

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Lakewood		STREET ADDRESS, CITY, STATE, ZIP CODE 11411 Bridgeport Way Tacoma, WA 98499	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46067</p> <p>Based on observation and interview, the facility failed to provide a homelike environment during meal service for 1 or 3 sampled wings (North wing) when reviewed for dining. This failure placed residents at risk for decreased appetite and a diminished quality of life.</p> <p>Findings included .</p> <p>During an interview on 10/16/2024 at 10:01 AM, Resident 33 stated they were unhappy that housekeeping would clean during mealtimes.</p> <p>Observation on 10/21/2024 at 12:12 PM, showed Staff R, Housekeeping Staff, cleaning resident room [ROOM NUMBER] with a spray while the resident in bed B was eating. Bed A's food was still covered and on the bedside table.</p> <p>During an interview on 10/21/2024 at 12:12 PM, Staff R, stated they were using Lysol to disinfect surfaces. When asked about appropriate times to clean Staff R stated, We are not allowed to clean while residents are eating in their room unless we ask them.</p> <p>During an observation and interview on 10/21/2024 at 12:17 PM, Staff Q, Housekeeping Manager, informed Staff R to stop cleaning the resident room. Staff Q stated staff should not have been cleaning during resident mealtimes because of the chemicals.</p> <p>Reference WAC 388-97-0880</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: 505347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Lakewood		STREET ADDRESS, CITY, STATE, ZIP CODE 11411 Bridgeport Way Tacoma, WA 98499	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46067</p> <p>Based on interview and record review, the facility failed to ensure the Minimum Data Set assessment (MDS, an assessment tool) accurately reflected the status for 2 of 18 sampled residents (Residents 54 and 17) reviewed for accuracy of assessments. This failure placed the residents at risk for unmet care needs and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 54</p> <p>Resident 54 admitted to the facility on [DATE] with diagnoses of chronic obstructive pulmonary disease (ongoing lung condition caused by damage to the lungs) and congestive heart failure. Resident 54 was able to make needs known.</p> <p>Review of the admission MDS, dated [DATE], showed the Dental section B marked YES to No natural teeth or tooth fragments.</p> <p>Review of Resident 54's denture consultation dated 01/24/2024 showed the resident had decayed, loose teeth and was missing some upper teeth and all lower teeth.</p> <p>During an interview on 10/22/2024 at 2:06 PM, Staff N, MDS Resource Nurse, stated section B was coded incorrectly as Resident 54 had a partial denture.</p> <p>During an interview on 10/22/2024 at 2:30 PM, Staff B, Director of Nursing Services (DNS), stated the expectation was that the MDS assessments were coded accurately.</p> <p>49926</p> <p>Resident 17</p> <p>Resident 17 was admitted to the facility on [DATE] with diagnoses that included Huntington's disease (an inherited condition in which nerve cells in the brain break down over time), depression, Post Traumatic Stress Disorder and chronic pain. The annual MDS, dated [DATE], showed Resident 17 usually understood others.</p> <p>Observation on 10/16/2024 at 1:22 PM, showed Resident 17 in a low bed, yelling at other staff members that entered the room, and did not want to socialize with anyone.</p> <p>Review of the annual MDS, dated [DATE], showed section D0700 as Resident 17, never had social isolation. Section L0200 dental was marked as Resident 17 had no issues with their teeth.</p> <p>Review of Resident 17's care plan showed Focus area for psychosocial well-being related to issues including social isolation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Lakewood		STREET ADDRESS, CITY, STATE, ZIP CODE 11411 Bridgeport Way Tacoma, WA 98499	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 17's care plan showed an intervention initiated on 11/24/2023 for broken and carious teeth and to encourage oral care.</p> <p>Review of a dental consult from 05/14/2021, showed Resident 17 with multiple decayed, broken and missing teeth.</p> <p>During an interview on 10/22/2024 at 11:43 AM, when asked about MDS coding and practice, Staff C, MDS Nurse stated they followed the Resident Assessment Instrument (RAI) manual.