STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505525	A. Building B. Wing	05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lacey Post Acute & Rehabilitation	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)
F 0678 Level of Harm - Minimal harm or potential for actual harm 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** . Based on interviews and record review, the facility failed to ensure that advance directives were implemented on admission for 1 of 7 (1) residents reviewed for advance directives. This failure placed residents at risk for not having advanced directives honored and a diminished quality of life. Findings included . Corporate entity policy/document titled, Advance Directives, dated [DATE], showed, upon admission, the resident will be provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so. In addition, facility staff will verify the residents' wishes with regard to urgent or emergency care, including the use of cardiopulmonary resuscitation (CPR). Washington State requires the facility to use CPR with nursing home residents unless the resident's guidelines state 'No CPR. Resident 1 admitted to the facility on [DATE] for rehab services. The 5-day Minimum data set assessment, dated [DATE], indicated the resident was cognitively intact. The acute care transfer orders showed Resident 1 was a full code (indicating to perform CPR). Resident 1 also had advanced directives in the Electronic Health Record (EHR) indicating they opted for no CPR. On [DATE] at 3:00 PM, Staff C, admission Nurse and Licensed Practical Nurse said he would transcribe the Code status order from the transfer orders into the EHR at the facility. Staff C looked at the EHR and said whoever did the admission for Resident 1 did not follow the process. Staff C said he did not orinarily validate the transfer order with the resident for accuracy. On [DATE] at 4:39 PM, Staff B, Director of Nursing and Registered Nurse said the order for CPR should have been entered into the EHR upon admission. Staff B said the Nurse Practitioner or Medical Doctor would talk with the resident about advanced directives and have the resident/designee sign a Physician Order for Life Sustaining Treatment (POLST) form within 48 hours of admission. Staff B said this was the expectation. Staff B provided a blank POLST form for Resident 1 indicating this was not completed. (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
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(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 - Minimal harm or potential for actual harm Residents Affected - Few	On [DATE] at 4:50 PM, Staff D, Nurse Practitioner, said that he was responsible for discussing advanced directives with new admission residents. Staff D said he was unaware of Resident 1 having advanced directives in place. Staff D was unable to recall why Resident 1 did not complete a POLST. Staff D said that if a resident was unable to sign or unwilling, he would give the POLST form to the nursing staff to follow up. Staff D said the process was not streamlined. On [DATE] at 12:32 PM, Staff B said the transfer order should have been transcribed in the EHR. Staff B was unable to find the CPR status for Resident 1 in the EHR. Staff B said she was not sure why the POLST form was never filled out for Resident 1. Staff B said if there was conflicting information regarding CPR status the Physician should have been notified for clarification. Staff B said this would be the expectation. Staff B was unable to find documentation supporting this in the EHR. Reference WAC 388-97-1060 .