

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2025
NAME OF PROVIDER OR SUPPLIER  Puget Sound Care		STREET ADDRESS, CITY, STATE, ZIP CODE  4001 Capitol Mall Dr Southwest Olympia, WA 98502	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>.</p> <p>Based on observations, interviews and record review, the facility failed to ensure food was stored, prepared, and served in a sanitary manner for 1 of 1 kitchen reviewed for kitchen practices. This failure placed residents at risk of foodborne illness, and the potential for experiencing a diminished quality of life.</p> <p>Findings included .</p> <p>Record review of the facility policy, titled, Sanitation, dated January 2018, showed, The Nutrition Services team maintains clean and sanitary kitchen centers and equipment. Walls, floors, ceilings, equipment, and utensils are clean and/or sanitized, and in good working order. The Nutrition Services team will practice good infection prevention and control procedures and habits. Employees will be clean and well-groomed and will handle food properly to prevent contamination.</p> <p>In an observation on 06/16/2025 at 10:46 AM, during a general tour of the kitchen area after the morning meal , food crumbs and dried food were visible on the steam table. The serving bowls and lids were covered with unknown food crumbs. The stove cooking area had visible leftover breakfast debris. The steam table was prepped for lunch service with the surface showing left over food and debris from the previous meal. Kitchen carts used to transport food were observed with crumbs, dried food, and liquid spillage. The plastic cover of the kitchen cart had a dried brown fluid on the back surface of the plastic cover. The floor in front of the stove and steam table was littered with smashed food, chunks of food and debris. The food storage room had a box of potatoes sitting directly on the floor surface with holes in the bottom of the box exposing the potatoes directly to the floor.</p> <p>In an observation on 07/01/2025 at 11:05 AM, the kitchen area showed there was food debris from the previous meals on the lids and bowls used to serve food. Next to the stove area a personal soda bottle was sitting in the food serving area.</p> <p>In an interview on 06/16/2025 at 11:12 AM, Staff C, Dietary Manager, said the kitchen was to be cleaned between meals by the cook. Staff C said she was not sure why the cook had not cleaned the kitchen area after breakfast. Staff C said the storage room should not have food sitting on the floor. Staff C said the boxes should be stored on the shelves in the storage area.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2025
NAME OF PROVIDER OR SUPPLIER  Puget Sound Care		STREET ADDRESS, CITY, STATE, ZIP CODE  4001 Capitol Mall Dr Southwest Olympia, WA 98502	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an interview on 06/16/2025 at 11:47 AM, Staff D, Cook, said they were responsible for cleaning the stove, floors and steam table between meals. Staff D said the steam table should have been thoroughly cleaned before placing lunch items into the steam table. Staff D said he was running behind today and was not able to clean the area.</p> <p>In an interview on 07/01/2025 at 11:19 AM, Staff C said kitchen staff should not be drinking personal beverages on the food line.</p> <p>Reference WAC 388-97-1100 (3) and 388-97-2980.</p>		