STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505483	A. Building B. Wing	10/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alaska Gardens Health and Rehabilitation	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)
F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. (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
	505483	A. Building B. Wing	10/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alaska Gardens Health and Rehabilitation	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)
F 0678 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to have a system in place that ensured basic life support was initiated immediately, as directed in the facility policy, including Cardio-Pulmonary Resuscitation (CPR - an emergency procedure consisting of chest compressions combined with giving breaths of air) when 1 of 1 resident (Residents 1) was reviewed for unexpected death in the facility. The facility failed to maintain the required unexpired supplies & equipment on the crash carts ready for immediate use and failed to maintain accurate Physician Orders for Life-Sustaining Treatment (POLST) data for immediate accessibility. This failed practice placed 70 additional residents (Residents 3, 4, 5, 6, 7, 8, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76 & 77), who had current POLST to receive CPR, at serious risk for adverse outcome including death and constituted an Immediate Jeopardy (IJ). On [DATE] at 5:03 PM, the facility was notified of an IJ. The facility removed the immediacy on [DATE] after they audited the records of all residents, audited the POLST binders, audited and stocked the crash carts, updated the facility CPR policy, educated staff on the facility's CPR Policy and Code Blue Emergency process during CPR, audited and ensured licensed staff had current CPR training and implemented a plan of correction to sustain ongoing compliance. Findings included . Facility PolicyThe facility policy titled Cardiopulmonary Resuscitation (CPR), updated [DATE], showed the facility would provide CPR to residents as requested. CPR is initiated for those residents who: Have requested, through advanced directive or POLST/POST/Other state approved methods, to have CPR initiated when cardiac or respiratory arrest occurs, have not formulated an advanced directive nor have a valid POLST (per state guidelines) in their medical record. Review of the facility policy did not show the procedure, process, documentation expectations or staff expectations during a cardiac or respiratory arrest event. During an interview on [DATE] at 2:51 PM, Staff J, Registered Nurse (RN), Regional Director of Clinical Operations, stated the facility did not have a policy that specified the expected necessary protocols for calling a Code Blue or initiation of CPR. Staff J stated their expectation of staff who found a resident non-responsive, not breathing, and/or without a pulse, was to immediately notify a nurse, and immediately initiate CPR if they were a full code, by any CPR certified staff. Staff J stated the licensed staff were responsible for verifying the code status prior to initiation of CPR. Staff J stated the facility did not have a policy or protocol in writing of their expectations for how staff were expected to handle a Code Blue emergency.RESIDENT 1Review of Resident 1's POLST showed it was signed by the Resident on [DATE] and signed by the Nurse Practitioner on [DATE]. The form showed Resident 1 wanted CPR if they were not breathing and had no pulse. The form showed Resident 1 wanted full treatment to prolong life by all medically effective means including transfer to the hospital and intensive care (Full Code). Review of Resident 1's Advanced Directive Care Plan (CP), initiated [DATE], showed Resident 1 was their own healthcare decision maker and had been informed of their advanced care planning options. Interventions listed were Honor my wishes for healthcare decisions and Check my chart for code status.Review of a [DATE] Nursing Progress Note showed Licensed Nurse (LN) was called by NAC (Nursing Assistant Certified) assigned to the resident. LN assessed Resident 1 to have no pulse and was unresponsive, transferred resident onto the floor flat, started CPR, called 911, and came in announced fetal pulse present and continue CPR and full treatment to the resident. At 10:55 PM Emergency Medical Technician (EMT) announced Resident 1 did not make it and had passed. Review of the facility's unexpected death investigation, dated [DATE] showed no documented code event minutes, no documented timeline of events and the staff investigation statements were contradictory with each other regarding the chain of events. Review of the staff statements showed at 9:40 PM, Staff F, NAC, found Resident 1 unresponsive. Staff D, NAC stated at 9:55 PM Resident 1 was still not responding; Staff D could not tell if they were breathing. Staff D did not check for a pulse and did not go tell the nurse. In their statement Staff H, NAC, stated that Staff D