

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505042	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2026
NAME OF PROVIDER OR SUPPLIER Ballard Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure risks and benefits associated with a health care/treatment plan change was offered to a resident who had the capability to make that decision for 1 of 3 residents (Resident 1), reviewed for resident rights. This failure placed the resident at risk for emotional distress, not having health care coverage, unmet care needs, and a diminished quality of life. Findings included. A review of the admission Minimum Data Set (an assessment tool) dated 05/31/2026 showed a staff assessment was completed for Resident 1's Brief Interview for Mental Status (BIMS - a standard screening tool used to assess a resident's attention, orientation and memory), which revealed Resident 1 had difficulty with their short-term memory. A review of the primary payor status showed they were admitted to the facility on [DATE] on a Health Maintenance Organization (HMO) plan. Further review of the primary payer status showed the primary payor status changed on 06/01/2026 to a Federal Health Insurance Plan. A review of a form titled, Consent for Healthcare Insurance Enrollment & Disenrollment Form, dated 05/31/2026, showed Resident 1 requested assistance to disenroll from their HMO insurance and to enroll into the Federal Health Insurance Plan. Further review of the form showed Resident 1 understood that after disenrolling from their original [HMO] health plan, they may not be able to re-enroll in the plan when/if the Federal Health Insurance Plan ended. The form showed Resident 1 understood that the decision to change their health coverage was their choice. The form further showed An assessment of Resident 1's cognitive (thinking) function had been conducted, which supports the ability to understand the information contained in the information sheet. The Consent for Healthcare Insurance Enrollment & Disenrollment Form had Resident 1's name on it, dated 05/31/2026. A review of a form titled Brief Cognitive (relates to thinking, memory and learning) Assessment Tool Short Form (BCAT-SF) Report dated 06/03/2026 showed the BCAT-SF was a brief cognitive screening tool, with a possible score range of 0-21. Resident 1's score was 15, which was suggestive of dementia (a decline in mental ability severe enough to affect memory and thinking or severe cognitive impairment). The form further showed that residents with this score often had difficulty with management of activities of daily living and handling finances. In an interview on 07/07/2026 at 3:33 PM, Resident 1 could not respond to questions about their medical needs/care, which insurance plan they had or if they had a recent change in their health coverage/plan. In an interview on 07/21/2026 at 1:47 PM, Staff C, Business Office Manager, stated they did not know why Resident 1's payor status changed from their HMO plan to the Federal Health Insurance Plan. Staff C further stated that they thought Resident 1 would have to have requested the change, because the change should be requested by the residents and not by the facility staff. In an interview on 07/23/2026 at 2:25 PM, Staff D, Registered Nurse, stated Resident 1 was confused most of the time and only alert to their name. Staff D further stated they did not think Resident 1 would understand any information about their insurance plan. In an interview and (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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	joint record review on 07/23/2026 at 2:42 PM, Staff E, Speech/Language Pathologist, stated they were working with Resident 1 to assist with improvement of their cognition. Staff E further stated they did the assessment and completed the BCAT-SF form dated 06/03/2026 for Resident 1 and the score reflected severe difficulties with thinking/memory. In an interview on 07/23/2026 at 5:38 PM, Staff F, Regional Social Services Director, stated they assisted Resident 1 with the Consent for Healthcare Insurance Enrollment & Disenrollment Form dated 05/31/2026. Staff F stated Resident 1 requested assistance to disenroll from their HMO Health and to enroll in a Federal Health Insurance Plan. Staff F further stated that it would have to have been Resident 1's request to disenroll. Staff F was asked to find documentation to support it was Resident 1's request to change their health insurance plan, Staff F checked Resident 1's Electronic Health Record (EHR), and was not able to find or provide records that it was Resident 1 who requested it. In an interview on 07/23/2026 at 5:46 PM Staff A, Administrator, stated the request to change insurance plans should be initiated by the residents and not by the facility staff. Staff A further stated when Resident 1 requested to change health insurance plans it should have been documented in Resident 1's EHR. Reference (WAC): 388-97-0260 (1)(a)		

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure physicians orders for referrals to audiology (healthcare focused on hearing and their related disorders) were followed for 2 of 3 residents (Resident 2 and Resident 3), reviewed for hearing devices. This failure placed the residents at risk for poor communication, low self-esteem, and unmet care needs. Findings included. RESIDENT 2 Review of the quarterly Minimum Data Set assessment (MDS-a required tool) dated 07/03/2026 showed Resident 2 had moderate difficulty hearing. Review of the care plan with a review date of 07/10/2026 showed Resident 2 had impaired communication as evidenced by hard of hearing. Review of a physician's order in the Electronic Health Record (EHR) dated 04/03/2026 showed a referral to audiology further review of the EHR did not show that the referral was initiated/completed. RESIDENT 3 Review of the quarterly MDS assessment dated [DATE] showed Resident 3 had intact thinking and memory. In an interview on 07/07/2026 at 12:30 PM, Collateral Contact 1 stated Resident 3 told them they would like to have a hearing test to see if they were hard of hearing and had already talked to their doctor about it, but nothing had happened to get them tested. Review of a physician's order in the EHR dated 04/03/2026 showed a referral to audiology. Further review of the EHR did not show that the referral was initiated/completed. In an interview on 07/23/2026 at 4:58 PM, Staff F, Regional Social Services Director, stated the facility would coordinate the referrals for residents to be seen by providers when they came to the facility or if the resident needed to go out of the facility to be seen by the provider when they were referred. Staff F stated if the residents were seen by providers when they were referred, the after-visit summary would be in the EHR. In an interview on 07/23/2026 at 5:34 PM, Staff B, Interim Director of Nursing Services, stated they could not find documentation in the EHR of Resident 2 or Resident 3 that the physicians orders dated 04/03/2026 for referrals to audiology were initiated/completed for Resident 2 and Resident 3. In an interview on 07/23/2026 at 5:48 PM, Staff A, Administrator, stated the referrals for Resident 2 and Resident 3 should have been completed. Reference: (WAC) 388-97-1060 (3)(a)		