

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2025
NAME OF PROVIDER OR SUPPLIER Woodard Creek Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3333 Ensign Road Northeast Olympia, WA 98506	

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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>.</p> <p>Based on interview and record review, the facility failed to ensure 5 of 5 sampled agency and facility (Staff I, J, K, L, M) reviewed for competency with mechanical lifts showed proficiency with the operation of mechanical lift transfers. This failure placed the residents at risk for falls and their associated injuries.</p> <p>Findings included .</p> <p>Staff L, facility staff, hired 04/01/2025, did not have documentation of training on the mechanical lifts in their personnel file.</p> <p>Staff J, facility staff, hired 04/01/2025, did not have documentation of training on the mechanical lift in their personnel files.</p> <p>Staff I, agency staff, hired 04/08/2025, did not have documentation of training on the mechanical lifts in their personnel file.</p> <p>Staff K, agency staff, hired 04/25/2025, did not have documentation of training on the mechanical lifts in their personnel file.</p> <p>Staff M, facility staff, hired 04/25/2025, did not have documentation of training on the mechanical lifts in their personnel file.</p> <p>On 06/30/2025 at 2:40 PM, Staff G, nursing assistant (NA), explained she used one staff with the standing lift and two staff with the mechanical lift.</p> <p>At 2:51 PM, Staff E, NA explained they should use two staff with both the standing lift and the mechanical lift. Staff E said she had some concerns with how other staff used the mechanical lifts, particularly with agency staff. Staff E said we don't know what they [agency staff] are capable of and said they had seen concerns with transfers like using one staff with the mechanical lift. Staff E had reported these concerns to her supervisor.</p> <p>At 3:31 PM, Staff F, NA, said she used two staff with both the standing lift and the mechanical lift. Staff F said she has intervened when staff was going to use the mechanical lift with one staff.</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
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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>At 4:15 PM, Staff A, Administrator, and Staff B, Director of Nursing and Registered Nurse, said they cannot find evidence of mechanical lift training but they would continue to look and provide the information if found. No further documentation was provided.</p> <p>Reference WAC 388-97-1680 (2) (a)(b)(i-ii)(c)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** .</p> <p>Based on interview and record review, the facility failed to ensure 4 of 5 sampled residents (6, 8, 9, 10) reviewed for infection control practices, received vaccinations for influenza and pneumonia. This failure placed the residents at risk of contracting pneumonia and influenza and potential complications associated with those illnesses.</p> <p>Findings included .</p> <p>&lt;Resident 6&gt;</p> <p>Resident 6 was admitted to the facility on [DATE].</p> <p>Review of Resident 6's medical record, showed no documentation the facility assessed the resident's vaccination history. The record lacked documentation the influenza or pneumococcal vaccine was offered.</p> <p>&lt;Resident 8&gt;</p> <p>Resident 8 was admitted to the facility on [DATE].</p> <p>Review of Resident 8's medical record, showed no documentation of the resident's vaccine history.</p> <p>&lt;Resident 9&gt;</p> <p>Resident 9 was admitted to the facility on [DATE].</p> <p>Resident 9 received a dose of the Pneumococcal polysaccharide vaccine (PPSV23) (used to prevent pneumococcal disease) on 06/24/2022. The clinical record did not show the resident was offered a 2nd dose of the Pneumococcal vaccine.</p> <p>&lt;Resident 10&gt;</p> <p>Resident 10 was admitted to the facility on [DATE].</p> <p>Review of Resident 10's medical record, showed no documentation of the resident's vaccine history.</p> <p>On 06/30/2025 at 3:45 PM, Staff B, Director of Nursing and Registered Nurse, verified no residents had documentation of vaccine history or offered vaccine in the current medical record. Staff B said there may be records in the their previous medical record system they used prior to the ownership change. Staff B said she would provide any further information if obtained. No further documentation was provided.</p> <p>Reference WAC 388-97-1340 (1) (2) (3)</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** .</p> <p>Based on interview and record review, the facility failed to ensure the COVID-19 (a highly transmissible infectious virus that causes respiratory illness and in severe cases can cause difficulty breathing and could result in impairment or death) vaccine was provided for 3 of 5 residents (6, 8, 10), reviewed for immunizations. The failure to provide the COVID-19 vaccination placed the resident at risk for contracting the COVID-19 virus and related complications.</p> <p>Findings included .</p> <p>&lt;Resident 6&gt;</p> <p>Resident 6 was admitted to the facility on [DATE].</p> <p>Review of Resident 6's medical record, showed no documentation or indication the facility assessed the resident's vaccination history. The record lacked documentation the COVID vaccine was indicated.</p> <p>&lt;Resident 8</p> <p>Resident 8 was admitted to the facility on [DATE].</p> <p>Review of Resident 8's medical record, showed no documentation of the resident's vaccine history including the COVID vaccine.</p> <p>&lt;Resident 10&gt;</p> <p>Resident 10 was admitted to the facility on [DATE].</p> <p>Review of Resident 10's medical record, showed no documentation of the resident's vaccine history including the COVID vaccine.</p> <p>On 06/30/2025 at 3:45 PM, Staff B, Director of Nursing and Registered Nurse, verified no residents had documentation of vaccine history or offered vaccine in the current medical record. Staff B said they may be records in the their previous medical record system they used prior to the ownership changed. Staff B would provide any further information if obtained. No further documentation was provided.</p> <p>No reference WAC</p> <p>.</p>		