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	06/18/2026

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0571 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Limit the charges against residents' personal funds for items or services for which payment is made under Medicare or Medicaid. Based on interview and record review the facility failed to provide the choice of routine personal hair hygiene services, free simple haircuts and trims by a facility employee or a professional haircut by a licensed barber or beautician at a cost for 7 of 8 residents (Resident 2, 3, 4, 5, 6, 7 & 8) reviewed for services covered under Medicaid. Failure of the facility to ensure charges were not imposed against personal funds without documenting the residents' choice, including if the residents knew they had the right to simple haircuts and trims included in their room and board costs, and that they chose to have and pay for a professional service, violated residents' rights.Findings included.Review of the facility undated admission Agreement showed an undated Facility Rates sheet with a brief description of facility rates and service charges for your reference. From time to time, these rates may change. You will be provided with a notice in advance of any such changes. The sheet listed the daily room rates and under Additional Services Offered, listed Laundry and Beauty and Barber Shop. Neither of these additional services had listed costs associated.The sections on Covered and Noncovered Services for Medicaid Recipients listed Nursing Facility Services as covered, and Beautician Services as not covered. The Resident was expected to pay for all costs and services not covered by Medicaid. An explanation of what is and is not covered by Medicaid was explained in the Facility's admission Agreement at Exhibit G.Review of Exhibit G showed the facility disclosed offering a variety of services that may not be covered by the daily room rate, including, but not limited to, beauty and barber services.Review of the Welcome Packet, dated 08/25/2025, showed the Beautician was at the facility every other Tuesday, at the beauty shop located across from the dining room. You can pay with cash, card, check or you have a trust with the building you can pay with that. Please sign up at the front reception desk. The services offered were listed but not the associated costs.On 06/03/2026 at 11:23 AM, an undated, posted price list for the professional onsite salon was observed, and included Haircut $40, [NAME] Trim $70, and Shampoo only $12. The posting included additional services and their associated costs, beyond those considered routine services.During an interview on 06/09/2026 at 1:57 PM, when asked how resident's got haircuts, Staff F, Licensed Practical Nurse (LPN) stated they had someone who came to the facility. The residents pay them or it's taken out of their trust fund.During an interview on 06/09/2026 at 2:06 PM, Staff D, Registered Nurse (RN) stated the facility had a beautician that comes and residents pay for shampoo, haircut, beard trimming. Staff D stated there was a sign-up sheet, and the residents get their funds from the business office. When asked if there were staff who cut hair for residents funded by Medicaid, Staff D stated, Not that I know of.Review of the undated Beauty and Barber Sign-Up Sheet on 06/03/2026 at 11:27 AM, showed Resident 2 was on the list for a wash.On 06/03/2026 at 11:56 AM, Resident 2 was observed seated in a wheelchair with long hair. During an interview at that time, Resident 2 stated she receives a bed bath at the facility twice a week and the aide on Friday used towels, water and washed their hair. The aide on the other bath day only offers to clean their hair with a dry cap which Resident 2 refuses and stated they did not like it as it made their scalp feel bad. Resident 2 stated they had gone to the beautician to have their hair washed three times at a cost of $12 each time.During an interview on 06/09/2026 at 1:37 PM, Resident 3 stated if they asked the staff to wash their hair they would, but to (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 0571 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	get their hair cut, they had to go to the beauty shop. Resident 3 stated, If I feel I really need it, I will go. When asked if the facility offered a haircut free of charge, Resident 3 stated, It's not included, it can come out of my resident funds.During an interview on 06/09/2026 at 1:22 PM, Resident 4 stated they shaved themselves, but they liked their hair cut short and added that it grew fast. Resident 4 stated they gottheir haircut by the beautician and they take the payment out of their personal funds account. Review of receipts showed Resident 4 paid $35 for a haircut from their trust fund on 05/07/2026.Review of the undated Beauty and Barber Sign-Up Sheet on 06/03/2026 at 11:27 AM, showed Resident 5 was on the list for a haircut.During an interview on 06/09/2026 at 1:28 PM, Resident 5 stated their hair had grown out since their last haircut. Resident 5 stated they paid for the haircut out of their personal funds account. Resident 5 stated the