

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  05/23/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34567</p> <p>Based on interview and record review, the facility failed to identify and investigate allegations of abuse/neglect for 4 of 7 sampled residents (Residents 85, 32, 38 and 68) when reviewed for abuse/neglect. These failures placed the residents at risk of continued abuse/neglect, diminished quality of life and unmet needs.</p> <p>Review of a facility policy titled, Abuse Neglect and Misappropriation of Resident Property Prohibition, dated March 2025, showed each resident had the right to be free from abuse, including verbal, mental, sexual, or physical abuse, corporal punishment, involuntary seclusion, mistreatment, neglect, misappropriation of resident property, exploitation, and any physical or chemical restraint not required to treat the resident's medical condition. The Center implements policies and processes so that residents were not subject to abuse by staff, other residents, volunteers, consultants, facility members, and others who may have unsupervised access to residents. These policies addressed screening, training, prevention, identification, investigation, protection and reporting/response.</p> <p>&lt;Pain Medication&gt;</p> <p>Resident 85</p> <p>Review of the electronic health record (EHR) showed Resident 85 admitted to the facility on [DATE] with diagnoses to include peritoneal abscess (a localized collection of pus within the peritoneal cavity, the space between the abdominal organs and the abdominal wall), malignant neoplasm of ovary (a cancerous tumor that develops in the ovaries, [female reproductive glands where eggs are produced]), muscle weakness, anxiety and depression. Resident 85 was able to communicate needs.</p> <p>During an interview on 05/19/2025 at 1:12 PM, when asked whether Resident 85 had any pain or discomfort that was not addressed timely while at the facility. Resident 85 stated, yes, they had experienced pain and their request for their as needed (PRN) pain medication was either delayed or was not administered at all whenever Staff G, Licensed Practical Nurse, (LPN) was assigned to them. Resident 85 stated they had requested a couple days ago, during a day shift, they had told several Certified Nursing Assistants (CNAs), they needed their pain medication. The CNAs told them they had informed Staff G on multiple occasions, but they (Resident 85) did not get their pain medication until 2.5 hours later or had to wait until the night nurse came in that evening. Resident 85 stated they had told a male licensed nurse supervisor, Staff F, Licensed Practical Nurse/Care Coordinator (LPN/CC), who stated the residents lack of pain control issue would be addressed.</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
---	-------	-----------

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  05/23/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 85's provider's orders for pain medication, dated 04/16/2025, showed the provider had ordered multiple pain medications to include both scheduled and as necessary pain (PRN) medication to include oxycodone (a narcotic pain medication used to treat moderate to severe pain) 5 milligrams (mgs) every four hours PRN for severe pain and Tylenol 500 mg extra strength every eight hours PRN for pain.</p> <p>Review of Resident 85's medication administration record (MAR) for May 2025 showed Resident 85 had regularly received PRN pain medication whenever they had requested them throughout the month of May 2025; however, during the day shifts on 05/16/2025 to 05/18/2025, when Staff G was assigned to them, their pain medication was administered only once on 05/18/2025 at 6:23 PM.</p> <p>During an interview 05/21/2025 at 11:26 AM, Staff F, LPN/CC, stated they did not remember Resident 85 telling them or commenting they did not receive their PRN pain medication timely or not at all, but would now report it to the Director of Nursing Services (DNS).</p> <p>During an interview on 05/21/2025 at 2:04 PM, Staff B, Director of Nursing Services (DNS) stated it was their expectation if a resident was not getting their PRN pain medication or if they were getting them late and the CNAs and licensed nurses (LNs) knew about it then it should have been reported and an investigation taken place.</p> <p>38344</p> <p>&lt;Resident to Resident&gt;</p> <p>Resident 32</p> <p>Review of the EHR showed Resident 32 admitted to the facility on [DATE] with diagnoses to include bipolar disorder (disorder associated with mood swings ranging from depressive low to manic highs), heart failure, and borderline personality disorder (a mental disorder characterized by unstable moods, behavior, and relationships). Resident 32 was able to communicate needs.</p> <p>During an interview on 05/19/2025 at 10:34 AM, Collateral Contact E, Visitor, stated Resident 32 had not been participating in activities ever since another resident touched a tattoo on Resident 32's arm, less than two weeks ago. Collateral Contact E, stated after the resident-to-resident altercation Resident 32 appeared upset and left the activity room and had not been to an activity since.</p> <p>During an interview on 05/19/2025 at 1:57 PM, Resident 32 stated a situation happened the other day during activities when another resident touched the tattoo on their arm, and it bothered them. Resident 32 stated they had told the resident not to touch them and then told the activity person about it.</p> <p>During a follow up interview on 05/21/2025 at 9:27 AM Resident 32 stated they had reported the resident-to-resident altercation incident, that happened in activities, to Staff D, Activity Director (AD). Resident 32 stated they told Staff D to tell that resident that touched them not to touch them again and to keep that resident away from them.</p> <p>Review of the facility's grievance log from April 2025 through 05/19/2025 showed no grievance logged for Resident 32.</p> <p>(continued on next page)</p>		

