STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505042	A. Building B. Wing	12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ballard Center	820 Northwest 95th Street Seattle, WA 98117

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for 3 of 5 residents (Residents 1, 2 and 3), reviewed for discharge care plans. The failure to develop a care plan to address necessary care and services for planned discharges placed the residents at risk for unmet care needs and a diminished quality of life. Findings included .Review of the facility Comprehensive Care Plan Policy dated 08/25/2021 showed a comprehensive care plan is developed within seven days of completion of the comprehensive assessment (MDS [Minimum Data Set- a required assessment]. The policy also showed the comprehensive care plan included the following, the resident's preference and potential for future discharge, a discharge plan that addresses the resident's discharge goal(s), the preparation of resident and/or resident representative to be an active partner and transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. <RESIDENT 1>Review of the admission MDS assessment dated [DATE] showed Resident 1 was admitted to the facility on [DATE]. Review of the transfer/discharge notice dated 11/10/2025 showed Resident 1 was discharged to the community on 11/10/2025. Review of the Electronic Health Record (EHR) showed the discharge care plan was initiated on 11/10/2025, the same day Resident 1 was discharged from the facility. <RESIDENT 2>Review of the admission MDS assessment dated [DATE] showed Resident 2 was admitted to the facility on [DATE]. Review of the discharge MDS assessment dated [DATE] showed Resident 2 was discharged from the facility on 12/11/2025. Review of the (EHR) comprehensive care plan closed on 12/12/2025, after Resident 2 discharged from the facility on 12/11/2025, did not show a discharge care plan for Resident 2. <RESIDENT 3>Review of the admission MDS assessment dated [DATE] showed Resident 3 was admitted to the facility on [DATE]. Review of the discharge MDS assessment dated [DATE] showed Resident 3 was discharged from the facility on 12/02/2025. Review of the (EHR) comprehensive care plan that was closed on 12/03/2025, after Resident 3 discharged from the facility on 12/02/2025 did not show a discharge care plan for Resident 3. In an interview on 12/31/2025 at 12:41 PM Staff C, Licensed Practical Nurse/Unit Manager stated the Interdisciplinary Team did the care plans for the residents based on their medical needs, and the Social Service Department completed the discharge care plans for the newly admitted residents.In an interview on 12/31/2025 at 2:35 PM Staff D, Social Services Director (SSD) stated they did the assessment for social services within 72 hours after the resident admitted to the facility, then developed the discharge care plan based on the resident needs identified in the assessment. Staff D also stated the social service admission assessment and the discharge care plan were completed within 72 hours after residents were admitted to the facility. Staff D stated the discharge care plan for Resident 1 was done late, on the day of discharge. Staff D also stated Resident's 2 and 3 did not have care plans completed for discharge. In an interview on 12/31/2025 at 3:30 PM Staff B, Director of Nursing Services stated, comprehensive care plans were supposed to be completed within seven days after the admission MDS assessment was completed. Staff B also stated that the discharge care plan was part of the comprehensive care plans and that they did not see a discharge care plan for Resident's 2 or 3 in the EHR. Staff B stated Resident 1's comprehensive discharge care plan should have been completed within seven days after the admission MDS assessment, not on the day of discharge. Reference WAC 388-97-0080(1)(2)(a)(d)(iv).