

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 04/29/2025
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 0689</p> <p>Level of Harm - 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** 46244</p> <p>Based on interviews and record review, the facility failed to provide the supervision of two staff for bed mobility assistance per the plan of care for 1 of 5 sampled residents (Resident 1) reviewed for falls with injury. Resident 1 experienced harm when they received bed mobility assistance from one staff member, fell out of the bed and broke their arm.</p> <p>Findings included .</p> <p>Review of the electronic health records showed Resident 1 admitted to the facility on [DATE] with diagnoses including end stage renal disease (kidney disease) and diabetes and was receiving dialysis (when waste in the blood is filtered through a machine). The resident was able to make needs known.</p> <p>Review of the care plan showed an intervention dated 11/20/2024 that Resident 1 required two-person extensive assistance for repositioning and turning in bed.</p> <p>Review of the progress notes showed that on 04/12/2025 at around 8:00 PM the resident fell out of bed while being changed and complained of right shoulder pain and inability to move their right arm. Resident 1 was sent to the emergency department and treated for a fractured right humerus bone (broken arm).</p> <p>Review of the facility incident investigation, dated 04/12/2025, showed Staff C, Certified Nursing Assistant (CNA), stated Resident 1 had slid from the bed while they were providing care and fell on their side to the floor. The facility had determined Staff C performed bed mobility with one staff instead of two staff per the care plan.</p> <p>During an interview on 04/29/2025 at 3:40 PM, Staff D, CNA, stated staff should review the Kardex (care plan delivery instructions) to see how many staff were required for bed mobility/positioning. Staff D stated if a resident required two people for a task they must follow it.</p> <p>During an interview on 04/29/2025 at 3:46 PM, Staff B, Director of Nursing Services, stated it was their expectation that staff followed the plan of care and Staff C should not have provided bed mobility/positioning alone.</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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F 0689 Level of Harm - Actual harm Residents Affected - Few	During an interview on 04/29/2025 at 4:00 PM, Staff A, Administrator, stated it was their expectation Resident 1 received two-person care during bed mobility/positioning according to their plan of care/Kardex. Reference WAC 388-97-1060 (3)(g)