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  05/23/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's incident reporting log from April 2025 through 05/16/2025 showed no resident-to-resident altercation logged for Resident 32.</p> <p>Review of Resident 32's EHR did not show documentation of a resident-to-resident altercation.</p> <p>During an interview on 05/21/2025 at 9:51 AM, Staff D, AD, stated Resident 32 had told them that Resident 90 had touched their tattoo and they (Resident 32) did not like being touched and wanted Resident 90 to be told not to touch them. Staff D stated they talked to Resident 90 and told them not to touch Resident 32; however, they did not document the interaction and should have. Staff D stated they thought the resident-to-resident altercation happened around 05/13/2025 or so and did not report the incident to the abuse hotline.</p> <p>During an interview on 05/21/2025 at 12:56 PM Staff B, DNS, stated Staff D, AD, should have reported details of Resident 32's feelings of being upset regarding being touched by Resident 90, and of wanting Staff D to talk to Resident 90, to inform Resident 90 not to touch Resident 32. Staff B stated an incident report investigation should have been initiated for Resident 32's resident-to-resident altercation. Staff B stated this issue should have been reported prior to now and this did not meet expectations.</p> <p>46067</p> <p>&lt;Administrator&gt;</p> <p>Resident 38</p> <p>Review of the EHR showed Resident 38 admitted to the facility on [DATE] with diagnoses that included adjustment disorder with mixed disturbances (strong emotional or behavioral reaction to stress or trauma) and anxiety (emotion with worried thoughts). Resident 38 was able to make needs known.</p> <p>Review of a complaint intake, dated 04/28/2025, showed Resident 38 reported to an anonymous individual they were afraid of the administrator who was very rude. The report stated Resident 38 was afraid to come out of their room until after the administrator left as they were fearful of their well-being. Resident 38 stated they were afraid the administrator was going to kick them out of the facility.</p> <p>During an interview on 05/19/2025 at 1:30 PM, Resident 38 stated they felt Staff A, Administrator, retaliated against them for filing a grievance most recently related to a reported allegation of neglect of a former roommate. Resident 38 stated Staff A stated, You do not like the staff, you do not like the food, you do not need this level of care, why are you here? Resident 38 stated everyone is afraid of Staff A and described her as rude and stated, I just stay in my room when she's around to avoid her.</p> <p>Resident 68</p> <p>Review of EHR showed Resident 68 admitted to the facility on [DATE] with diagnoses to include chronic obstructive pulmonary disease (COPD, a condition that prevents airflow to the lungs causing breathing issues), depression, generalized muscle weakness and was able to make needs known.</p> <p>(continued on next page)</p>		

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  05/23/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 05/21/2025 at 12:46 PM, Resident 68 stated, Staff A is not intimidating or abusive she's just rude, I avoid her as much as possible their energy just brings people down.</p> <p>During an interview on 05/23/2025 at 10:52 AM, Staff B, DNS, stated multiple residents brought up concerns about Staff A, but they did not rise to the level of abuse or neglect. Staff B stated one resident stated, I do not want her around me, I do not want her in my care conference, I just don't like her. Staff B stated another resident was told by Staff A, in a passive aggressive tone after an incident You don't seem to be happy here let's find you alternate placement. Staff B stated no allegation was identified by the facility; however, concerns about Staff A were reported to the regional management team.</p> <p>During an interview on 05/23/2025 at 11:45 AM, Staff A, stated a resident isolating in their room due to a resident or staff member could be a form of psychological harm and should be identified as an allegation of abuse. Staff A stated allegations of abuse should be logged, reported, investigated and the resident should be assessed for safety and put on alert for psychological harm.</p> <p>WAC Reference: 388-97-0640 (5)(a)</p>

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  05/23/2025
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46067</p> <p>Based on interview and record review, the facility failed to develop a baseline care plan, with goals and interventions to communicate resident care needs to staff for 1 of 19 sampled residents (Resident 5) reviewed for care planning. This failure had the potential to place residents at risk for unmet care needs, negative outcomes, and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 5</p> <p>Review of the electronic health record (EHR) showed Resident 5 was admitted to the facility on [DATE] with diagnoses that included diabetes (high blood sugar), dementia (a group of thinking and social symptoms that interferes with daily functioning), and was able to make needs known.</p> <p>During an interview on 05/19/2025, Resident 5 stated their eyeglasses were at home and wanted them at the facility.</p> <p>Review of the admission Minimum Data Set assessment, dated 05/02/2025, section B1000 Vision, showed Resident 5 was assessed to have impaired vision. Section B1200 Corrective Lenses showed No.</p> <p>Review of Resident 5's care plan, dated 05/15/2025, did not show a care plan for vision.</p> <p>During an interview on 05/23/2025 at 10:52 AM, Staff B, Director of Nursing Services (DNS), stated the baseline care plan should have included a plan to obtain Resident 5's eyeglasses or an appointment to obtain new eyeglasses.</p> <p>Reference WAC 388-91-1020 (3)</p>

