

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2024
NAME OF PROVIDER OR SUPPLIER Avamere Rehabilitation of Shoreline		STREET ADDRESS, CITY, STATE, ZIP CODE 1250 Northeast 145th Street Seattle, WA 98155	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47218</p> <p>Based on interview and record review, the facility failed to ensure baseline care plans were developed within 48 hours of admission to ensure continuity of care and failed to ensure a summary or copy of the baseline care plan were provided to the residents and/or their representatives for 3 of 4 residents (Residents 1, 3 & 4), reviewed for baseline care plan. This failure placed the residents at risk for unmet care needs and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Baseline Care Plan, revised in March 2022, showed that a baseline plan or care to meet resident's immediate health and safety needs is developed for each resident within 48 hours of admission. The policy further showed that the baseline care plan includes instructions needed to effective, person-centered care of the resident that meet professional standards of quality care.</p> <p>RESIDENT 1</p> <p>Resident 1 admitted to the facility on [DATE].</p> <p>Review of the admission Minimum Data Set (MDS - an assessment tool) dated 06/17/2024 showed Resident 1 was cognitively intact.</p> <p>Review of Resident 1's progress notes printed on 06/27/2024 did not show documentation that the baseline care plan was offered and/or provided to Resident 1 within 48 hours of admission.</p> <p>Review of Resident 1's 72 Hour Huddle [an assessment that included the baseline care plan information] document printed on 06/27/2024, did not show documentation that the baseline care plan was provided to Resident 1. Further review of the baseline care plan information on the 72 Hour Huddle document showed it was blank.</p> <p>On 06/27/2024 at 3:38 PM, Resident 1 stated they were not offered or provided a copy of the baseline care plan.</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
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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Joint record review and interview on 07/09/2024 at 2:13 PM with Staff E, Social Services Director, showed Resident 1's 72 Hour Huddle was locked [signed/completed] on 07/02/2024. Staff E stated that Resident 1's 72 Hour Huddle document was locked on 07/02/2024 and it did not show when it was provided to the resident.</p> <p>RESIDENT 3</p> <p>Resident 3 admitted to the facility on [DATE].</p> <p>Review of the admission MDS dated [DATE], showed Resident 3 was cognitively intact.</p> <p>Review of the nursing progress notes dated 06/17/2024, showed the baseline care plan was reviewed and provided to Resident 3 on 06/17/2024 [was not provided within 48 hours of admission].</p> <p>On 06/27/2024 at 2:09 PM, Resident 3 stated they did not receive a baseline care plan.</p> <p>Joint record review and interview on 07/09/2024 at 2:10 PM with Staff E, showed Resident 3's 72 Hour Huddle document dated 06/17/2024 revealed that the baseline care plan was reviewed and provided that date. Staff E stated Resident 3's baseline care plan was reviewed and provided to Resident 3 on 06/17/2024.</p> <p>RESIDENT 4</p> <p>Resident 4 admitted to the facility on [DATE].</p> <p>Review of the nursing progress notes dated 06/21/2024, showed the baseline care plan was reviewed and provided to Resident 4 on 06/21/2024 [was not provided within 48 hours of admission].</p> <p>Joint record review and interview on 07/09/2024 at 2:12 PM with Staff E, showed Resident 4's 72 Hour Huddle document dated 06/21/2024, revealed that the baseline care plan was reviewed and provided Resident 4 on 06/21/2024. Staff E stated that Resident 4's baseline care plan was provided to the resident on 06/21/2024.</p> <p>On 07/09/2024 at 1:20 PM, Staff C, Resident Care Manager, stated that baseline care plans should be developed and completed within 48 hours of residents' admission.</p> <p>On 07/09/2024 at 2:00 PM, Staff E stated baseline care plans were offered to the residents and/or residents' representatives within three days of admission.</p> <p>On 07/09/2024 at 3:23 PM, Staff B, Director of Nursing, stated that the baseline care plans should have been completed and offered and/or provided to Residents 1, 3 & 4 within 48 hours of admission.</p> <p>Reference: (WAC) 388-97-1020(3)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47218</p> <p>Based on observation, interview, and record review, the facility failed to provide the necessary assistance for shower/bathing for 2 of 5 residents (Residents 1 & 2), reviewed for Activities of Daily Living (ADL). This failure placed the residents at risk for unmet care needs, poor hygiene, skin impairment, and a diminished quality of life.</p> <p>Findings included .</p> <p>RESIDENT 1</p> <p>Resident 1 admitted to the facility on [DATE].</p> <p>Review of Resident 1 admission Minimum Data Set (MDS - an assessment tool) dated 06/17/2024, showed Resident 1 required total assist with shower/bathing. Further review of the MDS showed Resident 1 was cognitively intact.</p> <p>Review of the undated document titled, Shower Schedule Wing 3, showed room [ROOM NUMBER]-2 (Resident 1's room) was scheduled for shower/bathing on Tuesdays and Fridays.</p> <p>Review of the June 2024 Documentation Survey Report, showed Resident 1 did not receive a shower/bathing on 06/18/2024 (Tuesday) and on 06/21/2024 (Friday). Further review of the document did not show Resident 1 had refusals for shower/bathing.</p> <p>On 06/26/2024 at 2:55 PM, Resident 1 stated they had their first bed bath on 06/25/2024 (11 days after admitted to the facility).</p> <p>On 06/27/2024 at 2:45 PM, Staff D, Certified Nurse Assistant, stated Resident 1 required total assist with bed bath.</p> <p>Joint record and interview on 06/27/2024 at 3:21 PM with Staff C, Resident Care Manager, showed Resident 1's bathing task had a bed bath documented for 06/25/2024. Staff C stated that there was no documentation to show Resident 1 had shower/bathing on 06/18/20204 and 06/21/2024 and that the resident had no refusals.</p> <p>RESIDENT 2</p> <p>Resident 2 admitted to the facility on [DATE].</p> <p>Review of the ADL care plan dated 04/17/2024, showed Resident 2 required one person assist with shower/bathing.</p> <p>Review of the undated document titled, Shower Schedule Wing 3, showed room [ROOM NUMBER]-2 (Resident 2's room) was scheduled for shower/bathing on Wednesdays and Fridays.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the June 2024 Documentation Survey Report, showed Resident 2 did not receive shower/bathing on 06/19/2024 (Wednesday) and on 06/21/2024 (Friday). Further review of the document did not show Resident 2 had refusals for shower/bathing.</p> <p>Joint record review and interview on 06/27/2024 at 3:27 PM with Staff C, showed no documentation to show Resident 2 had shower/bathing on 06/19/2024 and 06/21/2024. Staff C stated that there were no documentation of shower/bathing refusals for Resident 2.</p> <p>On 07/09/2024 at 4:03 PM, Staff B, Director of Nursing, stated residents' shower/bathing were done according to the wing shower schedules. Staff B stated that residents were offered to have showers at a minimum of twice a week or per their preference. Staff B further stated that Residents 1 & 2 should have been provided shower/bathing according to their shower schedules.</p> <p>Reference: (WAC) 388-97-1060 (2)(c)</p>		