation of dining service for Hall C on 07/17/2026 at 12:30 PM, with Staff A. Staff A took food temperatures of numerous lunch trays and food temperatures were below 135 degrees F. Staff A instructed staff to return the trays to the kitchen to be reheated.Observation of dining service for Hall D on 07/17/2026 at 12:45 PM, with Staff A. Staff A took food temperatures of numerous lunch trays and food temperatures were 135 degrees F or above and trays were served to residents. During an interview on 07/16/2026 at 1:10 PM, Resident 1 was asked if he had concerns with his care at the facility. He stated he does not get the food he likes to eat and the food is not served hot. During an interview on 07/17/2026 at 3:45 PM, Resident 3 was asked if food was served hot. Resident 3 stated the food was generally served cold.During an interview on 07/17/2026 at 3:48 PM, Resident 2 was asked if food was served hot. Resident 2 stated no the food was not served hot.During an interview with Staff A on 07/17/2026 at 4:00 PM, he stated usually the admissions coordinator completed the food temperatures during meal service and he forgot the temperature had to be 135 degrees to be served to the residents. Staff A acknowledged the food temperatures were below 135 degrees for 3 of 4 resident halls at the lunch meal. Reference WAC 388-97-1100(3)		

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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