

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/07/2024
NAME OF PROVIDER OR SUPPLIER  Puget Sound Care		STREET ADDRESS, CITY, STATE, ZIP CODE  4001 Capitol Mall Dr Southwest Olympia, WA 98502	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47518</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure respiratory care was addressed on the comprehensive care plan for 1 of 1 sampled resident (244) reviewed for comprehensive care plans. This failure placed residents at risk for unmet care needs and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 244 was admitted to the facility on [DATE]. The Admission/Medicare 5-day Minimum Data Set assessment, dated 07/26/2024, documented Resident 244 was alert and oriented, had a diagnosis of obstructive sleep apnea (a condition that occurs when the throat muscles relax during sleep, partially or completely blocking the airway interrupting breathing), and had a CPAP (continuous positive airway pressure, a machine that helps treat sleep apnea).</p> <p>Review of Resident 244's Electronic Health Record showed the comprehensive care plan did not document a focus area, goal, or intervention for a CPAP machine.</p> <p>On 11/04/2024 at 10:56 AM, a CPAP machine with tubing and mask was observed on Resident 244's nightstand. Resident 244 said the staff would put water in it. Resident 244 said she did not use it every night, but she should.</p> <p>On 11/05/2024 at 12:37 PM, Resident 244 was observed lying on her back in bed. A CPAP machine with tubing and mask was observed at the bedside on a nightstand.</p> <p>On 11/06/2024 at 9:36 AM, Resident 244 was observed lying in bed. A CPAP machine with tubing and mask was observed at the bedside on a nightstand.</p> <p>At 2:00 PM, Staff C, Unit Manager and Licensed Practical Nurse, said residents with a CPAP machine should have it care planned. Staff C said she could not find a care plan for Resident 244's CPAP machine and there should have been.</p> <p>At 2:55 PM, Staff B, Director of Nursing Services and Registered Nurse, indicated it was her expectation care plans were in place for residents with a CPAP machine.</p> <p>Reference WAC 388-97-1020 (1) (2)(a)</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47518</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure assistance with shaving was provided for 1 of 4 sampled residents (224) reviewed for activities of daily living (ADLs). This failure placed residents at risk for unmet care needs, decreased self-esteem, and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 244 was admitted to the facility on [DATE]. The Admission/Medicare 5-day Minimum Data Set assessment, dated 07/26/2024, documented Resident 244 was alert and oriented.</p> <p>Review of Resident 244's ADLs care plan, revised on 07/30/2024, documented .Will be neat, clean and well groomed daily . PERSONAL HYGIENE: Resident requires extensive assistance.</p> <p>Review of Resident 244's Kardex (a nursing worksheet tool that includes a summary of patient information used to guide nursing care), dated 11/06/2024, showed PERSONAL HYGIENE: Resident requires extensive assistance.</p> <p>On 11/04/2024 at 10:38 AM, Resident 244 was observed with dark colored facial hair about one quarter inch long present on chin and sides of chin. Resident 244 said her chin hair bothered her. Resident 244 said the staff did not offer to shave it, even when she got a bath.</p> <p>On 11/05/2024 at 12:37 PM, Resident 244 was observed lying in bed with dark colored chin hairs present on the bottom and sides of the chin about one quarter inch long. Resident 244 said no one offered to shave her in the morning and she would like to have been.</p> <p>Review of Resident 244's person hygiene task record for shaving, dated 10/08/2024 through 10/22/2024, and 10/31/2024 through 11/06/2024, showed no documented task support for shaving. The record showed Resident 244 was out of the facility from 10/22/2024 to 10/31/2024.</p> <p>On 11/06/2024 at 9:36 AM, Resident 244 was observed lying in bed with dark colored hair present on the chin and sides of the chin.</p> <p>On 11/07/2024 at 8:50 AM, Resident 244 was observed with dark colored hair present on bottom and sides of chin longer than one quarter inch. Resident 244 said staff did not offer her a razor to shave or offer any help to shave, and it bothered her to have chin hair.</p> <p>At 8:52 AM, when asked how staff knew the care needs of a resident, Staff D, Certified Nursing Assistant, said they got their information from the Kardex.</p> <p>At 8:55 AM, Staff C, Unit Manager and Licensed Practical Nurse, said residents should be offered assistance daily and as needed for shaving. Staff C said Resident 244 needed assistance with ADLs. After going to Resident 244's room and observing Resident 244's facial hair, Staff C asked Resident 244 if she wanted to be shaved daily. Resident 244 said she would like her chin hair to be shaved. Staff C said they should have been shaving or offering to shave Resident 244 daily.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 10:46 AM, Staff B, Director of Nursing Services and Registered Nurse, said it was her expectation residents be shaved or offered assistance daily with shaving and ADLs care.</p> <p>Reference WAC 388-97-1060 (1)(2)(c)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46751</p> <p>Based on interviews and record reviews, the facility failed to ensure bowel interventions were initiated for 3 of 7 sampled residents (14, 58 &amp; 37) reviewed for quality of care. This failure placed residents at risk for discomfort, health complications and a diminished quality of life.</p> <p>Findings included .