</p> <p>Reference WAC 388-97-1000(1)(b)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Lakewood		STREET ADDRESS, CITY, STATE, ZIP CODE 11411 Bridgeport Way Tacoma, WA 98499	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40817</p> <p>Based on observation, interview, and record review, the facility failed to offer a timely care conference to 1 of 3 sampled residents (Resident 36) and failed to revise a plan of care for 1 of 3 sampled residents (Resident 60) when reviewed for care plan revision. This failure placed residents at risk of not having input into their plan of care, inaccurate plans of care, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the electronic health record showed Resident 36 admitted to the facility on [DATE] with a diagnosis of dementia (loss of memory, language, problem-solving and other thinking abilities). Resident 36 was unable to make needs known and had a power of attorney (POA).</p> <p>During an interview on 10/16/2024 at 1:17 PM, Resident 36's POA stated they had not been contacted to conduct a care conference since December 2023.</p> <p>Review of the Care Plan Review assessments showed Resident 36 last had a care conference on 12/06/2023.</p> <p>During an interview on 10/18/2024 at 12:30 PM, Staff L, Social Services Director, stated the facility held care conferences on admission, quarterly, and as needed and were recorded on the Care Plan Review assessment. Staff L stated Resident 36 last had a care conference on 12/06/2023 and the lack of care conference did not meet expectation.</p> <p>During an interview on 10/18/2024 at 1:10 PM, Staff A, Administrator, stated care conferences should occur at admission, quarterly, and as needed. Staff A stated Resident 36's lack of care conference since 12/06/2024 did not meet expectation.</p> <p>49926</p> <p>Resident 60</p> <p>Resident 60 was admitted to the facility on [DATE] with diagnoses that included stroke, heart failure and dementia. The five-day Minimum Data Set (MDS) an assessment tool, dated 09/21/2024, showed Resident 60 was not able to make needs known.</p> <p>Observation on 10/16/2024 at 11:05AM, showed Resident 60 pulling at covers in the bed, uncovering them self, lifting their leg and pulling on their brief with grimacing face.</p> <p>During an interview on 10/18/2024 at 1:21 PM, Collateral Contact (CC1), stated Resident 60 had never taken a shower, Resident 60 was afraid of the water going over their head and only took baths.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Lakewood		STREET ADDRESS, CITY, STATE, ZIP CODE 11411 Bridgeport Way Tacoma, WA 98499	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 60 care plan Focus area ADL Self Care performance initiated 09/15/2024, showed an intervention of Bathing (SHOWER/BATHE SELF) (Specify: Irequier, The Resident requires, assistance Dependent on staff for bathing/showering 2X/XK). There were no specific directions for Resident 60 about a bath as a preference over shower due to fear of water over their head.</p> <p>During an interview on 10/22/2024 at 1:38 PM, Staff B, (DNS) stated the expectation was for residents and their decision makers to be interviewed about their choices, the care plan be updated/revised to reflect the residents preference.</p> <p>Reference WAC 388-97-1020(2)(c)(d)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Lakewood		STREET ADDRESS, CITY, STATE, ZIP CODE 11411 Bridgeport Way Tacoma, WA 98499	
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49926</p> <p>Based on observation, interview, and record review, the facility failed to provide the necessary assistance with activities of daily living (ADLs) for 1 of 2 sampled dependent residents (Resident 4) reviewed for ADL care. This failure placed the resident at risk for poor nutrition, weight loss, and a diminished quality of life.</p> <p>Findings Included .</p> <p>Resident 4 was admitted to the facility on [DATE] with diagnoses that included heart failure, dementia (loss of memory, language, problem-solving and other thinking abilities) and severe malnutrition (condition when someone doesn't have enough nutrients to meet their needs). The admission Minimum Data Set (MDS) an assessment tool, dated 05/13/2024, showed Resident 4 was usually able to understand others.</p> <p>Observation on 10/17/2024 at 9:42 AM, showed Resident 4 lying in bed, they appeared very frail and weak.</p> <p>Observation and interview on 10/21/2024 at 1:02 PM, showed Resident 4 in bed with the head of the bed slightly up and the bedside table nearby with the lunch tray on top. Resident 4 stated, I can't eat, I can't see what is on my plate, I can't get myself up. Surveyor called upon Staff D, (Licensed Practical Nurse) who assisted Resident 4 to sit up and have lunch in bed. Resident 4 stated the food was cold.</p> <p>Review of Resident 4's Electronic Health Record showed Focus ADL Self Care Performance Deficit, initiated on 05/07/2024, with intervention set up-part/moderate assist. Set up tray and encourage meal intake.</p> <p>During an interview on 10/22/2024 at 1:51 PM, Staff B, (DNS) when asked about the process of following the care plan related to assistance with meals stated the expectation was for residents to be set up with their trays and be assisted to eat their meals.</p> <p>Reference WAC 388-97-1060(2)(c)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Lakewood		STREET ADDRESS, CITY, STATE, ZIP CODE 11411 Bridgeport Way Tacoma, WA 98499	