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  05/23/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34567</p> <p>Based on observation, interview and record review, the facility failed to ensure residents' care plans were revised and accurately reflected the resident's care needs and/or care conferences occurred timely for 3 out of 21 sampled residents (Resident 48, 51 and 53) when reviewed for care planning and revision of care plans. This failure placed the resident at risk for unmet care needs, medical complications, inaccurate care plan documentation, and a diminished quality of life.</p> <p>Findings included .</p> <p><b>Resident 48</b></p> <p>Review of the electronic health records (EHR) showed Resident 48 admitted to the facility on [DATE] with diagnoses to include pulmonary fibrosis (a condition characterized by scarring and thickening of tissue around the air sacs in the lungs), chronic respiratory failure with hypoxia (a condition where the lungs are unable to adequately exchange oxygen and carbon dioxide, resulting in low oxygen levels in the blood over an extended period of time), anxiety disorder, depression, and bipolar disorder (a mood disorder characterized by extreme shifts in mood, energy and concentration). Resident 48 was able to make needs known.</p> <p>During an interview and observation on 05/19/2025 at 1:35 PM, Resident 48 laid in their bed with an oxygen administered at 2 liters per minute via an oxygen concentrator (a medical device that concentrates oxygen from the air to provide a more concentrated stream of oxygen) machine. The resident had a nonproductive cough and stated they thought they had a respiratory infection and wore oxygen to help them breath better.</p> <p>Review of Resident 48's care plan on 5/19/2025 showed no focus care plan related to the residents' respiratory conditions of chronic respiratory failure with hypoxia and pulmonary fibrosis.</p> <p>During an interview on 05/20/2025 at 2:15 PM, Staff P, Registered Nurse (RN) stated Resident 48 recently had a chest Xray because they were having a cough, the resident was administered oxygen and received medication for their cough. When asked about the missing care plan for the residents' respiratory conditions. Staff P stated there should have been a care plan in place in the residents EHR for their respiratory conditions.</p> <p>During an interview on 05/20/2025 at 2:42 PM, Staff F, Licensed Practical Nurse / Care Coordinator (LPN/CC), stated when Resident 48 admitted to the facility with their respiratory diagnoses there should have been a care plan developed for these conditions.</p> <p><b>Resident 51</b></p> <p>Review of the EHR showed Resident 51 admitted to the facility on [DATE] with diagnoses to include heart, kidney and liver disease, and urinary tract infection (UTI, a bacterial infection of the urinary tract, which includes the kidneys and bladder), diabetes (a high blood sugar levels), muscle weakness and depression. Resident 51 was able to make needs known.</p> <p>(continued on next page)</p>		

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  05/23/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/19/2025 at 11:31 AM, Resident 51 stated they were unaware as to their medical plan of care. The resident stated the facility staff did not talk to them about their medications, therapy or treatments for quite some time.</p> <p>During an interview on 05/20/2025 at 1:22 PM, Staff Q, Social Services Director (SSD) stated Resident 51 did have their initial care conference back in 12/27/2024 and they were supposed to have another one in 04/2025 but for some reason scheduled for 06/2025 and that the care conference seemed to have been missed due to a glitch in the EHR system.</p> <p>During an interview on 05/20/2025 at 1:28 PM, Staff B, Director of Nursing Services (DNS) stated their expectation to organize the residents care conferences started with the social services department and they would normally contact the nursing staff whenever the care conference meetings were to take place for the residents.</p> <p>38344</p> <p>Resident 53</p> <p>Review of the EHR showed Resident 53 readmitted to the facility on [DATE] with diagnoses to include diabetes (too much sugar in the blood), renal failure (kidneys lose the ability to remove waste and balance fluids), and was depended on dialysis (a treatment that filters blood when the kidneys are unable to do so, removing waste and excess fluid). Resident 53 was able to make needs known.</p> <p>During an interview on 05/19/2025 at 10:12 AM, Resident 53 stated they could not drink a lot of water because they were on fluid restriction and thought they could have a glass of fluid per meal.</p> <p>Review of the provider's order dated 05/07/2025 showed Resident 53 was prescribed a fluid restriction of 1200 milliliters (ml) in 24 hours. It showed day shift to provide 120 ml and night shift to provide 120 ml per day and to document ml given with medications each shift, related to renal disease/kidney failure.</p> <p>Review of Resident 53's focused nutrition/hydration care plan initiated on 04/15/2025 showed an intervention initiated on 04/17/2025 for 1000 ml fluid restriction per day with nursing to provide 280 ml, (140 ml = day and 140 ml = night). Dietary to provide 720 ml (240 ml for breakfast, 240 ml for lunch, and 240 ml for dinner).</p> <p>During an interview on 05/23/2025 at 3:41 PM Staff J, Certified Nursing Assistant (CNA), stated that Resident 53 was on fluid restrictions, and it should be on their care plan and located on their dietary slip provided by the kitchen with meals.</p> <p>During an interview on 05/23/2025 at 3:48 PM Staff H, Licensed Practical Nurse/Care Coordinator (LPN/CC), stated Resident 53's care plan showed a fluid restriction of 1000 ml per day in a 24-hour period and needed to be revised with the new order for 1200 ml per day in a 24-hour period. Staff H stated Resident 53's care plan related to fluid restriction did not meet their expectations.</p> <p>During an interview on 05/23/2025 at 4:20 PM, Staff B, DNS, stated Resident 53's care plan needed to be revised to accurately reflect the current order for fluid restrictions and did not meet their expectations.</p> <p>(continued on next page)</p>		

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  05/23/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reference WAC 388-97-1020 2(c)(d), 5(b)</p>

