STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505434	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lynnwood Post Acute Rehabilitation Center	5821 188th Street Southwest Lynnwood, WA 98037

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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. 48298 Based on interview and record review, the facility failed to inform the resident and/or their representative about a high carbon dioxide (C02-a form of natural waste produced by the body and breathe out by the lungs) blood test level for 1 of 1 resident (Resident 1), reviewed for change in condition. This failure placed the resident and/or their representative at risk of not being provided adequate information to make informed decisions about their medical condition. Findings included . Review of the facility's policy titled, Best Practice in Change of Condition and Endorsement, revised in January 2025, showed, Physician, resident, and responsible party will be notified of any changes in resident status or condition. Review of the quarterly Minimum Data Set (an assessment tool) dated 01/20/2025 showed Resident 1 had intact cognition with diagnosis that included chronic respiratory failure with hypoxia (a medical condition that occurs when lungs cannot get enough oxygen into the blood or eliminate enough carbon dioxide from the body). Review of a laboratory test results dated 01/27/2025, showed Resident 1's C02 level was more than (>) 45 mmol/L (millimoles per liter-a unit of measurement). The laboratory test showed the normal reference range for C02 was 21 to 31 mmol/L. It further showed that a laboratory staff called the facility on 01/28/2025 and spoke with Staff B, Registered Nurse, who confirmed the CO2 result, and Staff B requested the paper copy of the result to be faxed to the facility. Review of Resident 1's nursing progress note dated 01/28/2025 did not show Staff B notified Resident 1 and/or their representative about Resident 1's high C02 blood test result. In an interview on 03/17/2025 at 1:13 PM, Resident Representative (RR1), stated that they were not notified of Resident 1's high C02 blood test result. RR1 stated that they received a voicemail message on their phone on 01/30/2025, informing them that staff would draw blood for Resident 1 but there was no mention about the test result. RR1 stated that they knew about Resident 1's C02 blood test level on 02/10/2025 when they spoke with Staff C, Resident Care Manager, who had informed them about it. RR1 further stated that Resident 1 had not been informed about their C02 blood test level result. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505434	A. Building B. Wing	03/19/2025

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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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview and joint record review on 03/19/2025 at 11:33 AM, Staff B stated that they received Resident 1's C02 blood test result on 01/28/2025. Joint record review of the laboratory test dated 01/27/2025, showed Resident 1's C02 level was >45 mmol/L. It further showed that Staff B confirmed the CO2 result. When asked if they notified Resident 1 or their representative about the CO2 test result, Staff B stated that they did not notify Resident 1 of their C02 blood test result. In an interview on 03/19/2025 at 1:44 PM, Staff C stated that their process was to send critical laboratory result to the provider through Signal (an application software) if they [the provider] are not in the facility. Staff C further stated that if it the laboratory result was critically high, then the provider needs to be notified. Staff C further stated that they expected the charge nurse to notify the resident and/or their representative of the test result. In an interview on 03/19/2025 at 3:57 PM, Staff A, Director of Nursing, stated that they expected staff to inform Resident 1 of their CO2 test results. Staff A further stated, We inform the POA [power of attorney/or RR] about the test result if they [resident] are incapacitated or that they are not able to make decisions for themselves. Reference: (WAC) 388-97-0300(3)(a) .