came out of Resident 1's room, said they were unresponsive, and that they thought they were dead as they approached the nursing station. Further review of the investigative staff statements showed Staff C, Registered Nurse (RN), stated she called a code blue, whereas Staff G, NAC, statement that in fact they called the cold blue over the page system which was collaborated in others statements. Staff C indicated they checked Resident 1's code status, but Staff K, NAC, indicated they did. Staff C indicated they grabbed the crash cart and on re-interview noted the crash cart was in the room when they arrived. Staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505483	A. Building B. Wing	10/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alaska Gardens Health and Rehabilitation	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)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure 2 of 5 staff (Staff N & O) reviewed had the appropriate knowledge, competencies, and skill sets to provide nursing and related services, including Cardio-Pulmonary Resuscitation (CPR - an emergency procedure consisting of chest compressions combined with giving breaths of air), to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident as determined by resident assessments, individual plans of care, and facility policy. Failure of the nursing staff to demonstrate a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics needed to successfully perform work roles or occupational functions resulted in deficiencies related to the competency of nursing staff and placed residents at risk for unmet care needs including not receiving CPR if/when needed, a diminished quality of life, and adverse outcomes including death.Findings included .<Facility Policy>The facility Cardiopulmonary Resuscitation (CPR) Policy, updated [DATE] showed Licensed nurses (LN) employed by the center have current CPR certification. CPR certification is reviewed routinely by the center to validate current certification is maintained for LN personnel. STAFF NDuring an interview on [DATE] at 12:15 PM, when asked what equipment they wound use in the event of respiratory arrest, Staff N, Licensed Practical Nurse (LPN), did not know. When asked what equipment was needed to perform CPR, Staff N replied, hands and was unable to name other equipment that may be needed. Review of Staff N's CPR certification showed it expired [DATE]. STAFF ODuring an interview on [DATE] at 12:35 PM Staff O, Registered Nurse (RN), stated they had received CPR training and had a current certification. Review of Staff O's CPR certification showed it expired [DATE].In an interview on [DATE] at 12:42 PM, Staff M, AP-Payroll, stated they were told the nurses had to have CPR and it was recommended for Nursing Assistants to have CPR, but not mandatory. Staff M stated they were trying to get another CPR class scheduled. Refer to F678 - Cardiopulmonary Resuscitation. REFERENCE: WAC 388-97-1080(1)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505483	A. Building B. Wing	10/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alaska Gardens Health and Rehabilitation	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)
F 0839 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employ staff that are licensed, certified, or registered in accordance with state laws. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure 1 of 8 out of state licensed nurses (Staff C) reviewed had a multistate license authorizing practice in the state the facility was located. This failure placed residents at risk of receiving care from an unlicensed and unqualified individual.Findings included . On [DATE] Resident 1 experienced a change in condition, and coded. CPR (Cardiopulmonary Resuscitation) was started, 911 notified, medics continued CPR and pronounced Resident 1 deceased . The assigned nurse, Staff C, Registered Nurse (RN),was suspended pending investigation. On [DATE] at 6:55 PM, Staff A, Administrator documented the facility investigation substantiated that Staff C did not meet the standard of care when responding to a reported change in condition. Staff C was terminated and license reported. Record review showed Staff C, was hired [DATE], and had a California State RN license with an expiration date of [DATE]. Review of the license verification report showed Staff C was only authorized to practice in California. During an interview on [DATE] at 12:42 PM, Staff M, AP-Payroll, stated Staff C, had an out of state license and was one of the facility's first compact nurse license (a compact nursing license/multi-state license, allows a nurse to practice in participating states without having to get a separate license in each state). Staff M stated they verify licensure online. Staff M stated (prior to termination) Staff C worked at the facility full time. Staff M was unable to explain how Staff C worked at the facility without authorization to practice in the state. Refer to F678 - Cardiopulmonary Resuscitation.Reference WAC 388-08-1660(1)(a)