facility did not offer a haircut they did not have to pay for.On 06/02/2026 at 10:45 AM, Resident 6 was observed with mid length hair and a long beard. During an interview at that time, Resident 6 stated they had been asking for a beard trim and haircut for a month and a half. Resident 6 stated they were told they have to go to the beautician and pay $70. Review of the undated Beauty and Barber Sign-Up Sheet on 06/03/2026 at 11:27 AM, showed Resident 6 was not on the list.During an interview on 06/03/2026 at 11:44 AM, Resident 7 stated to get a haircut the residents can put their name on the beauty shop list. Resident 7 stated they did not know what the people who could not afford it did. Resident 7 stated they had not gotten their hair cut yet and the aide washed their hair with their bed baths.During an interview on 06/09/2026 at 2:01 PM, Resident 8 stated the evening shift aide shaved them and their hair was washed with their bed bath. Resident 8 stated they went to the facility barber to have their hair cut. Resident 8 stated they were not given other options and paid for the haircut out of their savings (trust funds) account. Review of receipts showed Resident 8 paid $35 for a wash haircut from their trust fund on 05/07/2026Record reviews showed Medicaid was the primary payer for Resident 2, 3, 4, 5, 6, 7 and 8.None of the facility documents reviewed notified the residents of their right to receive routine personal hair hygiene services at no cost to them. On 06/09/2026 at 3:50 PM, the facility was given the opportunity to provide additional information. None was provided.On 06/09/2026 at 3:50 PM, Staff A, Administrator stated they had a beautician once every two weeks, and typically the residents used their personal care allowance to pay the beautician. If the resident had no funds and they were covered by Medicaid, the facility did have a sunshine fund available. Staff A stated they had used the fund in the past for Resident 4. Resident 2 has funds for the beautician. Resident 5 did not want the facility to cut their hair. Staff A stated they were not required to provide a beautician or pay for services.REFER to WAC: 388-97-0340(7)(8)

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(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** Based on observation, interview and record review, the facility failed to provide care and services to attain or maintain the highest practicable physical, self-care and independence in accordance with their comprehensive assessment and plan of care for 1 of 3 residents (Resident 1) reviewed for quality of care Failure of the facility placed the resident at risk of decreased ability to return to prior level of assistance, decrease level of mobility, decreased participation with functional tasks, falls, further decline in function, increased dependency upon caregivers, limited out-of-bed activity and muscle atrophy. Findings included. Review of hospital documents showed Resident 1 was admitted to the hospital on [DATE]. Resident 1 sustained a significant status change on 03/16/2026 with symptoms of a stroke. Review of a 03/16/2026 hospital Speech-Language Pathologist (SLP) evaluation showed the resident's baseline diet was solid food cut into smaller pieces, due to no lower dentures. On 03/16/2026 Resident 1 was assessed with moderate dysphagia (swallowing disorder) with a diet of ice chips only, no solids. On 03/17/2026 Resident 1 was assessed to have nothing by mouth (NPO) so a nasogastric (NG) feeding tube was ordered. Review of hospital transfer records dated 03/30/2026 showed resident had a Gastrostomy tube (permanent feeding tube placed directly into the stomach) placed on 03/26/2026 while in the hospital. Resident 1 was discharged from the hospital on a Minced & Moist dysphagia diet. Review of the admission Minimum Data Set (MDS - an assessment tool), dated 04/05/2026, showed Resident 1 had functional limitations in range of motion to an upper extremity and a lower extremity on one side, was dependent on staff for eating, oral hygiene, shower, dressing, bed mobility, transfers, had medically complex diagnoses, including but not limited to a stroke. According to the MDS, the resident had a mechanically altered diet, but not nutrition through a feeding tube. The resident received Therapy services including SLP, Occupational Therapy (OT), and Physical Therapy (PT). Review of the Care Area Assessments, dated 04/11/2026, Resident 1 was at center for short term rehab related to stroke with right hemiparesis and dysphagia. These put resident at risk for skin breakdown, pain, falls, social isolation, and activities of daily living (ADL) decline. Resident was working with therapies for strengthening, gait training and ADL retraining. Review of Resident 1's Rehabilitation Care Plan on 06/09/2026 showed an initiation date of 03/30/2026 with a listed goal that the resident would improve their overall function through the review period (06/28/2026). Interventions included skilled occupational therapy, skilled physical therapy, and skilled speech pathology services. Review of the facility physician order Recap Report on 06/18/2026, showed Resident 