</p> <p>Per Facility Bowel Management Policy, entitled Management of Constipation, updated 11/2023:</p> <p>When a resident is identified with No/small Bowel Movement documented for 64 hrs [hours], the LN [Licensed Nurse] will assess the resident and determine if bowel protocol will be initiated.</p> <p>The Clinical Alert will be cleared using the progress note function to document findings and interventions.</p> <p>Standard bowel protocol to relieve constipation (in the absence of a bowel obstruction) with a provider order may include the following:</p> <p>--Miralax PO after eight shifts of no BM</p> <p>--Compound Laxative, consisting of 17.2 of Senna and of 10 mg Bisacodyl</p> <p>--Bisacodyl suppository rectally, if no results from the compound laxative</p> <p>--Fleet Enema rectally, if no results from Bisacodyl suppository.</p> <p>1) Resident 14 was admitted to the facility on [DATE]. The Quarterly Minimum Data Set (MDS) assessment, dated 09/29/2024, documented the resident was alert and oriented.</p> <p>The Bowel and Bladder Elimination task sheet showed Resident 14 had a Bowel Movement (BM) on 10/27/2024 at 2:59 PM, and did not show another BM until 11/02/2024 at 9:30 AM, over 138 hours (more than five and a half days) since her last documented BM.</p> <p>Review of Resident 14's October 2024 and November 2024 Medication Administration Report (MAR) showed the bowel protocol was not initiated between the dates of 10/27/2024 and 11/02/2024.</p> <p>2) Resident 58 was admitted to the facility on [DATE]. The Significant Change MDS, dated [DATE], documented the resident was moderately cognitively impaired.</p> <p>The Bowel and Bladder Elimination task sheet showed Resident 58 had a BM on 10/21/2024 at 9:59 PM, and did not show another BM until 10/27/2024 at 7:30 PM, over 141 hours (more than five and a half days) since her last documented BM.</p> <p>Review of Resident 58's October 2024 MAR showed the bowel protocol was not initiated between the dates of 10/21/2024 and 10/27/2024.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>50416</p> <p>3) Resident 37 was admitted to the facility on [DATE]. The Quarterly MDS, dated [DATE], showed Resident 37 was severely cognitively impaired, incontinent of bowel and bladder and required total assistance with activities of daily living.</p> <p>Resident 37's care plan, dated 10/20/2019, documented, .Potential for Alteration in bowel elimination constipation r/t [related to] decreased mobility; medication use . Will have a normal bowel movement at least every 1-2 days through the review date . Follow facility protocol for bowel management .</p> <p>The Bowel and Bladder Elimination task sheet showed Resident 37 had a BM on 10/12/2024 and did not have another BM until 10/19/2024, six days between BMs.</p> <p>Review of Resident 37's MAR did not show the bowel protocol was initiated from 10/13/2024 to 10/18/2024.</p> <p>On 11/06/24 at 9:13 AM, Staff F, Unit Manager (UM) and Licensed Practical Nurse (LPN), said bowel reports on the Electronic Health Record (EHR) dashboard were run daily to identify residents who needed the bowel protocol to be initiated. Staff F said she did not know why Resident 37 did not alert for no BM from 10/13/2024 to 10/18/2024 and was unable to tell how the information was missed.</p> <p>On 11/07/2024 at 8:43 AM, Staff J, LPN, said after three days of no BM, facility initiates the bowel protocol, and residents are to be administered either Miralax (a laxative) or Senna (a laxative). Staff J was unable to provide documentation of the BM protocol being initiated for Resident 14 and Resident 58. Staff J stated, They would be expected to be given something [bowel intervention]. We document in the MAR. I should have documented.</p> <p>At 9:21 AM, Staff C, UM and LPN, said if there was no BM in three days, the bowel protocol needed to be initiated. Staff C stated, They need to document it appropriately. Staff C was unable to provide documentation of bowel interventions being initiated for Resident 14 and Resident 58.</p> <p>At 10:27 AM, Staff B, Director of Nursing Services and Registered Nurse, said she expected the bowel protocol to be initiated per facility policy. Staff B stated, We are aware. It's documentation.</p> <p>Reference WAC 388-97-1060 (1) (3)(c)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46751</p> <p>Based on observation and interview, the facility failed to ensure proper disinfecting of the food thermometer when taking food temperatures in 1 of 1 kitchens reviewed for sanitation and storage. This failure placed residents at risk of cross-contamination and food borne illness.</p> <p>Findings included .</p> <p>On 11/06/2024 at 11:32 AM, Staff I, Cook, was observed testing the temperature of the food on the tray line with a kitchen thermometer.</p> <p>At 11:34 AM, Staff I was observed placing the thermometer into pan of pureed chicken. After documenting the temperature, Staff I wiped the thermometer with a kitchen cloth. Staff I then placed the same thermometer into another pan to test the temperature of another entree. Staff I did not use a sterilizer after temping the foods with the thermometer.</p> <p>At 11:36 AM, when asked about safe cleaning practices of food preparation equipment, Staff I said, he used a cloth to clean the thermometer, but the facility would prefer if he were to use alcohol wipes.</p> <p>At 11:43 AM, when asked about the expectation to clean the thermometer between checking food temperatures, Staff G, Dietary Manager, stated, We use alcohol wipes.</p> <p>On 11/07/2024 at 10:31 AM, Staff B, Director of Nursing Services and Registered Nurse, said she expected staff to abide by proper cleaning practices to prevent food borne illness.</p> <p>Reference WAC 388-97-1320 (1)(c)</p>		