

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Lacey Post Acute & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 4524 Intelco Loop SE Lacey, WA 98503	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40916</p> <p>Based on interviews and record reviews, the facility failed to establish a wound plan of care for 1 of 4 sampled residents (Resident 1) reviewed for comprehensive care plans. This failure placed residents at risk of unmet care needs and a decreased quality of life.</p> <p>Findings included .</p> <p>Resident 1 was admitted to the facility on [DATE]. The Minimum Data Set assessment, dated 12/30/2024, documented the resident was moderately cognitively impaired and had a Stage II pressure ulcer (an open wound on the skin caused by prolonged pressure to a specific area of the body) upon admission.</p> <p>An admission note, dated 12/28/2024, documented, New admission from [local hospital] . Stage 2 pressure injury to sacrum [lower back above the buttocks] . Resident resting in bed.</p> <p>Resident 1's comprehensive care plan, dated 12/28/2024, did not have documentation of wound plan of care for the resident's pressure ulcer.</p> <p>On 01/13/2025 at 2:57 PM, Staff C, Assistant Director of Nursing Services and Registered Nurse (RN), said Resident 1 was admitted to the facility on [DATE]. Staff C said Resident 1 had wound care orders for a wound to the sacrum. Staff C said normally there would be a care plan associated with a skin impairment, however, Staff C indicated they did not see plan of care related to Resident 1's pressure ulcer.</p> <p>On 01/16/2025 at 3:27 PM, Staff B, Director of Nursing Services and RN, said Resident 1's wound was documented on the admission MDS, and a wound care evaluation was completed. After reviewing Resident 1's care plan, Staff B said she did not see a wound care plan, and would have expected to see a wound care plan on the resident's comprehensive care plan.</p> <p>On 01/30/2025 at 12:49 PM, Staff B said there was a change made to the admission document. Staff B said typically if a resident was admitted with a skin issue, a care plan was automatically generated. Staff B said that process changed with a version update to their electronic medical record system. Staff B said that change occurred on 12/19/2024, and the resident admitted to the facility on [DATE]. Staff B said the facility was correcting the issue so care plans would be automatically generated again. Staff B said the facility missed Resident 1 not having a wound care plan.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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