

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/16/2026
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)		
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure medications were administered as ordered by the physician for 1 of 3 residents (Resident 1), reviewed for significant medication errors. This failure placed residents at risk for medical complications, unmet care needs and a diminished quality of life. Findings included . A review of the admission record dated 07/14/2026 showed Resident 1 was readmitted to the facility from the hospital on [DATE]. A review of the Skilled Nursing Facility Transfer Form dated 07/14/2026 showed Resident 1 was diagnosed with a possible transient ischemic attack (TIA - similar to a stroke/heart attack but lasts only a few minutes to an hour. A TIA occurs when the blood supply to the brain is briefly blocked and then reopens). The skilled nursing facility transfer form showed the risk factors for stroke/heart attack or TIA were high cholesterol (too much fat in the blood), high blood pressure, and atherosclerosis (sticky deposits build up and slow blood flow). The Skilled Nursing Facility Transfer Form further showed the following:- Medications orders for carvedilol (medication used to treat high blood pressure) 25 milligrams (mg-a unit of measurement) take 0.5 tablet by mouth two times a day, wait to take this until 07/18/2026; lisinopril (medication used to treat high blood pressure) 20 mg tablet take one tablet by mouth daily, wait to take this until 07/25/2026. - Orders for new medications levetiracetam (medication used to treat seizures [sudden, uncontrolled burst of electrical activity in the brain]) 500 mg tablet take one tablet by mouth two times a day. - Dosage changed for atorvastatin (medication used to reduce risk of heart attack/stroke [from 40 mg] to 80 mg tablet take one tablet by mouth daily at bedtime. A review of the July 2026 Electronic Medication Administration Record (EMAR) showed the carvedilol 25 mg, 0.5 mg tablet had been administered to Resident 1 on 07/15/2026 at 8:00 AM, three days earlier than the ordered start date of 07/18/2026. Lisinopril 20 mg had been administered to Resident 1 on 07/15/2026 between the hours of 7:00 AM and 10:00 AM, ten days earlier than the ordered date of 07/25/2026. A review of July 2026 EMAR did not show the order for levetiracetam 500 mg tablet take one tablet by mouth two times a day or an order for atorvastatin 80 mg tablet take one tablet by mouth daily at bedtime as ordered on the Skilled Nursing Transfer order dated 07/14/2026. Resident 1 did not receive levetiracetam 500 mg on the evening of 07/14/2026 or the morning of 07/15/2026 or atorvastatin 80 mg one tablet by mouth at bedtime on 07/14/2026, as ordered on the Skilled Nursing Transfer form dated 07/14/2026. In an interview on 07/16/2026 at 1:11 PM with Staff C, Licensed Practical Nurse, stated that the Resident Care Managers (RCM) completed the admission or the readmission physician orders when a resident admitted /readmitted to the facility. An interview and joint record review on 07/16/2026 at 2:22 PM with Staff D, Registered Nurse/RCM, stated they completed the readmission physician orders for Resident 1. Staff D stated they did not use the Skilled Nursing Transfer form dated 07/14/2026 to complete the readmission for Resident 1, that they used a nursing checklist form because Resident 1 readmitted to the facility and was not considered a new (continued on next page)		

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	admission. A joint record review of the July 2026 Medication Administration Record (MAR) and the Skilled Nursing Transfer form dated 07/14/2026 showed the physician orders were not completed as ordered. A joint record review and interview on 07/16/2026 at 2:46 PM with Staff B, Director of Nursing Services, showed the July 2026 MAR did not have the physician orders from the Skilled Nursing Transfer form dated 07/14/2026. Staff B stated two nurses were required to verify that orders were correct when residents admitted or readmitted from the hospital. Staff B further stated, this was a significant medication error. In an interview on 07/16/2026 at 3:20 PM, Staff A, Administrator, stated their expectation was for the nurses to give medications as ordered by the physician and follow the facilities policies and procedures. Reference: (WAC) 388-97-1060(3)(k)(iii) .		