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  05/23/2025
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40817</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents' ability to communicate was maintained for 1 of 3 sampled resident (Resident 33) when reviewed for communication. This failure placed the resident at risk of inability to communicate needs, social isolation, feelings of worthlessness, and diminished quality of life.</p> <p>Findings included .</p> <p>Review of the electronic health record showed Resident 33 admitted to the facility on [DATE] with diagnoses to include aphasia (a language disorder caused by damage to the brain's language centers, resulting in difficulties with speaking, understanding, reading, or writing) and adult failure to thrive. Resident 33 was able to communicate needs.</p> <p>Observation on 05/19/2025 at 10:15 AM showed Resident 33 laid in bed with a sign on the wall showing to use the whiteboard to communicate. Observation showed no whiteboard in the room.</p> <p>Observations on 05/20/2025 at 1:04 PM and 05/22/2025 at 9:38 AM showed Resident 33 laid in bed with no whiteboard in the room.</p> <p>During an interview on 05/22/2025 at 9:50 AM, Staff O, Certified Nursing Assistant (CNA), stated Resident 33 could speak normally but staff needed to get very close and speak loudly or gesture to communicate with the resident. Staff O stated Resident 33 had previously used a whiteboard to facilitate communication, but they had not seen it in a while.</p> <p>Review of the care plan, initiated on 07/15/2022, showed Resident 33 was hard of hearing with an intervention for staff to use a dry erase board to communicate with the resident.</p> <p>During an interview on 05/22/2025 at 10:46 AM, Resident 33 indicated they were not able to communicate with the facility staff and facility staff did not write to communicate with them.</p> <p>During an interview on 05/23/2025 at 11:51 AM, Staff F, Licensed Practical Nurse/Care Coordinator (LPN/CC), stated staff should follow a resident's care plan when determining how to communicate with them. Staff F stated staff were able to communicate with Resident 33 using a whiteboard but the whiteboard was missing. Staff F stated staff should have reported the missing whiteboard so it could be replaced.</p> <p>During an interview on 05/23/2025 at 3:02 PM, Staff B, Director of Nursing Services, stated staff were aware on how to communicate with hard of hearing residents by referencing the care plan. Staff B stated all communication devices should be stored at bedside for ease of use and staff should notify the nurse or care coordinator if the device was missing. Staff B stated Resident 33's missing whiteboard did not meet expectations.</p> <p>Reference WAC 388-97-1060 (2)(a)(v)</p> <p>(continued on next page)</p>		

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  05/23/2025
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)
F 0676  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	

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  05/23/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38344</p> <p>Based on observation, interview and record review, the facility failed to provide the necessary care and services to ensure that residents were shaved and/or dressed in clean clothing for 2 of 3 sampled residents (Residents 30 and 15) when reviewed for dependent activities of daily living (ADLs) care. These failures placed the residents at risk of unmet needs, poor self-esteem, and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 30</p> <p>Review of the electronic health record (EHR) showed Resident 30 readmitted to the facility on [DATE] with diagnoses that included metabolic encephalopathy (brain disease that alters brain function or structure), diabetes (high blood sugar), depression, and muscle weakness. Resident 30 was able to make needs known.</p> <p>Observations on 05/19/2025 at 11:44 AM, 05/20/2025 at 9:42 AM, 05/22/2025 at 7:07 AM, and on 05/23/2025 at 9:40 AM showed Resident 30 with long facial hair around the chin area.</p> <p>During an interview on 05/20/2025 at 9:42 AM, Resident 30 stated they did not always get offered to remove their facial hair and would like them (staff) to do so.</p> <p>Review of the significant change in status minimum data set (MDS, a required assessment tool) dated 04/06/2025 showed Resident 30 had upper extremity (shoulder, elbow, wrist, hand) impairment on one side of the body.</p> <p>Review of the focused care plan for ADLs initiated on 10/09/2024 showed Resident 30 required assistance of one person for personal hygiene.</p> <p>During a follow up interview on 05/22/2025 at 7:07 AM, Resident 30 stated they could still feel their whiskers, needed to be shaved, and would like to be offered to be shaved. Resident 30 stated they had never refused to have facial hair shaved when offered.</p> <p>During an interview on 05/23/2025 at 2:42 PM, Staff N, Certified Nursing Assistant (CNA), stated they saw Resident 30 had facial hair on their chin, but was not sure if they could shave them or not. Staff N then asked Resident 30 if they wanted their facial hair removed and Resident 30 stated, Yes please, I hate facial hair. Staff N told Resident 30 they would need to ask the nurse if they could shave them.</p> <p>During an interview on 05/23/2025 at 2:49 PM, Staff H, Licensed Practical Nurse / Care Coordinator (LPN/CC), stated residents with facial hair should be offered to be shaved with morning care. Staff H stated Resident 30 had a lot of facial hair. Resident 30 told Staff H that their facial hair should have been gone (shaved) a long time ago.</p> <p>(continued on next page)</p>

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  05/23/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/23/2025 at 3:24 PM, Staff B, Director of Nursing Services (DNS), stated residents should be offered to have facial hair shaved when noticeable and they could accept or refuse. Staff B stated they were not aware that Resident 30 had facial hair and had not been offered to be shaved, and this did not meet their expectations.</p> <p>46067</p> <p>Resident 15</p> <p>Review of the EHR showed Resident 15 admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease (COPD, prevents airflow to the lungs causing breathing issues), dementia (a group of thinking and social symptoms that interferes with daily functioning), generalized muscle weakness and was able to make needs known.</p> <p>Review of the quarterly MDS dated [DATE] showed Resident 15 was assessed as dependent upon staff for personal hygiene and required assistance with upper and lower body dressing.</p> <p>Observations on 05/19/2025 at 9:06 AM, 05/20/2025 at 11:09 AM, 05/21/2025 at 1:50 PM and 05/23/2025 at 10:18 AM showed Resident 15 laid in bed and wore a dark pink shirt with white flowers. On 05/23/2025 the shirt was visibly soiled with several stains.</p> <p>Observation on 05/23/2025 at 12:33 PM of the shower board located in the 100-hall shower room showed Resident 15 had a bed bath completed.</p> <p>During an interview on 05/23/2025 at 12:35 PM, Staff S, CNA, stated Resident 15 was provided with a bed bath but did not have their clothes changed because their shirts had not come back from the laundry.</p> <p>During an interview on 05/23/2025 at 12:38 PM, Staff T, LPN/CC, stated the expectation was for residents to wear clean clothes unless refused, which should be documented. Staff T stated if a resident does not have clean clothes staff should get something out of the donations for the resident to wear.</p> <p>During an interview on 05/23/2025 at 2:13 PM, Staff B, DNS, stated the expectation was residents were to wear clean clothing at all times.</p> <p>Reference: WAC 388-97-1060(2)(a)(1)</p>		