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** 40817</p> <p>Based on observation, interview, and record review, the facility failed to follow providers orders for 1 of 5 sampled residents (Resident 125) when reviewed for unnecessary medications and failed to safely administer insulin for 1 of 4 sampled residents (Resident 54) reviewed for medication administration. These failures placed residents at risk of discomfort, pain, infection, and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 125</p> <p>Review of the electronic health record (EHR) showed Resident 125 admitted to the facility on [DATE] with diagnoses of dependence on renal dialysis (a process of removing waste for the blood) and end stage renal disease (the failure of the kidneys). Resident 125 was unable to make needs known.</p> <p>Review of the provider's orders showed Resident 125 received a blood pressure medication which was to not be given if the systolic blood pressure (top number of a blood pressure reading) was greater than 130.</p> <p>Review of the EHR showed Resident 125 had provider's orders for bowel medication to be provided after three days without a bowel movement.</p> <p>Review of a bowel movement tracker for August 2024 showed Resident 125 did not have a bowel movement from 10/09/2024 through 10/13/2024 (five days).</p> <p>Review of the October 2024 medication administration record (MAR) showed Resident 125 was provided the blood pressure medication 15 times and five of the 15 times the resident's systolic blood pressure was greater than 130. Further review showed Resident 125 was not provided bowel medications.</p> <p>During an interview on 10/22/2024 at 2:24 PM, Staff M, Resident Care Manager/Licensed Practical Nurse, stated the expectation was to follow the provider's orders as written when providing medications. Staff M stated Resident 125 was provided blood pressure medication outside of the provider's orders and that did not meet expectation. Staff M stated Resident 125 was not provided the ordered bowel medications and that did not meet expectation.</p> <p>During an interview on 10/22/2024 at 2:49 PM, Staff B, Director of Nursing, stated the expectation was for nurses to follow the provider's orders as written. Staff B stated Resident 125 received blood pressure medication outside of the parameters and lack of bowel medication did not meet expectation.</p> <p>49926</p> <p>Resident 54</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Lakewood		STREET ADDRESS, CITY, STATE, ZIP CODE 11411 Bridgeport Way Tacoma, WA 98499	
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>Review of the facility policy about Injections, Insulin administration dated 06/01/2023, showed Cleanse injection site with alcohol if necessary.</p> <p>Resident 54 was admitted to the facility on [DATE] with diagnoses that included heart failure and diabetes. The quarterly Minimum Data Set (MDS), an assessment tool, dated 09/25/2024, showed Resident 4 was able to make needs known.</p> <p>During an observation of medication administration on 10/21/2024 at 10:44 AM, Staff E, Licensed Practical Nurse (LPN) followed by Staff F, LPN administered 2 different insulins to different areas on Resident 54's abdominal wall without cleaning the skin area. In addition, the nurse did not wear gloves.</p> <p>During an interview on 10/21/2024 at 10:50 AM, when asked about injection practices, Staff E, LPN, stated they usually use alcohol wipes prior to administration.</p> <p>Reference WAC 388-97-1060(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Lakewood		STREET ADDRESS, CITY, STATE, ZIP CODE 11411 Bridgeport Way Tacoma, WA 98499	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46067</p> <p>Based on observation, interview, and record review the facility failed to ensure residents with pressure ulcers received necessary treatment/services to prevent new ulcers for 1 of 3 sampled residents (Resident 7) reviewed for pressure ulcers. This failure placed the resident at risk for decreased comfort, infection, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the electronic health record (EHR) showed Resident 7 admitted to the facility on [DATE] with diagnoses to include chronic pain, diabetes and was a high risk for pressure injuries.