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	06/16/2026

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** . Based on interviews and record review, the facility failed to hold enteral feedings (Method of delivering liquid nutrition directly into the stomach), for 1 of 3 (Resident 2) residents reviewed for enteral feeding. This failure placed residents at risk of receiving unnecessary enteral feedings and the potential for a diminished quality of life.Findings included. Record review of facility policy titled Enteral Feedings , dated 10/01/2021, documented Enteral feedings will be administered in accordance with the physician/practitioner order and as reflected in the resident's Advanced Directive if known. Resident 2 was admitted to the facility on [DATE], with multiple diagnoses for rehabilitation services. Record review of the 5-day minimum data set, an assessment tool, dated 04/12/2026, documented Resident 2 was moderately cognitively impaired. Record review of Resident 2's Physician orders dated 04/30/2026 showed an order to hold enteral tube feedings for a period of 30 days. Record review of Resident 2's May 2026 Medication Administration Record (MAR) showed Resident 2 had received enteral feedings on 05/08/2026, 05/09/2026,05/29/2026, and 05/31/2026. Record review of the facility alleged neglect investigation dated 06/01/2026, showed that the tube feeding was administered x 1 dose on 05/31/2026. No new order was found to resume the enteral feedings. In an interview on 06/16/2026 at 3:36 PM, Staff A, Administrator and Registered Nurse said the order to hold the tube feeding had fallen off the MAR and had restarted in error.

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