

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  02/12/2026
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on observation, interview, and record review, the facility failed to develop and/or implement care plans for 1 of 2 residents (Resident 1), reviewed for comprehensive care plans. The failure to develop/implement care plans for Activities of Daily Living (ADL) and prosthesis (an artificial device that replaces a missing body part) care placed the resident at risk for unmet care needs and a diminished quality of life. Findings included. Review of the facility's policy titled, Care Plans, Comprehensive Person-Centered, reviewed in June 2025, showed that A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. ADLS Review of Resident 1's discharge Minimum Data Set (an assessment tool) dated 02/03/2026, showed Resident 1 needed substantial/maximal assistance (helper does more than half the effort) for personal hygiene. It further showed that Resident 1 had diabetes (a group of diseases that result in too much sugar in the blood) diagnosis. Review of Resident 1's comprehensive care plan printed on 02/12/2026, showed no care plan for providing fingernail care for diabetes. Review of Resident 1's ADL care plan, revised on 01/16/2026, showed that Resident 1 required a minimum of one staff assistance with personal hygiene. Observation on 02/09/2026 at 12:28 PM showed Resident 1 with long fingernails and brown material underneath the fingernails on both hands. Resident 1 stated, It's [it is] hit or miss if I get them [fingernails] trimmed. Observation on 02/11/2026 at 9:30 AM, showed Resident 1 with long fingernails and brown material underneath the fingernails on both hands. Resident 1 stated that they had a shower yesterday [02/10/2026]. In an interview and joint observation on 02/11/2026 at 10:03 AM, Staff D, Certified Nursing Assistant (CNA), stated that nail care was included in ADLs for dependent residents. Staff D stated that if a resident had diabetes, the nurses provided the nail care but we [CNAs] would let them [nurses] know if [the resident's nails] were getting long or dirty. Staff D stated that Resident 1 needed total care for personal hygiene. Staff D stated that they knew what ADL care that a resident needed by checking the Kardex (care plan used by CNAs). A joint observation of Resident 1's fingernails showed they were long and had brown material underneath the fingernails on both hands. Staff D stated that Resident 1's fingernails were long, dirty and had brown/black material underneath their fingernails. In an interview and joint record review on 02/11/2026 at 11:05 AM, Staff C, Licensed Practical Nurse, stated that nurses would provide nail care to resident with diabetes and that anyone [CNAs or nurses] can clean under the nails. Staff C stated that they expected CNAs to look at the care plan to know what ADLs to provide for residents and to follow that [care plan]. A joint record review of Resident 1's ADL care plan showed that Resident 1 needed minimum of one staff assistance with ADLs. Further joint record review of Resident 1's comprehensive care plan showed no care plan for providing fingernail care for Resident 1. Staff C stated there was no care plan for providing fingernail care for Resident 1. A joint observation on 02/11/2026 at 11:24 PM with Staff C, showed Resident 1's fingernails were long and had brown material underneath the</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  505009	Facility ID:  505009

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>fingernails on both hands. Staff C stated that Resident 1's nails were long, needing some cleaning, not smooth. PROSTHESIS CARE Review of Resident 1's comprehensive care plan printed on 02/12/2026, showed that Resident 1 had bilateral [both sides] BK [below knee] amputation [surgical removal of extremity]. It further showed the intervention for Resident 1 to have prosthesis on daily AM [morning] till [until] bedtime. Shrinker sock [a specialized compression garment designed to reduce post-surgical swelling and shape the limb for proper prosthetic fit] on when prosthesis off. Observation on 02/11/2026 at 9:30 AM, showed Resident 1 was in their bed, their prosthesis was off and they did not have the shrinker socks on. Resident 1 stated, they're [they are] supposed to change [shrinker socks] every day. In an interview and joint observation on 02/11/2026 at 10:03 AM, Staff D stated that they knew what ADL care that a resident needed by checking the Kardex. A joint record review of the Kardex showed that Resident 1 had a care plan for prosthesis on daily AM till bedtime. Shrinker socks on when prosthesis off. A joint observation showed that Resident 1 was in bed, their prosthesis was off and they did not have the shrinker socks on. Staff D stated that the shrinker socks were not on Resident 1 and stated, who took them? Staff D looked in Resident 1's nightstand, found the shrinker socks and then put them on Resident 1. Staff D stated that the shrinker socks should have been on Resident 1. In an interview and joint record review on 02/11/2026 at 11:05 AM, Staff C stated that they expected care plans to be followed. A joint record review of Resident 1's comprehensive care plan showed that Resident 1 had a care plan for prosthesis on daily AM till bedtime. Shrinker socks on when prosthesis off. Staff C stated that Resident 1 should have had the shrinker socks when the prosthesis