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	06/05/2026

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to coordinate care and implement wound care orders from an outside provider for 1 of 3 residents (Resident 1) reviewed for wound care. Failure of the facility to update dressing change orders placed residents at risk of wound complications and delayed wound healing.Findings included .<RESIDENT 1>Review of the admission Minimum Data Set (MDS - an assessment tool), dated 04/15/2026, showed Resident 1 had a major surgical procedure during the prior inpatient hospital stay, involving the gastrointestinal tract, that required active care during the Skilled Nursing Facility stay. Resident 1 was assessed with a surgical wound, which required surgical wound care. Review of the Care Plan, initiated 04/10/2026, showed the resident had impaired skin integrity of the abdomen related to a surgical wound. Interventions directed staff to monitor/document location, size and treatment of skin issue weekly and report abnormalities to the physician.Review of a hospital surgery progress note, dated 04/09/2026, showed the abdominal surgical incision was assessed with a small area of skin dehiscence (splitting or opening of a surgical wound) along the lower portion of the incision. The directives were to continue dressing changes twice a day.Review of hospital discharge wound care orders, dated 04/10/2026, directed staff to keep incision clean and dry, and follow up in the surgery clinic in two weeks.Review of the 04/10/20206, Nursing Home admission Orders showed directions to cleanse midline abdominal surgical incision with wound cleanse solution or normal saline, apply skin prep to peri wound (peri wound skin prep protects the fragile tissue surrounding a wound from damage, moisture, and adhesive stripping) area letting it dry, apply dry dressing. Change daily and as needed.Review of the Treatment Administration Records for April 2026 and May 2026 showed staff documented performing the treatment as ordered until it was discontinued on 05/27/2026.During an interview on 06/04/2026 at 1:41 PM, Staff D, Wound Treatment, Licensed Practical Nurse (LPN), stated they saw Resident 1 weekly, and measured the wound, cleaned it with normal saline, patted dry and then applied a dry dressing. Staff D stated there were no orders for a special dressing.Review of a 04/28/2026 surgical clinic After Visit Summary (AVS) showed orders to change dressing every 2 days with hydrofera blue (a foam dressing that absorbs excess fluid and protect against infections). Cut long thin strip, moisten and place into wound. Cover with gauze dressing. Follow up in surgery clinic in 2 weeks.During an interview on 06/05/2026 at 1:41 PM, Staff G, LPN, admission Nurse, looked at the appointment calendar for Resident 1, and verified Resident 1 had an appointment on 04/28/2026 at the surgical clinic. Staff G searched in the resident's medical record and stated that it did not look like they received any paperwork after the appointment.During an interview on 06/05/2026 at 1:16 PM, Staff C, Registered Nurse (RN), Assistant Director of Nursing (ADON), reviewed Resident 1's record, confirmed there were no progress notes and no AVS for the 04/28/2026 clinic visit. Staff C stated if a resident returned from an appointment without an AVS the facility staff should call and request one.During an interview on 06/05/2026 at 1:53 PM, Staff B, Director of Nursing, stated that if no AVS was returned, the staff usually called the clinic and asked if they have any new orders for that visit.Review of a 05/12/2026 surgical clinic AVS in Resident 1's record, showed orders to change surgical dressing every other day, remove old hydrofera dressing, place new hydrofera in wound, and (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	06/05/2026

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	cover with gauze dressing. The AVS was noted on 05/12/2026 by Staff E, LPN, Care Coordinator.Review of Nursing Progress note written by Staff E, dated 05/12/2026 at 5:02 PM, showed Resident 1 returned from a Post Op appointment, no new orders received or noted. Resident with follow up appointment on 05/26/2026, copy given to scheduler/transportation.During an interview on 06/05/2026 at 1:49 PM, Staff E stated they missed the wound care orders. Review of a surgical clinic note dated 05/26/2026 showed the previously healed proximal wound had opened, the distal wound was unchanged. At the clinic the wounds were lightly packed with umbilical tape and covered with gauze dressing. New orders were written for the facility to repack wounds daily. Follow up in 2 weeks.Review of the 05/26/2026 surgical clinic AVS in Resident 1's record showed orders to change wound packing DAILY, pack both wounds lightly with umbilical tape and cover with gauze dressing and secure with tape. The AVS was noted by Staff E on 05/27/2026.During an interview on 06/05/2026 at 2:16 PM, Staff F, RN, stated when Resident 1 was discharging they were providing them with the orders in the computer and were told that there were wound care orders that Staff F had not previously seen. Staff F said they asked the wound nurse, Staff D, who also did not know. They told Staff E who returned with the new orders. Staff D stated the dressing was changed prior to discharge on [DATE], but there was no packing as they did not have the supplies.During an interview on 06/05/2026 at 11:23 AM, Resident 1's Representative (R1R) stated after every surgical care follow up, there were orders written and Resident 1 gave the facility staff the orders. R1R stated at the 04/28/2026 visit orders were written to pack the wound with hydrofera blue. R1R stated they asked Resident 1 who stated the staff were not packing the wound. R1R stated the facility staff was not following the doctor's orders.During an interview on 06/05/2026 at 3:00 PM, Staff B acknowledged Resident 1's wound care was not completed as ordered.Reference WAC 388-97--1620(2)(b)(i)(ii)(6)(b)(i).