1 was admitted on a Minced & Moist dysphagia diet with mildly thick fluid consistency. On 04/24/2026 an order was received to start Tube Feedings (TF) from 8:00 PM to 6:00 AM. On 05/20/2026 those TFs were increased to 12 hours for increased intake and weight gain. Review of the facility PT Evaluation and Plan of Treatment, dated 03/31/2026, showed Resident 1's prior level of function was independent ADLs, ambulated with a walker but required assistance with Instrumental ADLS (complex life skills required to live independently). The resident was assessed on 03/31/2026 as requiring substantial/maximal assistance. The treatment plan was to provide PT, five times a week, for 59 days, through the certification period ending 05/28/2026. Review of the facility PT Discharge summary, dated [DATE], showed the resident was discharged from PT due to change in payer source. Under patient progress was written that maximum improvement was yet to be attained. Resident 1 demonstrated progress in functional mobility requiring minimum assistance for bed mobility, indicating positive response to skilled PT interventions. Despite these improvements, Resident 1 continued to be limited in functional mobility. Continued skilled PT interventions were medically necessary to address these deficits to prevent further decline and increase quality of life. According to the discharge recommendations neither a Restorative Program or a Functional Maintenance Program was established as they were not indicated at that time. Review of the facility SLP Evaluation and Plan of Treatment, dated 03/31/2026, showed Resident 1's prior level of function (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was independent swallowing abilities on soft and bite sized foods, and thin liquids. The resident was assessed with excellent rehabilitation potential. Skilled SLP services for dysphagia were warranted to assess/evaluate for safest level of oral intake in order to enhance patient's quality of life by improving ability to safely sallow without signs/symptoms of aspiration and safely swallow without signs/symptoms of dysphagia. The Treatment plan was to provide SLP 5 times a week, for 60 days, through the certification period ending 05/29/2026. Review of the facility SLP Discharge summary, dated [DATE], showed Resident 1 was safest on mildly thick and minced and moist texture. Had difficulty chewing more complex textures and significant cough at times with thin liquids, even with small sips. Required extra time and information stated simply to assist with expressive and receptive communication. On 06/02/2026 at 10:29 AM and 11:56 AM, Resident 1 was observed in bed with a Tube Feeding (TF) running at 75 cubic centimeter/hr. At 12:53 PM a lunch tray was observed on their bedside table, with very little eaten. In an interview at that time Resident 1 stated they ate a few bites but they did not like the flavor of the food and they did not like to drink the thickened liquids. During an interview on 06/02/2026 at 12:30 PM, Staff H, Registered Dietician, stated that SLP worked with Resident 1 constantly, but their diet could not be upgraded. Staff H stated Resident 1 was on a TF at their Adult Family Home (AFH) prior to admission. During an interview on 06/02/2026 at 1:13 PM, Staff I, MDS Nurse, stated that Resident 1 was on TF at the AFH. During an interview on 06/03/2026 at 12:16 PM, Staff J, Director of Rehabilitation, stated that Resident 1 appealed the insurance decision and lost. Staff J stated they thought Resident 1 were appealing at a second level, for reconsideration and they were waiting to hear if they won or not. Staff J stated they did not continue therapy as the resident could not afford therapy if they lost. When asked if they placed Resident 1 on a Restorative program, Staff J stated no, as they were waiting for the appeal results. Record review showed an insurance notice of denial of continued coverage effective 04/22/2026. Directions for the appeal process were provided and indicated in most cases they would send a decision in writing within 14 calendar days, the insurance company would tell them if they needed more time, no longer than 28 calendar days. During an interview on 06/03/2026 at 1:48 PM, Staff K, Medical Records, stated the appeal was complicated. Staff L, Social Services, assisted Resident 1 to file an appeal on the phone on 04/30/2026 and they should have received an acknowledgement letter within about 10 days. Staff K said that Staff M, Social Services Director, sent them an email asking if they received results of the appeal, but no appeal was uploaded and there was not a case number. They never received an acknowledgement letter. Staff K said they sent supporting documents to the insurance company on 05/20/2026. When asked if they had since heard anything, Staff K stated No, and commented they usually got notification from social services staff regarding the next steps. The supporting documents that were sent were reviewed and there were no therapy documents included. When questioned, Staff K stated Resident 1 did not have therapy at that time. During an interview on 06/03/2026 at 2:05 PM, Staff L