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  05/23/2025
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38344</b></p> <p>Based on interview, and record review the facility failed to monitor and accurately document fluids consumed to ensure fluid restrictions (a diet which limits the amount of daily fluid intake) was implemented per physician's orders for 2 of 4 sampled residents (Residents 53 and 148) reviewed for nutrition. This failure placed residents at risk for medical complications and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 53</p> <p>Review of the electronic health records (EHR) showed Resident 53 readmitted to the facility on [DATE] with diagnoses to include diabetes (too much sugar in the blood), renal failure (kidneys lose the ability to remove waste and balance fluids), and was depended on dialysis (a treatment that filters blood when the kidneys are unable to do so, removing waste and excess fluid). Resident 53 was able to make needs known.</p> <p>During an interview on 05/19/2025 at 10:12 AM, Resident 53 stated they could not drink a lot of water because they were on fluid restriction and thought they could have a glass of fluid per meal.</p> <p>Review of a provider's order dated 05/07/2025 showed Resident 53 had a fluid restriction of 1200 milliliters (ml) per 24 hours with day shift to provide 120 ml and night shift to provide 120 ml per day. It instructed staff to document ml given with medications each shift related to renal disease/kidney failure. This order did not show how much fluid would be provided by the dietary department for meals.</p> <p>Review of a provider's orders dated 04/08/2025 showed Resident 53 was prescribed Nepro (a nutritional liquid supplement) 236 ml two times a day (if Nepro unavailable, give 120 ml sugar free health shake) and the amount was to be added into daily fluid restriction calculations to be documented in ml amount consumed. Review showed an order dated 04/26/2025 to total fluids past 24 hours including Nepro and if 1200 ml in 24 hours was exceeded, assess, notify provider and document.</p> <p>During an interview on 05/23/2025 at 3:41 PM, Staff J, Certified Nursing Assistant (CNA), stated Resident 53 was on fluid restrictions and they gave fluid that was provided on the meal trays and documented how much they drank in the computer system for their shift.</p> <p>Review of the medication administration record (MAR) from 05/08/2025 - 05/22/2025 showed Resident 53's fluids consumed from Nepro supplement was documented 236 ml on days and 236 ml on nights (total of 472 ml).</p> <p>Review of the treatment administration record (TAR) from 05/08/2025 - 05/22/2025 showed Resident 53's fluid restriction for 1200 ml per 24 hours for days was 120 ml and on nights was 120 ml (total of 240 ml) except for on 05/21/2025 was left bank (no documentation of fluids consumed). Review showed the total fluids consumed in the past 24 hours including Nepro supplement was documented 1200 ml except on 05/21/2025 was left bank (no totaled fluid consumed documented).</p> <p>(continued on next page)</p>		

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  05/23/2025
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of care directives in Resident 53's nutrition task for fluid intake per meal from 05/08/2025 - 05/22/2025 showed fluid intake documented had totals over the allotted amount on the following dates: 05/08/2025 = 750 ml, 05/11/2025 = 960 ml, 05/16/2025 = 960 ml, 05/18/2025 = 600 ml, 05/19/2025 = 640 ml, and 05/22/2025 = 960 ml.</p> <p>Review of the EHR regarding total fluids documented as consumed from 05/08/2025 - 05/22/2025 showed Resident 53 was provided fluids over the 1200 ml prescribed in a 24-hour period on the following dates (although totals documented in the May 2025 TAR showed 1200 ml):</p> <p>-05/08/2025 = 1462 ml</p> <p>-05/11/2025 = 1672 ml</p> <p>-05/16/2025 = 1672 ml</p> <p>-05/18/2025 = 1312 ml</p> <p>-05/19/2025 = 1352 ml</p> <p>-05/22/2025 = 1672 ml</p> <p>Review did not show documentation the provider was informed of fluids consumed over 1200 ml in a 24-hour period.</p> <p>During an interview on 05/23/2025 at 3:48 PM, Staff H, Licensed Practical Nurse/Care Coordinator (LPN/CC), stated Resident 53's fluid restriction order should have included what the kitchen sends out during meals. Staff H stated the fluids documented in Resident 53's 2025 MAR, fluids consumed in tasks, and fluids totaled on the May 2025 TAR were not consistently documented accurately and were under or over the 1200 ml amount ordered fluid restriction. Staff H stated provider orders should be followed, and this did not meet expectations.</p> <p>During an interview on 05/23/2025 at 4:20 PM, Staff B, Director of Nursing Services (DNS), stated Resident 53's fluid restriction order dated 05/07/2025 was missing fluids to be provided by other disciplines such as what fluids should come out of the kitchen for meals. Staff B stated there should not have been missing documentation in Resident 53's 2025 TAR. Staff B stated Resident 53 totals for fluids consumed were not always accurately documented or within the parameters ordered by the provider and this did not meet expectations.</p> <p>40817</p> <p>Resident 148</p> <p>Review of the EHR showed Resident 148 admitted to the facility on [DATE] with diagnoses to include dependence on dialysis and end stage renal disease (kidney disease). Resident 148 was able to make needs known.</p> <p>(continued on next page)</p>		