</p> <p>Review of the Care Plan initiated on 05/03/2021 showed an intervention of Offload heels with pillows related to decreased mobility.</p> <p>Observations on 10/16/2024 at 1:58 PM, 10/17/2024 at 10:40 AM, 10/18/2024 at 9:03 AM and 10/21/2024 at 9:26 AM showed Resident 7 lying in bed without their heels offloaded.</p> <p>During an interview on 10/21/2024 at 9:38 AM, Staff M, Resident Care Manager/ Licensed Practical Nurse stated Resident 7's heels should have been floated while in bed.</p> <p>During an interview on 10/22/2024 at 2:30 PM, Staff B, Director of Nursing Services (DNS), stated the expectation was that staff followed the care plan to offload Resident 7's heels as the resident allowed.</p> <p>Reference WAC 388-91-1060(3)(b)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Lakewood		STREET ADDRESS, CITY, STATE, ZIP CODE 11411 Bridgeport Way Tacoma, WA 98499	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46067</p> <p>Based on observation, interview, and record review the facility failed to ensure a safe environment was maintained related to facility equipment for 1 of 4 sampled residents (Resident 14) reviewed for accident hazards. This failure placed the resident at risk for avoidable injuries and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the electronic health record (EHR) showed Resident 14 admitted to the facility on [DATE] with diagnoses to include above the knee amputation and diabetes. Resident 14 was dependent on staff for transfers and able to make needs known.</p> <p>During an interview on 10/17/2024 at 10:57 AM, Resident 14 stated they did not feel comfortable using the sit to stand because the grab bars were loose.</p> <p>Observation on 10/21/2024 at 10:30 AM, showed two Tollos Steady aid Sit to Stand units #73508 and #870353 located on the [NAME] wing with grab bars that easily moved from left to right and appeared loose.</p> <p>During an observation and interview on 10/21/2024 at 10:36 AM, Staff K, Maintenance Supervisor, stated they were made aware of the moveable grab bars in February 2024 when a Certified Nursing Assistant brought it to their attention. Staff K stated they attempted to tighten the bolts however when tightened the Sit to Stand would not raise properly.</p> <p>Review of the Tollos Steady aid manual copyrighted 2014 stated Ensure there are no loose bolts or nuts, and the actuator does not wobble, squeak, vibrate or make unusual noise.</p> <p>During an interview on 10/22/2024 at 11:27 AM, Staff A, Administrator, stated the expectation was that preventative maintenance was conducted and if there were concerns an outside representative should have been contacted for assistance.</p> <p>Reference WAC 388-97-1060 (3)(g)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Lakewood		STREET ADDRESS, CITY, STATE, ZIP CODE 11411 Bridgeport Way Tacoma, WA 98499	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46067</p> <p>Based on observation, interview, and record review the facility failed to provide respiratory care consistent with professional standards of practice for 1 of 3 sampled residents (Resident 54) reviewed for respiratory care. Failure to follow provider's orders for oxygen (O2) therapy placed the resident at risk for unmet needs, potential negative outcomes and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 54 admitted to the facility on [DATE] with diagnoses of chronic obstructive pulmonary disease (ongoing lung condition caused by damage to the lungs) and congestive heart failure. Review of Resident 54's admission Minimum Data Set assessment (MDS) dated [DATE] showed the resident received O2 therapy.</p> <p>Observations on 10/16/2024 at 9:17 AM, showed Resident 54 received O2 set to between 4 and 5 liters (L) per minute via a nasal canula (device to deliver O2 through a tube into the nose) that was connected to an O2 concentrator. Observations on 10/18/2024 and 10/21/2024 showed Resident 54 received O2 set to between 4 and 5 liters (L) per minute via a nasal canula.</p> <p>Review of Resident 54's Care Plan showed an intervention for oxygen settings at 3 L continuously.</p> <p>During an interview and observation on 10/21/2024 at 9:07 AM, Staff E, Licensed Practical Nurse (LPN), observed Resident 54's O2 and stated it was set at 5 L. Staff E stated the resident would get anxious and increase their oxygen, which they had done the previous week. Staff E asked Resident 54 if they had increased the oxygen which they denied. Staff E stated the O2 should have been set at 3 L.