stated the appeal results can take several weeks to get back so the facility continued to skill Resident 1 with adjustments to TF and weight loss. Staff L stated Resident 1 was not clinically stable for discharge. During an interview on 06/03/2026 at 2:15 PM, Staff M reviewed their records and stated they did not have any information to provide. During an interview on 06/03/02026 at 2:20 PM, Staff N, Business Office Manager, stated Resident 1 received a denial letter that the insurance would no longer pay for the nursing home staff effective 04/22/2026. Staff N stated if the denial was appealed they usually knew the results before the last covered day happens, but in this case they were not aware of the results and did not see anything uploaded in the resident's record. Staff N stated Resident 1's stay was covered by Medicaid effective 04/22/2026. During an interview on 06/03/2026 at 3:05 PM, Staff O, Speech Therapist, stated an insurance appeal was done and they were still waiting for the details on that. Staff O stated they were not ready to discharge Resident 1 from services as they were making progress on thin liquid trials, and they had not upgraded their diet texture yet. Staff O stated they felt Resident 1 could have gotten upgraded to soft and bite sized foods. Staff O stated they had asked Staff J to continue SLP services three times a (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	week. Staff O stated they checked back weekly to see if they could continue. During an interview on 06/03/2026 at 3:10 PM, Staff J stated for residents on Medicaid they had to obtain permission from Staff A, Administrator, to continue services. During an interview on 06/09/2026 at 3:41 PM, Staff A, Administrator stated they were confident they sent the insurance what was required, within the time frame. Staff A stated Resident 1 was receiving care, but not therapy. Staff A stated they understood they were required to provide services to prevent decline but not to provide therapy services to residents without a payer. REFER to WAC: 388-97-1060(1).

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on interview and record review the facility failed to ensure 1 of 3 residents (Resident 1) reviewed for transportation was provided supervision for a medical appointment. Failure to provide an escort placed the resident at risk of missing their appointment, getting lost, falling or injury.Findings included.A facility policy and procedure regarding provision of escorts for appointments was requested 06/03/2026 and none was received.Review of the 04/05/2026, admission Minimum Data Set (MDS - an assessment tool), Resident 1 had severe cognitive impairment, unclear speech, which was limited to making concrete requests, and Resident 1 sometimes understood others. Resident 1 was assessed as dependent on others for mobility.Review of Resident 1's Care Plan, dated 03/20/2026, showed Resident 1 was at risk for complications related to communication impairment due to garbled speech, was at risk for falls related to right sided flaccidity, used a wheelchair and was dependent on staff for transfers requiring two people.Review of a Grievance Report filed 05/26/2026 showed Resident 1 had a doctor's appointment on 05/21/2026. While at the appointment, the facility was called to send an escort.During an interview on 06/02/2026 at 10:20 AM, Resident 1 was asked if the facility provided an escort for the medical appointment, Resident 1 stated, They didn't. When asked if they sent someone, Resident 1 replied, No.During an interview on 06/02/2026 at 1:37 PM, Staff E, Transportation Scheduler, stated they had held the position for only three weeks. Staff E stated they did not have a list of residents who required escorts, they used prior appointments to determine if a resident needed an escort. If it was a new resident, they asked the nurses if an escort was needed. Regarding Resident 1 specifically, Staff E stated they had looked in their appointment calendar for their previous appointment to the clinic and an escort was not listed. Staff E stated an escort was not sent for the 05/21/2026 appointment and the clinic called and said they needed someone for all future appointments. Staff E stated they now know that Resident 1 needs an escort to all their appointments.During an interview on 06/03/2026 at 12:38 PM, Staff C, Resident Care Manager, and Staff D, Registered Nurse (RN), stated there was no specific assessment to determine if a resident required an escort, and the determination was not care planned.During an interview on 06/03/2026 at 12:38 PM, Staff C stated they would expect an escort to be sent with Resident 1 because they had a stroke, with limited mobility and was transferred with a mechanical lift.During an interview on 06/03/2026 at 1:12 PM, Staff A, Administrator, stated the previous scheduler did not write needs escort in the appointment calendar, so one was not sent. When the clinic called the facility and said they needed someone right away, paratransit was scheduled to pick up the resident in 20 minutes, and it would have taken 25 minutes to get someone to the clinic.REFER to WAC: 388-97-1060(3)(g).