STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505009	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avamere Rehabilitation of Shoreline	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to obtain and implement physician orders for Continuous Positive Airway Pressure (CPAP - a machine that helps a person breathe more easily while they sleep) treatment in a timely manner for 1 of 4 residents (Resident 1), reviewed for respiratory care. This failure placed the resident at risk for poor sleep quality, related medical complications, and a decreased quality of life.Findings included.Review of the facility's policy titled, Physician Services, revised in February 2021, showed Once a resident is admitted , orders for the resident's immediate care and needs can be provided by a physician.Review of a face sheet showed Resident 1 admitted to the facility on [DATE] with diagnosis that included obstructive sleep apnea (a condition when a person stops breathing over and over while they sleep because their airway keeps getting blocked) and a need for assistance with personal care.Review of Resident 1's hospital Discharge summary, dated [DATE], showed that Resident 1's diagnosis of sleep apnea was managed per home regimens, with CPAP use facilitated by nursing due to cognitive impairment [a person's thinking and memory do not work as well as they used to] and that Resident 1 may use own CPAP machine.Review of a document titled, Inventory of Personal Effects, dated 04/13/2026, showed Resident 1's personal CPAP machine was listed among the items brought with him upon admission to the facility. Review of a nursing progress note dated 04/14/2026, showed [Resident 1] uses CPAP at night r/t [related to] OSA [obstructive sleep apnea].Review of Resident 1's April 2026 physician orders showed orders for CPAP treatment were obtained on 04/16/2026 (three days after Resident 1's admission to the facility).Review of Resident 1's April 2026 Medication Administration Record showed physician orders for CPAP treatment were implemented on 04/16/2026.In an interview on 04/30/2026 at 2:02 PM, Staff B, Licensed Practical Nurse, stated that residents admitted to the facility with physician orders to ensure medical treatments were implemented and that we follow treatment orders from the hospital or from home. Staff B stated that when a resident was admitted with a CPAP machine, a physician's order would be obtained immediately and that The order should be in place as soon as they admit to the facility, the CPAP order should be available for them, that's critical. Staff B further stated, some patients like to use it [CPAP machine] when they nap or use it at night.In an interview and joint record review on 04/30/2026 at 2:08 PM, Staff C, Resident Care Manger, stated that the facility managed residents who used a CPAP and that when a resident admitted to the facility, we make sure we have the [physician] orders, the CPAP machine, and other supplies. Staff C stated that CPAP-use would be implemented within the same day [of admission to the facility], if they come in at noon, they need it by bedtime. A joint record review of Resident 1's April 2026 physician orders showed orders for CPAP treatment were obtained on 04/16/2026. Staff C stated that they expected physician orders for CPAP therapy would have been obtained and implemented when Resident 1 was admitted to the facility.In an interview on 04/30/2026 at 2:24 PM, Staff A, Director of Nursing, stated that they expected Resident 1's CPAP therapy would have been implemented in a timely manner and that It [CPAP therapy] should have been continued on the date of admit, if they [staff] didn't [did not] see [physician] orders, they should have contacted the provider.Reference: (WAC) 388-97-1060 (3)(j)(vi).

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