

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 03/06/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</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 ensure an Enhanced Barrier Precautions (EBP- precautions to protect residents from multidrug-resistant organism [a germ that is resistant to medications that treat infections]) signage was in place and/or use of appropriate Personal Protective Equipment (PPE-gown) were followed during medication administration for 1 of 2 residents (Resident 1), reviewed for infection control. This failure placed the residents, staff, and visitors at an increased risk of infection and related complications.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Infection Control, revised in July 2002, showed that the facility's infection control policies and procedures are to establish guidelines to provide a safe and sanitary environment while preventing the development and transmission of disease and infection.</p> <p>Review of the facility's policy titled, Enhanced Barrier Precautions, dated 03/21/2024, showed that PPE for EBP were necessary when performing high-contact care activities that included device care or use of feeding tube (a medical device used to provide nutrition to people who cannot obtain nutrition by mouth, are unable to swallow safely, or need nutritional supplementation).</p> <p>Resident 1 admitted to the facility on [DATE] with diagnoses that included gastroparesis (a condition in which the stomach muscles do not move food well for digestion).</p> <p>Observation on 03/05/2025 at 2:39 PM, showed Resident 1 had PPE cart outside their room. Further observation showed no EBP signage was posted outside Resident 1's room.</p> <p>Observation on 03/05/2025 at 2:40 PM, showed Resident 1 was receiving nutrition supplement via feeding tube. Resident 1 stated they have had their feeding tube for over [AGE] years.</p> <p>Observation on 03/05/2025 at 4:07 PM, showed Staff C, Registered Nurse, was observed administering medications to Resident 1 via feeding tube without wearing a gown.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 03/06/2025 at 4:00 PM, showed Staff D, Licensed Practical Nurse, was observed administering medications to Resident 1 via feeding tube without wearing a gown. Staff D stated that residents with open wounds and feeding tube were placed on EBP where staff would wear a mask, gown, and gloves. Staff D stated that they should have worn a gown when they provided Resident 1 their medications via feeding tube. Joint observation of Resident 1's room did not show a signage for EBP. Staff D stated that there was no EBP signage in place and there should have been one.</p> <p>On 03/06/2025 at 4:41PM, Staff E, Resident Care Manager, stated that EBP should be in place for residents on feeding tube. Staff E stated that the nurses [Staff C and Staff D] should have worn a gown prior to administering Resident 1's medications via feeding tube.</p> <p>On 03/05/2025 at 6:06 PM, Staff B, Interim Director of Nursing, stated that staff should follow the precautions signage for residents on EBP. Staff B further stated that the nurses should have worn a gown prior to administering Resident 1's medications via feeding tube.</p> <p>Reference: (WAC) 388-97-1320 (1)(a)</p>