

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505484	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Northwoods Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE 2321 Schold Place Northwest Silverdale, WA 98383	
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** .</p> <p>Based on observation, interview and record review, the facility failed to provide Physical Therapy (PT) and Occupational Therapy (OT) services according to the care plan for 2 of 4 residents (Resident 1 and Resident 2) reviewed for specialized rehabilitation services. This failure placed residents at risk for delayed progress towards goals, a longer stay at the facility, and a diminished quality of life.</p> <p><Resident 1></p> <p>Resident 1 admitted to the facility on [DATE] with diagnoses of left humerus (long bone in upper arm) fracture and left hip fracture. The admission Minimum Data Set (MDS, an assessment tool) dated 06/03/2025, showed Resident 1 was cognitively intact and needed limited assistance for Activities of Daily Living (ADL's). Resident 1 was admitted for PT and OT with a goal of improving function and returning to the community.</p> <p>A review of OT Evaluation and Plan of Treatment form, dated 06/02/2025, showed Resident 1 was to receive 5 sessions per week. A review of the treatment record showed they received services on 06/02/2025, 06/03/2025, 06/05/2025, and 06/09/2025. There were a total of 4 treatment days out of 8.</p> <p><Resident 2></p> <p>Resident 2 admitted to the facility on [DATE] with a diagnosis of hypercalcemia (too much calcium in the blood) which caused a decline in function. The admission MDS, dated [DATE], showed Resident 2 was cognitively intact and needed standby assistance for Activities of Daily Living (ADLs). Resident 2 was admitted for PT and OT with a goal of improving function and returning to the community. Resident 2 discharged against medical advice on 04/30/2025.</p> <p>On 06/09/2025 at 2:30 PM, Resident 1 said they were very disappointed with the lack of services from OT. Resident 1 said they had only received three sessions, four if you including the current morning, since admitting, and it was their understanding they would be receiving daily sessions. Resident 1 said they had a very uncomfortable hinged elbow brace in place until it was removed that day. Resident 1 said they went to a doctor's appointment on 06/06/2025 and were told the brace could be worn only at night. Resident 1 said they had gone to the nurse's station on Saturday, 06/07/2025, to ask about having the brace removed for the day, but were told there weren't any therapists available to assist. They were told by nursing staff that only the therapists could manipulate the brace.</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: 505484	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Northwoods Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE 2321 Schold Place Northwest Silverdale, WA 98383	
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/18/2025 at 1:20 PM, Resident 2 said they left the facility against medical advice due to insufficient services from PT. They said they completed a Concern/Grievance Form on 04/28/2025 about the lack of services. Resident 2 said they were told the lack of services was due to the holiday weekend and staffing issues. Resident 2 said they were told if they left, they would never be able to return to the facility again but decided to go home anyway.</p> <p>A review of the PT Evaluation and Plan of Treatment form, dated 04/21/2025, showed Resident 2 was to receive 6 sessions per week. Services were provided on 04/21/2025, 04/22/2024, 04/23/2025, 04/24/2025, and 04/29/2025. Resident 2 did not start services until 04/21/2025, 3 days after admission to the facility and received a total of 5 treatment days out of 11 days.</p> <p>On 06/25/2025 at 3:31 PM, Staff B, Rehabilitation Director, acknowledged the Evaluation and Treatment forms were part of the residents comprehensive care plan. They said the number of sessions needed for both PT and OT were determined after the initial assessment. Staff B said there had been two days of staff call outs for the week of 04/21/2025 and the week of 06/02/2025. They said these call offs affected both Resident 1 and Resident 2's treatment plans. When asked if there were PT and OT services on the weekend, Staff B said weekend staffing was limited. When asked if there was someone in Rehabilitation Services that nursing staff could call on weekends or after hours, Staff B stated, I guess that would be me. Staff B said their department did not get the order about Resident 1's brace until 06/09/2025. When asked if nursing could have removed the specialty brace without PT or OT present, Staff B said they could have.</p> <p>On 06/25/2025 at 4:14 PM, Staff C, Registered Nurse, said they would not be comfortable removing a specialty brace without having someone from OT or PT evaluate and assist.</p> <p>On 06/25/2025 at 4:50 PM, Staff A, Administrator, said the goal was for residents to receive the recommended services as outlined in their care plan, but that sometimes issues with staffing couldn't be helped. Staff A said the nursing staff should have removed the brace for Resident 1 as soon as the order was received.</p> <p>Reference WAC 388-97-1280(1)(a-b), (3)(a-b)</p>		