</p> <p>During an interview on 10/22/2024 at 1:28 PM, Staff O, Assistant Director of Nursing (ADON), stated the expectation was that staff follow the providers order and check the O2 setting every shift.</p> <p>Reference WAC 388-97-1060 (3)(j)(vi)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Lakewood		STREET ADDRESS, CITY, STATE, ZIP CODE 11411 Bridgeport Way Tacoma, WA 98499	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46067</p> <p>Based on interview and record review, the facility failed to ensure that pain medications were provided as the provider ordered for 1 of 2 sampled residents (Resident 69) reviewed for pain management. This failure placed the resident at risk of receiving incorrect pain medication, sedation, and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 69 admitted to the facility on [DATE] with diagnoses of fracture of the left femur (thigh bone) and dementia (group of symptoms affecting memory, thinking and social abilities). Resident 69 required substantial max assistance with most activities of daily living.</p> <p>Review of Resident 69's orders showed an order dated 09/03/2024 for Roxycodone 5 milligrams (a controlled drug used to treat pain) to be given one tablet by mouth every four hours as needed for moderate to severe pain seven-ten (pain scale from 0-10, with 0 being an absence of pain and 10 being severe pain).</p> <p>Review of Resident 69's orders showed an order dated 09/03/2024 for acetaminophen (Tylenol) 650 milligrams one tablet by mouth every six hours as needed for pain level one-10.</p> <p>Review of Resident 69's September 2024 Medication Administration Record (MAR) showed Roxycodone 5 mg was given on 09/23/2024 for a pain level of six, 09/29/2024 for a pain level of three and 09/30/2024 for a pain level of six.</p> <p>Review of Resident 69's October 2024 MAR showed Roxycodone 5 mg was given on 10/04/2024 for a pain level of five and 10/15/2024 for a pain level of six.</p> <p>During an interview on 10/22/2024 at 8:37 AM, Staff P, Resident Care Manager, stated the expectation was that pain medications were given within parameters or for staff to consult the provider to have parameters adjusted.</p> <p>During an interview on 10/22/2024 at 8:43 AM, Staff B, Director of Nursing Services (DNS), stated the expectation was that pain medication be administered as the provider ordered. Staff B, DNS, further stated staff should have given the Tylenol order prior to giving the Roxycodone.</p> <p>Reference WAC 388-97-1060(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Lakewood		STREET ADDRESS, CITY, STATE, ZIP CODE 11411 Bridgeport Way Tacoma, WA 98499	

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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40817</p> <p>Based on interview and record review, the facility failed to ensure 1 of 1 sampled resident (Resident 125) received medications as ordered when out of the building for dialysis (a process of removing waste from the blood) when reviewed for dialysis. This failure placed the resident at risk of reduced medication effectiveness, increased pain, increased depression, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the electronic health record (EHR) showed Resident 125 admitted to the facility on [DATE] with diagnoses of dependence on renal dialysis and end stage renal disease (the failure of the kidneys). Resident 125 was unable to make needs known.</p> <p>Review of the provider's orders showed Resident 125 was out of the facility at 7:00 AM on Tuesday, Thursday and Saturday for dialysis.</p> <p>Review of the August 2024 medication administration record showed Resident 125 was not provided any morning medications on Tuesdays, Thursdays, and Saturdays. Review showed missing medication included an antidepressant, an antiarrhythmic (medication used to keep heart rhythm normal), an anticoagulant (medication to thin the blood), and a pain medication.</p> <p>During an interview on 10/22/2024 at 2:24 PM, Staff M, Resident Care Manager/Licensed Practical Nurse, stated Resident 125 did not have a provider's order to hold medications on dialysis days. Staff M stated their expectation was that Resident 125 received all ordered medications. Staff M stated Resident 125's lack of ordered medications on dialysis days did not meet expectation.</p> <p>During an interview on 10/22/2024 at 2:49 PM, Staff B, Director of Nursing, stated residents who went to dialysis should have a provider's order to provide or hold medications on dialysis days. Staff B stated their expectation was that staff would get an order to administer the medications upon return from dialysis. Staff B stated Resident 125 not receiving their ordered medication on dialysis days did not meet expectation.