

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 01/31/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</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 notify the resident's responsible party of orders for a new medication for 1 of 3 sample residents (Resident 2) reviewed for notification of changes. This failure prevented the person responsible for making healthcare decisions from being part of the care planning process and being knowledgeable about medications the resident was taking.</p> <p>Findings included .</p> <p>Review of the quarterly minimum data set (MDS, a required assessment tool), dated 01/13/2025, showed Resident 2 admitted on [DATE] and had diagnoses to include communication deficit, genetic-related intellectual disability, and need for assistance with personal care. The MDS further showed that Resident 2 was moderately cognitively impaired (had problems with their ability to think, learn, remember, use judgement, and make decisions).</p> <p>Review of an untitled document, from the King County Superior Court Clerk, dated August 29, 2022, showed Resident 2 had a court appointed guardian and conservator (a person appointed to make personal decisions about an incapacitated individual's care and finances).</p> <p>Review of an order dated 12/30/2024, showed Resident 2's physician ordered an antibiotic to treat a skin infection on Resident 2's leg. Further review showed the order was confirmed (activated) by Staff A, Resident Care Manager (RCM).</p> <p>Review of Resident 2's progress notes did not show that the new antibiotic medication order was communicated to Resident 2's guardian.</p> <p>During interview on 01/31/2025 at 1:54 PM, Staff A, RCM, stated that they confirmed orders that were pending (had been entered by the physician, but had not been activated/started yet) in the electronic health record system each morning. Staff A stated they did not notify the resident, resident's family, or responsible party of the new orders unless they were under their care management. Staff A stated it would have been the responsibility of Resident 2's RCM to make those notifications.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 01/31/2025 at 2:00 PM, Staff B, RCM, stated that they were unaware that Staff A, RCM, confirmed pending orders each morning, and stated they would not have a way to know what notifications needed to be made if the new orders were not communicated to them. Staff B stated their understanding was that when staff received or confirmed an order, they would be responsible to inform the resident, and any other family or responsible party that needs to be informed, and they should document it in a progress note.</p> <p>Reference WAC 388-97-0320 (1)(c)</p>		