Printed: 02/11/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505289	A. Building B. Wing	11/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Birch Creek Post Acute & Rehabilitation	5601 S Orchard Street Tacoma, WA 98409

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36854 Based on interview and record review, the facility failed to ensure a skin condition was accurately assessed, treated and monitored for 1 of 3 sampled residents (Resident 1) reviewed for quality of care. This failure placed residents at risk for unmet care needs, discomfort, and a decreased quality of life. Findings included . Resident 1 was admitted to the facility on [DATE] with diagnoses including diabetes, chronic osteomyelitis (infection of the bone), high blood pressure, and for rehabilitation and skilled nursing care of wounds including a diabetic foot ulcer. The Minimum Data Set (an assessment tool), dated 09/11/2024, documented Resident 1 was alert and oriented and required assistance with activities of daily living. Review of Resident 1's electronic health record included a Weekly Skin Observation, dated 09/25/2024 at 2:53 PM, that documented, under Other Skin Concerns, pustule/boil on left butt cheek, open wound on right foot, blanchable redness on sacrum, rash/dermatitis in groin area. Review of the provider orders and the Treatment Administration Orders (TAR) for September 2024 and October 2024 showed no treatment or monitoring orders related to a pustule/boil for Resident 1. On 11/01/2024 at 3:35 PM, Staff C, Licensed Practical Nurse and Unit Manager, indicated they were not able to locate documentation that the provider was notified of Resident 1's pustule/boil, documentation of a treatment order for the skin condition, or documentation that it was monitored. At 4:22 PM, after reviewing Resident 1's electronic health record, Staff B, Registered Nurse and Director of Nursing Services, indicated the pustule/boil for Resident 1 was not measured or described. Staff B said they did not see the boil mentioned other than the entry on 09/25/2024. Staff B said there should have been a treatment order, a monitor order, and the provider, as well as the resident's family member, should have been notified. At 4:32 PM, Staff A, Administrator, indicated they understood the concerns. Reference WAC 388-97-1060 (1)

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