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	01/05/2026

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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure a safe discharge plan was in place for 1 of 3 (Resident 1) sampled residents reviewed for admission/discharge/transfer. This failure placed residents at risk for an unsafe discharge to the community, and a diminished quality of life.Findings included . Resident 1 admitted to the facility on [DATE] following hospitalization. The 5-day Minimum Data Set (MDS, an assessment tool), dated 07/25/2024, indicated Resident 1 was alert and oriented. Review of Resident 1's Electronic Health Record (EHR) dated 08/04/2025 at 1:56 PM, showed a conversation between Staff C, Social Services Assistant and Resident 1's provider which indicated Resident 1 was not recommended to discharge home alone due to safety concerns. Review of Resident 1's EHR dated 08/05/2025 at 10:59 AM, indicated Resident 1 was a maximum assist with dressing, dependent with toileting, refusing to work on bed mobility, transfers, and ambulation, and indicated poor safety awareness. Review of Resident 1's EHR dated 08/08/2025 at 9:21 AM, indicated that Resident 1 was unable to sign the Notice of Medicare Noncoverage (NOMNC) due to decreased cognition. Review of Resident 1's EHR dated 08/12/2025, showed BIMS score (Brief Interview for mental status) of 9 suggesting moderately impaired cognition. Review of Resident 1's EHR dated 08/11/2025 at 12:13 PM, showed [Resident 1] scored 9/20 on the verbal test of practical judgement which is suggestive of severe impairment in judgement skills. Review of Resident 1's EHR dated 08/08/2025 at 3:06 PM indicated the facility was planning to discharge Resident 1 home on [DATE]. Review of Resident 1's EHR dated 08/08/2025 at 3:39 PM showed Social Services assistant spoke with [Resident 1's son] in office on this date regarding his concerns for [Resident 1's] return home. Residents' son stated he does not feel comfortable with [Resident 1] (his mom) returning to her home. Residents' son stated the cleanliness of her home is a concern, as well as the potential that [Resident 1] will not take her medications as prescribed upon discharge. Resident 1's son stated [Resident 1's] informal support will no longer assist [Resident 1] as they are afraid for her safety at home alone. Review of Resident 1's EHR dated 08/12/2025 at 2:48 PM showed Resident discharged from the facility this morning against medical advice however discharge was facilitated to promote a safe environment at home. Unable to reach granddaughter by phone, ride did not arrive for [Resident 1]. Staff D, Transportation Support, provided transportation to Resident 1's home as requested by social services. In an interview on 12/04/2025 at 10:57 AM, Staff C, Social Services Assistant (SSA), said Resident 1 was discharged home because her insurance stopped payment for her stay at the facility and Resident 1 wanted to go home. Staff C did not feel that Resident 1 should have been discharged home but was not sure of what options she had to support the resident. In an interview on 12/04/2025 at 11:23 AM Staff D said she received an email from social services requesting transport home for Resident 1 on 08/12/2025. In an interview on 01/05/2026 at 11:00 AM, Staff A, Administrator and Registered Nurse, said she was unaware that the facility had provided transportation for Resident 1. Staff A said Staff D called to report (continued on next page)

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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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the concerns of the living conditions to the Director of Nursing upon arrival to the house. Staff A said the facility should not provide transportation home for any resident who chose to leave against medical advice.