

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505326 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/17/2025 |
| NAME OF PROVIDER OR SUPPLIER Heartwood Extended Healthcare | | STREET ADDRESS, CITY, STATE, ZIP CODE 1649 East 72nd Tacoma, WA 98404 | |

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to accurately assess and manage the diagnosis of congestive heart failure (CHF, a weakened heart condition, in which the heart doesn't pump blood as effectively as it should, and causes fluid build-up in the feet, arms, lungs and other organs) for 1 of 3 sample residents (Resident 2) reviewed for the management of CHF. This failure placed the resident at risk for fluid overload, respiratory complications, exacerbation of (worsening of) heart failure, kidney and liver damage, hospitalization, and sudden death.</p> <p>Findings included .</p> <p>Resident 2 admitted on [DATE] with diagnoses including CHF and morbid obesity (severe obesity). The electronic health record showed that Resident 2 was alert and oriented, was their own decision-maker, and was able to make their needs known.</p> <p>Review of the hospital Discharge summary, dated [DATE], showed that Resident 2 admitted to the hospital, on 03/30/2025, with a chief complaint of shortness of breath. Resident 2 was diagnosed with an acute exacerbation of CHF, and was treated with diuretic medications (also known as water pills that increase urine production to treat fluid build-up) resulting in a 142 pound (lb) weight reduction. Resident 2's hospital admission weight was 674lb on 03/30/2025, and discharge weight was 532 lb on 04/13/2025.</p> <p>Review of the hospital after visit summary, dated 04/13/2025, showed that discharge instructions included that Resident 2 should have been weighed daily, per facility protocol.</p> <p>Review of facility provider progress notes dated 04/14/2025, 04/28/2025, 05/15/2025, 05/27/2025, 05/30/2025 showed that the plan to manage Resident 2's diagnosis of CHF included monitoring daily weights.</p> <p>Review of the facility order, dated 04/13/2025, showed Resident 2 was to have weekly weights.</p> <p>Review of the treatment administration records for 04/13/2025 through 06/16/2025 showed Resident 2 had similar weights documented for 5 of 10 scheduled weekly weights: 04/20/2025 (532 lb), 04/27/2025 (532 lb), 05/04/2025 (532 lb), 05/11/2025 (528.5 lb), 06/08/2025 (528.5 lb), 06/15/2025 refused. Review of the medical record showed no re-attempts to obtain Resident 2's weight after their refusal on 06/15/2025.</p> <p>(continued on next page)</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 |
|---|-------|-----------|

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505326 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/17/2025 |
| NAME OF PROVIDER OR SUPPLIER Heartwood Extended Healthcare | | STREET ADDRESS, CITY, STATE, ZIP CODE 1649 East 72nd Tacoma, WA 98404 | |

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During interview on 06/16/2025 at 2:10 PM, Resident 2 stated that they had not been weighed since the previous month (May, 2025). Resident 2 further stated that due to their CHF diagnosis, they should have their weight monitored more frequently to make sure that fluid was not building up in their body again.</p> <p>In an interview on 06/17/2025 at 1:00 PM, Staff C, Resident Care Manager (RCM), stated that they did not know how much Resident 2 weighed, because they had not been able to obtain weights due to Resident 2's wheelchair being too wide to fit into the rooms where the scales were kept, and because Resident 2 did not like to use the Hoyer lift (a mechanical lift used for transferring individuals with limited mobility) equipped with a scale.</p> <p>During observation on 06/17/2025 at 1:36 PM, Resident 2 was weighed using a Hoyer lift equipped with a scale. The scale read 602 lb. This was a 70 lb increase from Resident 2's hospital discharge weight of 532 lb on 04/13/2025.</p> <p>In continued interview on 06/17/2025 at 1:47 PM, Resident 2 reiterated that they had only been weighed one other time since admitting to the facility, and it was using the same Hoyer lift method. Resident 2 referred to a text conversation that was saved in their cell phone, and stated that their weight was 578 lb the last time it was checked in the facility. This weight was not documented in Resident 2's medical record. Resident 2 further stated that they would be willing to allow staff to obtain weights routinely as a means of assessing for fluid retention and worsening of CHF.</p> <p>In interview on 06/17/2025 at 2:00 PM Staff B, Director of Nursing (DNS), stated that when a resident admitted with a CHF diagnosis, the physician would either order daily weights for the first three days, or they would order weekly weights for at least the first four weeks. After the first four weeks, if weights remained stable, then weight monitoring could be changed to monthly. If weight was unstable, then weekly weights would continue. Staff B, DNS, further stated that if a resident refused to have their weight taken, staff should document the refusals and continue to attempt until the weight was obtained.</p> <p>In interview on 06/17/2025 at 2:30 PM Staff A, Administrator, stated that is was unlikely that the weights documented in Resident 2's treatment administration record were accurate, since they were the exact same week after week. Staff A, Administrator, speculated that the staff were likely copying and pasting the weights rather than obtaining accurate weekly weights.</p> <p>Reference WAC 388-97-1060(1)</p> |