</p> <p>Reference WAC 388-97-1900 (1), (6)(a-c)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Lakewood		STREET ADDRESS, CITY, STATE, ZIP CODE 11411 Bridgeport Way Tacoma, WA 98499	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>49926</p> <p>Based on observation, interview, and record review the facility failed to ensure expired eye drops were removed timely from use in 1 of 3 medication carts (Red Wood) reviewed for medication storage. This failure placed the residents at risk for receiving expired medications, ineffective medications and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of facility provided Medication Storage Guidance, dated 2024, showed latanoprost should be discarded six weeks after opening.</p> <p>Observation of the Red [NAME] medication cart on 10/21/2024 at 12:38 PM with Staff D, Licensed Practical Nurse (LPN), showed Latanoprost eye drops medication with an open date of 08/09/2024.</p> <p>During an interview on 10/22/2024 at 1:31 PM, Staff B, Director of Nursing Services, stated nurses should date eye drops when they are opened and follow the recommendations for expiration dates.</p> <p>Reference WAC 388-97-1300(2)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Lakewood		STREET ADDRESS, CITY, STATE, ZIP CODE 11411 Bridgeport Way Tacoma, WA 98499	

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 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46067</p> <p>Based on observation, interview, and record review the facility failed to schedule a dental appointment for 1 of 3 sampled residents (Resident 53) reviewed for dental services. This failure placed the resident at risk for unmet dental needs and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the electronic health record (EHR) showed Resident 53 admitted to the facility on [DATE] with diagnoses to include chronic kidney disease and chronic obstructive pulmonary disease (ongoing lung condition caused by damage to the lungs that restricts airflow). Resident 53 was able to make needs known.</p> <p>Observation and interview on 10/16/2024 at 9:53 AM, showed Resident 53 lying in bed watching television. Resident 53 had no upper or lower teeth and stated that their dentures no longer fit due to weight loss.</p> <p>Review of the Care Plan dated 08/21/2024 showed a Focus area Has oral/dental health problems related to edentulous (no natural teeth). The Intervention showed Coordinate arrangements for dental care/transportation as needed/as ordered.</p> <p>During an interview on 10/18/2024 at 11:40 AM, Staff L, Social Services Director (SSD), stated the dentist was at the facility on 09/16/2024 and Resident 53 should have been seen at that time due to dental issues. Staff L stated Resident 53 was added to the list on 09/23/2024 to be seen in December which was the next time the dentist would be in the facility.</p> <p>Documentation received on 10/23/2024 at 5:13 PM from Staff B, Director of Nursing Services (DNS), stated the facility was unaware Resident 53 had requested to see the dentist until 10/14/2024.</p> <p>Reference WAC: 388-97-1060 (2)(c), (3)(j)(vii)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Lakewood		STREET ADDRESS, CITY, STATE, ZIP CODE 11411 Bridgeport Way Tacoma, WA 98499	
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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46067</p> <p>Based on observation, interview, and record review the facility failed to schedule a dental appointment for 1 of 3 sampled residents (Resident 54) reviewed for dental services. This failure placed the resident at risk for unmet dental needs and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 54 admitted to the facility on [DATE] with diagnoses of chronic obstructive pulmonary disease (ongoing lung condition caused by damage to the lungs) and congestive heart failure. Resident 54 was able to make needs known.</p> <p>Observation and interview on 10/16/2024 at 9:13 AM, showed Resident 54 had missing upper teeth and no bottom teeth. Resident 54 stated they had an upper partial but had not yet put it in for the day.</p> <p>Review of a dental report from Smile Seattle Dentures dated 01/2024 showed a recommendation for new denture (upper and lower) and hygiene cleaning.</p> <p>Review of the Electronic Health Record (EHR) shows a referral dated 03/04/2024 for updated x-rays and extraction of all upper teeth.</p> <p>Review of the EHR shows communication on 07/18/2024 that Resident 54 did not want extractions only a bottom denture. Documentation showed Smile Denture would contact the Resident's family to discuss options.