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  05/23/2025
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of provider's orders showed Resident 148 had a fluid restriction, dated 05/19/2025, of 1500 ml with dietary to provide 960 ml, nursing to provide 540 ml, day 270 ml, and night 270 ml. Review showed a second order, scheduled for 05/24/2025, for nursing to total all fluids consumed in 24 hours.</p> <p>Review of the MAR for May 2025 showed nursing provided Resident 148 the following fluids:</p> <p>05/19/2025 - Day: N/A, Night 270 ml</p> <p>05/20/2025 - Day: 270 ml, Night 270 ml</p> <p>05/21/2025 - Day: 270 ml, Night 270 ml</p> <p>05/22/2025 - Day: 270 ml, Night 270 ml</p> <p>Review of the task list for 05/20/2025 through 05/22/2025 showed nursing assistants documented the following fluid intake:</p> <p>05/19/2025 - Not documented</p> <p>05/20/2025 - 750 ml</p> <p>05/21/2025 - 1,280 ml</p> <p>05/22/2025 - 960 ml</p> <p>Observation on 05/23/2025 at 10:32 AM showed Resident 148 in bed with eyes closed. Observation showed the resident's bedside table had one large cup of clear liquid approximately 20% full and a small glass of clear liquid 50% full.</p> <p>Observation on 05/23/2025 at 12:06 PM showed Resident 148's meal tray ticket did not contain information related to a fluid restriction.</p> <p>During an interview on 05/23/2025 at 12:09 PM, Staff R, Dietary Supervisor, stated they were aware of residents with fluid restrictions as they would see a diet order in the EHR, Staff R stated they would add the restriction to the resident's tray ticket, so kitchen staff were aware which fluids to provide. Staff R stated they were unaware of Resident 148's fluid restriction and there was no fluid restriction directive on their tray ticket.</p> <p>Observation on 05/23/2025 at 2:52 PM showed Resident 148 in bed with a reusable paper cup approximately 20% full of clear liquid and a large plastic cup approximately 20% full of clear liquid.</p> <p>During an interview on 05/23/2025 at 2:55 PM, Staff B, DNS, stated the facility ensured residents with fluid restrictions did not consume too much liquid by totaling the fluids consumed during night shift. Staff B stated the dietary department should be aware of fluid restrictions and nursing should be totaling fluid intake during night shift. Staff B stated Resident 148's fluid restriction did not meet expectations.</p> <p>(continued on next page)</p>		

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  05/23/2025
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reference WAC 388-97-1060 (3)(i)</p>

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  05/23/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34567</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure 2 of 3 medication storage refrigerators (ASSISI and Long-Term Care), were secured when reviewed for controlled substance storage for lorazepam (a scheduled IV controlled substance medication used in the treatment of anxiety). In addition, the facility failed to ensure 2 of 3 medication carts (ASSISI and Long-Term 2) had medications dated once opened for an insulin pen (a prefilled insulin injector used to deliver as set number of units) and multiple eye medications. These failures had the potential for adverse side effects, ineffective dosage and a decreased quality of life.</p> <p>Findings included .</p> <p>Review of a policy titled, Medication Storage/Storage of Medication, dated ,d+[DATE], showed the facility's medications and biologicals were to be stored properly, follow manufacturers or provider pharmacy recommendations, and to maintain their integrity to support safe effective drug administration. In addition, insulin products should be stored in the refrigerator until opened. Note the date on the label for insulin vials and pens when first used. Outdated, contaminated, discontinued or deteriorated medications and those in containers that are cracked, soiled, or without secure closures were to be immediately removed from stock, disposed of according to procedures for medication disposal.</p> <p>Review of a policy titled, Medication Storage / Controlled Medication storage dated ,d+[DATE] showed medications included in the Drug Enforcement Administration (DEA) classification as controlled substances were subject to special handling, storage, disposal and record keeping in nursing care centers in accordance with federal, state and other applicable laws and regulations. Controlled substances requiring refrigeration were to be stored within a locked, permanently affixed box within the refrigerator.</p> <p>&lt;ASSISI Medication Storage Room&gt;</p> <p>Observation and interview on [DATE] at 10:35 AM, showed the ASSISI medication storage room was locked; however, the refrigerator which stored controlled substances was unlocked along with a small steel black box storage container was found opened and contained a vial of lorazepam. Staff F, Licensed Practical Nurse / Care Coordinator (LPN/CC) stated the container which stored the lorazepam appeared to be inoperable due to the locking mechanism was broken. Staff F stated the lorazepam was to be secured and under double lock whenever it contained the controlled substance lorazepam.</p> <p>&lt;ASSISI Medication Cart&gt;</p> <p>(continued on next page)</p>		

