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	05/18/2026

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. .Based on observation, interviews and record review, the facility failed to ensure that residents were dressed in personal clothing for 1 of 4 (Resident 1) residents reviewed for quality of care. This failure placed residents at risk for an undignified appearance and a diminished quality of life.Findings included.Record review of the facility policy titled, Resident Rights, undated, documented, 1. The Resident has a right to a dignified existence, self-determination, communications with and access to,persons and services inside and outside the Facility.In an observation and interview on 05/18/2024 at 1:20 PM, Resident 1 was sitting in a wheelchair with a nightgown on with no additional clothing or garments. Resident 1 stated he would much rather have his own clothes on, but was unsure of who could help him get dressed. In an interview on 05/18/2026 at 1:23 PM, Staff D, Licensed Practical Nurse (LPN) and Resident care coordinator (RCM), said Resident 1 should be wearing daytime clothing and not just a nightgown. In an interview on 05/18/2026 at 1:28 PM, Staff C, Nursing Assistant, said she did not see any personal clothing in the room for Resident 1. Staff C said she would normally put on personal clothes if she found them. Staff C said the facility had a loaner closet of clothing if a resident did not have their own clothes. Staff C said she was unaware if Resident 1 had clothing in his nightstand. In an interview on 05/18/2026 at 1:38 PM, Staff B, LPN, said that residents should be wearing their personal clothing if they have some, otherwise they could borrow some from the facility donated clothing. In an interview on 05/18/2026 at 1:56 PM, Collateral Contact 1(CC1) said that she had brought in personal clothing for Resident 1. CC1 said that Resident 1 hated those night gowns and would want to be dressed in his personal clothing. Reference WAC 388-97-0180(2)

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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. .Based on interview and record review, the facility failed to ensure resident census and nursing hours were accurately posted and/or updated daily for 7 of 18 days reviewed for nurse staff postings. This failure placed residents, resident representatives, and visitors at risk of not being fully informed of the current staffing levels and resident census information.Findings included. Record review of the facility policy titled, Posting Nursing Staffing, dated 10/06/2022, documented, Procedure-The facility will post the following information daily, at the beginning of eachshift. The posting shall include:a. The facility nameb. The current datec. The total number of staff and actual hours worked by the followingcategories of licensed and unlicensed nursing staff directly responsible forresident care per shift:i. Registered Nursesii. Licensed Practical Nursesiii. Licensed Vocational Nursesiv. Certified Nurse Aides In an observation on 05/18/2026 at 12:08 PM, the facility staffing document was dated 05/11/2026. In an interview on 05/18/2026 at 2:42 PM, Staff F, Staffing coordinator, verified the posted document was seven days old. Staff C said she was responsible for posting the daily staffing matrix, but she needed to work on doing this consistently. In an interview on 05/18/2026 at 2:44 PM, Staff E, Human Resource Director , said the staffing person was responsible for posting the staffing matrix daily. In an email interview on 05/19/2026 at 3:00 PM, Staff A, Administrator, said the nursing hours should be updated daily by the staffing coordinator. Reference WAC 388-97-1620(2)(b)(i)