

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2025
NAME OF PROVIDER OR SUPPLIER Alaska Gardens Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6220 South Alaska Street Tacoma, WA 98408	

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** 39501</p> <p>Based on interview and record review, the facility failed to document a measurable and descriptive baseline, and routinely monitor the progression of healing or worsening, of a skin impairment for 1 of 3 sample residents (Resident 4) reviewed for skin impairments. This failure placed the resident at risk for undetected worsening of the skin impairment, delay in treatment, complications in healing, and a decreased quality of life.</p> <p>Findings included .</p> <p>Review of the facility electronic medical record (EMR) showed that Resident 4 admitted on [DATE] with a diagnosis of a hematoma (a collection of blood that forms outside of a blood vessel in an organ, tissue or body space), to their left lower leg.</p> <p>Review of a facility evaluation titled, Clinical Admission V-22, dated 12/03/2024, showed that Resident 4 had a skin issue described as a large hematoma, present on admission, to their left lateral calf (outer side of calf). There were no documented measurements or additional details describing the hematoma.</p> <p>Review of a facility evaluation titled, Weekly Skin Checks, dated 12/11/2024, showed Resident 4 was, noted with hematoma to L. posterior leg [the back of the left leg]. There were no documented measurements or detailed description of the hematoma, nor was there any note about if the hematoma appeared to be improving or worsening.</p> <p>Review of the physician orders showed an order, dated 12/04/2024, to monitor the hematoma on Resident 4's left leg, and to notify the provider if there was delayed healing or worsening.</p> <p>Review of the treatment administration record (TAR), dated December 2024, showed that the nursing staff were documenting that Resident 4's hematoma was being monitored each shift, however there was no corresponding documentation found in the EMR to show the measurements or description of the hematoma to determine if it was worsening.</p> <p>During interview on 01/22/2025 at 9:24 AM, Staff C, Licensed Practical Nurse (LPN)/Treatment Nurse, stated that they did not perform any treatments, observations or measurements on Resident 4's hematoma, and that the Resident's assigned nurses would have been the ones to make observations and note any changes to the hematoma.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 01/22/2025 at 11:20 AM, Staff A, Director of Nursing Services (DNS) stated that Resident 4's hematoma should have had measurements documented at least weekly, and that based on the lack of documentation, the staff would not have had any way of knowing if the hematoma was worsening or improving.</p> <p>Reference WAC 388-97-1060 (3)(b)</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39501</p> <p>Based on interview and record review, the facility failed to ensure administration of a prescribed respiratory medication (a medication used to treat breathing problems) for 1 of 1 sample resident (Resident 8) reviewed for medication errors. This failure placed residents at risk for medical complications and a decreased quality of life.</p> <p>Findings included .</p> <p>Review of the Quarterly Minimum Data Set (MDS, a required assessment tool), dated 11/19/2024, showed Resident 8 admitted on [DATE], and had diagnoses to include chronic obstructive pulmonary disease (COPD, a group of lung diseases that block airflow and make it difficult to breathe) and respiratory failure.</p> <p>Review of a physician's order, dated 08/24/2022, showed Resident 8 was to receive Trelegy (an inhaled medication) one time per day for the diagnosis of COPD.</p> <p>Review of the medication administration records (MARs), dated December 2024 and January 2025, showed that Trelegy was not administered to Resident 8, as ordered, on 12/26/2024, 12/28/2024, 12/29/2024, 12/30/2024, and 12/31/2024; and 01/01/2025, 01/02/2025 and 01/03/2025 (a total of 8 days). The MAR indicated that there would be a progress note to explain why Trelegy was not administered on each of those dates.</p> <p>Review of the progress notes showed:</p> <p>12/26/2024 the nurse was not able to locate the medication, and a refill was requested from the pharmacy.</p> <p>12/28/2024 the facility was waiting for the medication from the pharmacy.</p> <p>12/29/2024 the facility was waiting for the medication from the pharmacy.</p> <p>12/30/2024 the pharmacy stated it was too early to refill the medication.</p> <p>12/31/2024 no progress note was written.</p> <p>01/01/2025 the medication was not available.</p> <p>01/02/2025 the medication had still not come from pharmacy.</p> <p>01/03/2025 no progress note was written.</p> <p>Review of the December 2024 and January 2025 progress notes did not show any documented communication with Resident 8's medical provider about Trelegy not being available or administered during this time.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a progress note dated 01/02/2025 at 5:29 PM, showed that Resident 8 was complaining of shortness of breath and was in obvious distress.</p> <p>During interview on 01/07/2025 at 10:23 AM, a Collateral Contact stated that they observed Resident 8, during the timeframe that Trelegy was unavailable, and Resident 8 was like a fish out of water, gasping for air.</p> <p>During interview on 01/22/2025 at 11:20 AM Staff A, Director of Nursing Services (DNS) stated that when an ordered medication cannot be found, the staff should call the pharmacy to inquire about it, notify the doctor of the unavailability of the medication, request alternative treatment orders if necessary, and notify the DNS. Staff A, DNS, further stated that since the pharmacy stated it was too early to refill the Trelegy (due to insurance coverage), the staff should have notified the DNS to get approval for the facility to pay for an early refill.</p> <p>Reference WAC 388-97-1060 (3)(k)(iii)</p>