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  05/23/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation and interview on [DATE] at 11:15 AM showed the ASSISI medication cart contained several ophthalmic (eye drop medication) opened and undated to include: latanoprost, timolol, brinzolamide and brimonidine (medication(s) used in the treatment of glaucoma [high pressures in the eye which may cause a loss of vision]), Moxifloxacin (an antibiotic used to treatment of eye infections) and lubricant eye drops (used in the treatment of dry eyes). In addition, an insulin injector pen (Glargine) was noted in the medication cart that was opened and undated. Staff K, Licensed Practical Nurse (LPN), stated the opened and undated eye medication was being administered daily to the residents; however, the resident eye drops, and insulin injector found in the medication cart were to be dated once opened.</p> <p>&lt;Long Term 2 Medication Cart&gt;</p> <p>Observation and interview on [DATE] at 11:41 AM showed the Long-Term 2 medication cart contained several eye drop medication opened and undated to include: latanoprost, dorzolamide (medications used in the treatment of glaucoma), and prednisone eye drops (medication used to treatment of inflammation and to reduce swelling, redness and itching) and a vial of lubricant eye drops. Staff L, LPN, stated the eye drop medication should be dated once opened and discarded if expired.</p> <p>&lt;Long Term Medication Storage Room&gt;</p> <p>Observation and record review on [DATE] at 11:54 AM showed the long-term medication storage room refrigerator stored a controlled substance (lorazepam), was left unlocked. In addition, a medium size steel narcotic container was left open (unlocked) within the refrigerator. The unsecured narcotic box contained lorazepam. Staff M, Infection Preventionist (IP) stated the storage box should be lock and secured when in the refrigerator.</p> <p>During an interview on [DATE] at 12:00 PM, Staff B, Director of Nursing Services (DNS), stated it was their expectation the medication storage room refrigerator was to be secured, and the narcotic lock box container was to be functional. In addition, all eye medication was to be dated once opened and discarded per manufactures recommendations.</p> <p>Reference WAC [DATE] (2), -2340</p>		

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  05/23/2025
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 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38344</b></p> <p>Based on observation, interview and record review, the facility failed to provide prompt dental care and services and obtain post dental visit documentation for 1 of 4 sampled residents (Residents 30) when reviewed for dental. These failures placed the resident at risk for continued dental problems, unmet needs, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the electronic health record (EHR) showed Resident 30 readmitted to the facility on [DATE] with diagnoses that included diabetes (high blood sugar), depression, and muscle weakness. Resident 30 was able to make needs known.</p> <p>Observation and interview on 05/19/2025 at 1:15 PM, showed Resident 30 with broken and missing upper and lower teeth. Resident 30 stated they had seen a dentist, and the plan was to be seen again but did not know when that would happen. Resident 30 stated they had occasional oral pain and wanted their teeth to be taken care of.</p> <p>Review of the significant change in status minimum data set (MDS, an assessment tool) dated 04/06/2025 showed Resident 30 had mouth or facial pain, discomfort or difficulty with chewing.</p> <p>Review of the focused care plan for oral/dental health problems initiated on 05/13/2025 showed Resident 30 had natural teeth with likely cavity, mouth pain/discomfort, and chewing difficulty with an intervention to coordinate arrangements for dental care, transportation as needed/as ordered.</p> <p>Review of the Registered Dental Hygienist (RDH, a licensed dental health professional who specializes in preventive oral healthcare, focusing on cleaning, polishing, and educating people about oral hygiene) preventative reports dated 02/11/2025 and 05/20/2025 showed Resident 30 was seen on both dates and the RDH had referred the resident to see a dentist due to pain indicated for both visits.</p> <p>Review of Resident 30's EHR showed no documentation that Resident 30 was seen by a dentist.</p> <p>During an interview on 05/22/2025 at 11:55 AM, Staff H, Licensed Practical Nurse/Care Coordinator, stated usually the RDH gave referrals to social services, and they tried to find a dentist who would take the resident's insurance. Staff H stated they were not aware that the RDH made referrals for Resident 30 to see a dentist. Staff H stated Resident 30's RDH preventative reports dated 02/11/2025 and 05/20/2025 were not noted (initialed and/or signed) by a nurse or the provider and typically they should have been. Staff H stated they were unable to locate documentation to show that Resident 30 was seen by a dentist or had a follow up dental appointment scheduled and was unable to explain why.</p> <p>(continued on next page)</p>		

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  05/23/2025
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 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/22/2025 at 12:32 PM, Staff Q, Social Services Director (SSD), stated the facility went to a new EHR system in April 2025 and they were able to locate a progress note in the old system dated 02/20/2025 that showed Resident 30 had an appointment / transportation follow-up on 03/06/2025 at 2:30 PM for a dental exam for extractions (to remove tooth/teeth); however, were unable to locate documentation from the dentist of what was done and what was recommended. Staff Q stated the dental documentation should have been obtained and located in Resident 30's EHR and this did not meet expectations.</p> <p>During a follow up interview on 05/23/2025 at 10:32 AM, Staff Q, SSD, stated they had contacted the dentist office yesterday (05/22/2025) and was able to obtain Resident 30's dental summary report dated 03/01/2025 - 05/22/2025. Staff Q stated it was unclear to them what was done and would request additional information by the provider. No additional information was provided to the survey team regarding Resident 30's dental issues.</p> <p>Review of Resident 30's dental summary report dated 03/01/2025 - 05/22/2025 showed dental exam conducted on 03/06/2025 with Proposed Treatment Plan, for surgical extraction of erupted tooth (tooth removed through a surgical procedure when visible from the gumline) and a Resin composite (tooth-colored filling made of resin) and 1 surf posterior (used to repair a single surface of a tooth in the back of the mouth).</p> <p>During an interview on 05/23/2025 at 12:25 PM, Staff A, Administrator, stated Resident 30 went to the dentist on 03/06/2025; however, was not aware the dental documentation was not in Resident 30's EHR. Staff A stated the expectation was that some type of dental visit documentation should be obtained to show what the resident was seen for, what was done, and what recommendations and/or new orders needed to be implemented. Staff A stated Resident 30's follow-up after their 03/06/2025 exam did not meet expectations.</p> <p>WAC reference 388-97-1060 (2)(3)(j)(vii)</p>		