was off. In an interview and joint record review on 02/11/2026 at 12:00 PM, Staff B, Resident Care Manager (RCM), stated that they expected that staff to follow care plans for residents and if they needed to be updated then the RCMs would update them. A joint record review of Resident 1's comprehensive care plan showed Resident 1 needed substantial/maximal assistance for personal hygiene and showed no care plan for trimming the fingernails of a resident with diabetes. Staff B further stated that they would expect a care plan that stated a licensed nurse should be doing the trimming for Resident 1. Further joint record review showed Resident 1 should have prosthesis on daily AM till bedtime. Staff B stated that they expected that care plan to be followed and that Resident 1 should have the shrinker socks on when their prosthesis was off. In an interview on 02/11/2026 at 2:37 PM, Staff A, Director of Nursing, stated that they expected the care plan for residents to be followed. Staff A stated that they expected staff to provide ADLs for dependent residents and that included fingernail care. Staff A stated that they would not expect a resident's fingernails to be long and dirty after a shower. Staff A further stated that they expected staff to put shrinker socks on as the care plan says for Resident 1. Reference: (WAC) 388-97-1020 (1)(2)(a)(b).</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>Based on observation, interview, and record review, the facility failed to provide necessary assistance with Activities of Daily Living (ADL) for 1 of 3 residents (Resident 1), reviewed for ADLs. The failure to provide assistance with personal hygiene placed the resident at risk for unmet care needs and a diminished quality of life. Findings included. Review of the facilities policy titled, Activities of Daily Living (ADLS), Supporting, reviewed in June 2025, showed Appropriate care and services are provided for residents who are unable to carry out ADLs independently, with the consent of the resident, and in accordance with the plan of care, including appropriate support and assistance with hygiene (bathing, dressing, grooming, and oral care). Review of Resident 1's discharge Minimum Data Set (an assessment tool) dated 02/03/2026, showed Resident 1 needed substantial/maximal assistance (helper does more than half the effort) for personal hygiene. It further showed that Resident 1 had diabetes (a group of diseases that result in too much sugar in the blood) diagnosis. Review of Resident 1's ADL care plan, revised on 01/16/2026, showed that Resident 1 required a minimum of one staff assistance with personal hygiene. Observation on 02/09/2026 at 12:28 PM showed Resident 1 with long fingernails and brown material underneath the fingernails on both hands. Resident 1 stated, It's [it is] hit or miss if I get them [fingernails] trimmed. Observation on 02/11/2026 at 9:30 AM, showed Resident 1 with long fingernails and brown material underneath the fingernails on both hands. Resident 1 stated that they had a shower yesterday [02/10/2026]. In an interview and joint observation on 02/11/2026 at 10:03 AM, Staff D, Certified Nursing Assistant (CNA), stated that nail care was included in ADLs. Staff D stated that if a resident had diabetes, the nurses provided the nail care but we [CNAs] would let them [nurses] know if [the resident's nails] were getting long or dirty. Staff D stated that Resident 1 needed total care for personal hygiene. A joint observation of Resident 1's fingernails showed they were long and had brown material underneath the fingernails on both hands. Staff D stated that Resident 1's fingernails were long, dirty and had brown/black material underneath their fingernails. In an interview and joint record review on 02/11/2026 at 11:05 AM, Staff C, Licensed Practical Nurse, stated that nurses would provide nail care to resident with diabetes and that anyone can clean under the nails. Staff C stated that there should be a physician order for nail care for residents with diabetes. A joint record review of Resident 1's physician orders showed no order for nail care. Staff C stated, there's [there is] no order for nail care and that they would talk to the doctor to put an order in. A joint observation and interview on 02/11/2026 at 11:24 PM with Staff C showed Resident 1's fingernails were long and had brown material underneath the fingernails on both hands. Staff C stated that Resident 1's nails were long, needing some cleaning, not smooth. In an interview and joint record review on 02/11/2026 at 12:00 PM, Staff B, Resident Care Manager, stated that aides could clean resident's fingernails and that if they have diabetes trimming is for the nurses to do. Staff C further stated that they would expect there to be a physician order and it would be signed off in the MAR [Medication Administration Record]. A joint record review of Resident 1's physician orders showed no order for providing nail care. In an interview on 02/11/2026 at 2:37 PM, Staff A, Director of Nursing, stated that they expected staff to provide ADLs for dependent residents and that included nail care. Staff A stated that they expected nurses to provide nail care for residents with diabetes and that they expected it to be documented that nail care had been provided. Staff A further stated that they would not expect a resident's fingernails to be long and dirty after a shower. Reference: (WAC) 388-97-1060 (2)(c).</p>		