

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 12/09/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure notification about medication changes was provided to 1 of 3 residents (Resident 1), reviewed for changes in medication. The failure to notify Resident 1 that the medication Potassium Chloride (medication used to prevent and treat low potassium levels in the blood) would not be administered for thirteen days placed Resident 1 at risk for lack of knowledge about their medical condition and a diminished quality of life. Findings included . A review of the admission Minimum Data Set (MDS-an assessment tool) dated 09/23/2025, showed Resident 1 was admitted to the facility on [DATE] with a diagnosis that included heart failure and insufficient kidney (filters that clean the blood by removing waste and extra fluid) function. The MDS further showed the resident had intact thinking and memory. In an interview on 11/25/2025 at 1:01 PM, Resident 1 stated, I did not know that the medication I took for Potassium was turned off [stopped], I know I did not receive it for a while, but I did not know why. I do not know who turned it off. Then just like it was turned off, it was turned back on again [restarted]. Nobody here ever told me anything about this. A review of the November 2025 Medication Administration Record (MAR) showed an order dated 09/21/2025 for Potassium Chloride 20 milliequivalent (MEQ-a unit of measurement) give one packet in the morning for supplement, dissolve in 4-6 (four to six) ounces of water. The MAR showed the Potassium Chloride order dated 09/21/2025 had the capital letter H [the medication was put on hold] on the MAR where initials were routinely placed after the medication was administered from 11/01/2025 to 11/13/2025, a total thirteen days. An interview and joint record review on 12/09/2025 at 1:41 PM with Staff C, Licensed Practical Nurse/Resident Care Manager (LPN/RCM), stated the documentation on the November 2025 MAR in the Electronic Health Record (EHR) for Potassium Chloride 20 MEQ give one packet dated 11/01/2025 through 11/13/2025, with the capital letter H meant the medication was placed on hold by the physician probably due to some abnormal blood values that was returned from the laboratory after Resident 1 had laboratory work completed. Joint observation of the November 2025 MAR with Staff C from 11/01/2025 to 11/13/2025, showed Hs were documented where initials were routinely placed after the medication was administered from 11/01/2025 to 11/13/2025. On 12/09/2025 at 3:13 PM, Staff D, Primary Care Physician, stated that they put the Potassium Chloride on hold because of Resident 1's abnormal laboratory results and impaired kidney function. On 12/09/2025 at 3:24 PM, Staff E, Registered Nurse, stated that the residents should be notified every time there was a change in their medications. Another interview on 12/09/2025 at 3:26 PM with Staff C stated that the residents were supposed to be notified when their medications were changed or placed on hold. Staff C further stated they could not identify in Resident 1's EHR that they had been notified that their Potassium was held from 11/01/2025 to 11/13/2025. On 12/09/2025 at 4:23 PM Staff B, Director of Nursing Services, stated residents and/or resident representatives should be notified of all changes to the residents' medications. Staff B further stated Resident 1 should have been notified of the change to the Potassium Chloride in November 2025. Reference: (WAC) 388-97-0320 .</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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