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  05/23/2025
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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38344</b></p> <p>Based on observation, interview and record review, the facility failed to provide prompt dental services for 1 of 4 sampled residents (Residents 53) when reviewed for dental. This failure placed the resident at risk for continued dental problems and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the electronic health records (EHR) showed Resident 53 readmitted to the facility on [DATE] with diagnoses to include diabetes (too much sugar in the blood) and renal failure (kidneys lose the ability to remove waste and balance fluids). Resident 53 was able to make needs known.</p> <p>Observation and interview on 05/19/2025 at 10:09 AM showed Resident 53 with missing upper and lower teeth. Resident 53 stated they would like to see a dentist to have teeth removed to be able to get dentures or partial dentures and staff were aware. Resident 53 stated they could not remember the last time they saw a dentist.</p> <p>Review of Resident 53's focused care plan for at risk for decline in oral/dental health due to broken teeth, obvious or likely cavity initiated on 02/01/2023 showed an intervention to Refer to facility dentist, facility dental hygienist as needed.</p> <p>Review of Resident 53's Preventative Report, by the Registered Dental Hygienist (RDH, a licensed dental health professional who specializes in preventive oral healthcare, focusing on cleaning, polishing, and educating people about oral hygiene) dated 03/06/2025 showed Resident 53 was seen on 03/06/2025 and the RDH had referred Resident 53 to see a dentist and a denturist. Review showed, [Resident 53] asked to see a dentist to have teeth fixed.</p> <p>During an interview on 05/22/2025 at 11:55 AM, Staff H, Licensed Practical Nurse/Care Coordinator (LPN/CC) stated usually the RDH gave referrals to social services, and they tried to find a dentist who would take the resident's insurance.</p> <p>During a follow-up interview on 05/22/2025 at 12:18 PM, Staff H, LPN/CC, stated Resident 53's RDH preventative report dated 03/06/2025 was not noted by a nurse or a provider and this was the first time they had been made aware of the report and referral to a dentist and denturist. Staff H stated they were unable to find documentation to explain why Resident 53 had not seen a dentist. Staff H stated they should have been informed of Resident 53's referrals and a dental visit scheduled, and this did not meet expectations.</p> <p>During an interview on 05/22/2025 at 1:05 PM, Staff Q, Social Services Director (SSD), stated they had submitted a referral through a dental portal to request Resident 53 be seen for restorative work on 04/10/2025 but did not have a copy of the online form and had not received an email back. Staff Q stated Resident 53 should have been able to be seen by a dentist prior to now and this did not meet expectations.</p> <p>(continued on next page)</p>		

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  05/23/2025
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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/23/2025 at 12:56 PM, Staff A, Administrator, stated they were unable to explain why Resident 53 had not been seen by a dentist by now. Staff A stated there should have been documentation in Resident 53's EHR to show attempts to schedule dental appointments per RDH recommendation and resident request, and this did not meet their expectations.</p> <p>Reference WAC 388-97-1060 (1), (3)(j)(vii)</p>		

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  05/23/2025
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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40817</b></p> <p>Based on observation and interview, the facility failed to maintain equipment so that they could be disinfected for 1 of 5 sampled halls (400 Hall) when reviewed for environment. This failure placed residents at risks of exposure to unsanitary surfaces, avoidable illness, and a diminished quality of life.</p> <p>Findings included .</p> <p>room [ROOM NUMBER]</p> <p>Observation and interview on 05/19/2025 at 10:51 AM showed Resident 62 in a wheelchair which had tearing to the left-hand armrest. Observation showed the vinyl had worn away from the armrest and exposed the underlying foam padding which was not a cleanable surface. Resident 62 stated the armrest had been damaged for a while.</p> <p>Observation on 05/23/2025 at 1:27 PM showed the wheelchair armrest continued to be damaged with exposed padding.</p> <p>room [ROOM NUMBER]</p> <p>Observation on 05/19/2025 at 2:10 PM showed approximately 25 shoelaces tied to the handrail next to the toilet in room [ROOM NUMBER]. The shoelaces were stained with brown material and were not a cleanable surface</p> <p>Observation on 05/23/2025 at 1:29 PM showed the shoelaces continued to be tied to the handrail next to the toilet in room [ROOM NUMBER].</p> <p>During an interview on 05/23/2025 at 1:31 PM, Staff H, Licensed Practical Nurse/Care Coordinator, stated facility staff monitored for any needed repairs and would report any findings to the maintenance department for repair. Staff H stated Resident 62's wheelchair needed repair as the armrest was not a cleanable surface. Staff H stated the shoelaces stained with brown matter in room [ROOM NUMBER] should not be there and were not a cleanable surface. Staff H stated the wheelchair armrest and tied shoelaces did not meet expectations.</p> <p>During an interview on 05/23/2025 at 3:04 PM, Staff B, Director of Nursing Services, stated any items that were in disrepair and/or not a cleanable surface should be reported to staff for repair. Staff B stated the armrest, and shoelaces did not meet expectations.</p> <p>Reference WAC 388-97 -2100</p>