</p> <p>During an interview on 10/18/2024 at 11:54 AM, Staff L, Social Services Director (SSD), stated they were unaware if dental staff discussed any options with Resident 54 or their family as they did not have additional communication related to the resident. Staff L stated Resident 54 would be seen the next time the Denturist was in the facility.</p> <p>During an interview on 10/22/2024 at 11:33 AM, Staff A, Administrator (ADM), stated Resident 54 was on the list to be seen in September 2024 however they were out of the facility.</p> <p>Reference WAC: 388-97-1060(2)(c),(3)(j)(vii)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Lakewood		STREET ADDRESS, CITY, STATE, ZIP CODE 11411 Bridgeport Way Tacoma, WA 98499	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49926</p> <p>Based on observation, interview, and record review the facility failed to implement transmission-based precautions (TBP) for 1 of 4 residents (Resident 4) reviewed for TBP, and failed to use gloves when administering an injectable medication for 1 of 4 sampled residents (Resident 54) reviewed for medication administration. This failure placed residents and staff at risk for communicable diseases, poor clinical outcomes, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility isolation precautions sign titled AEROSOL CONTACT PRECAUTIONS dated 08/09/2023 showed staff were to wash or gel (hand sanitizer) hands, use full PPE (personal protective equipment) which included wearing gloves, a gown, a respirator (N95 mask which filters 95% of particles in the air) and wear eye protection prior to entering the room. It further showed the door should remain closed unless it impacted patient care.</p> <p>Review of the CDC The Basics of Standard Precautions by ([NAME] JD, CDC Guidelines for Isolation Precaution, 2007) states to use gloves when anticipating contact with blood or body substances.</p> <p>Resident 4</p> <p>Review of the electronic health record showed Resident 4 admitted to the facility on [DATE] with diagnoses that included heart failure and dementia (a group of thinking and social symptoms that interferes with daily functioning) and showed that Resident 4 had tested positive for Covid-19 (a highly contagious respiratory virus) on 10/07/2024.</p> <p>Observation on 10/16/2024 at 9:52 AM, showed Resident 4 laid in bed in their room. There was a sign for aerosol contact precautions posted outside the door. Staff G, Certified Nursing Assistant, entered the room without putting on a gown, eye protection, N-95 mask or gloves. Staff G exited the room and assisted a housekeeper staff by opening the door and the housekeeping cart kept the door open. Housekeeping staff then entered the room without putting on the required PPE.</p> <p>Observation on 10/16/2024 at 9:55 AM, showed Staff K, Maintenance Supervisor, entered the room without putting on the required PPE.</p> <p>Observation on 10/16/2024 at 10:00 AM, showed Staff H, Assistant Business Office Manager, entered Resident 4's room without putting on PPE.</p> <p>During an interview on 10/16/2024 at 10:05 AM, the assigned licensed nurse (unidentified) stated Resident 4 still required isolation precautions for Covid-19.</p> <p>During an interview on 10/21/2024 at 10:48 AM, Staff J, Infection Preventionist/Staff Development, stated it was their expectation that staff performed hand hygiene, put on an isolation gown, gloves, N95 mask, and eye protection when entering the room of a Covid-19 positive patient. Additionally, the door to the room should remain closed.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Lakewood		STREET ADDRESS, CITY, STATE, ZIP CODE 11411 Bridgeport Way Tacoma, WA 98499	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident 54</p> <p>Resident 54 was admitted to the facility on [DATE] with diagnoses that included heart failure and diabetes. The quarterly Minimum Data Set (MDS), an assessment tool, dated 09/25/2024, showed Resident 54 was able to make needs known.</p> <p>During an observation of medication administration on 10/21/2024 at 10:44 AM, Staff E, Licensed Practical Nurse (LPN) followed by Staff F, LPN administered 2 different insulins to different areas on Resident 54's abdominal wall without using gloves.</p> <p>During an interview on 10/21/2024 at 10:50 AM, when asked about injection practices, Staff E, LPN, stated they usually use gloves prior to administration of injectables.</p> <p>During an interview on 10/22/2024 at 1:49 PM, Staff B, Director of Nursing Services, stated not following the posted isolation precautions and standards of medication administration practice did not meet their expectations.</p> <p>Reference WAC 388-97-1320(2)(b)</p>