STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505080	A. Building B. Wing	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Kennewick	1508 West Seventh Avenue Kennewick, WA 99336

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide notification of discharge to the Resident's Representative (RR) for 1 of 3 residents (Resident 1) reviewed for notifications. This failure placed the residents at risk of not having their representatives involved in their health care decisions, and a delay in care and services. Resident 1 Review of the medical record showed Resident 1 was admitted to the facility on [DATE] with diagnoses including follow-up care for a surgical procedure, heart failure and dementia (a progressive disease that destroys memory and other important mental functions). The cognitive assessment dated [DATE] showed Resident 1 had a severely impaired cognition. Record review of a discharge summary progress note dated 08/31/2025, showed Resident 1 was discharged to another facility. During an interview on 09/11/2025 at 2:45 PM, Staff A, Licensed Practical Nurse, stated they had Resident 1 sign the discharge/transfer documentation for their transfer. Staff A stated Resident 1 was then picked up by the transfer van and taken to another facility. Staff A stated later in the day the RR arrived at the facility and inquired where Resident 1 was. Staff A stated they told the RR they were transferred to another facility. Staff A stated the RR became upset and stated they had not been notified Resident 1's discharge. Staff A stated they assumed they had been notified. During an interview on 09/11/2025 at 3:00 PM, Staff B, Director of Nursing Services, stated when a resident has an altered mental status the facility was to discuss and/or inform the residents' representatives of transfers or discharges, and for Resident 1 the process was not followed. During a telephone interview on 09/12/2025 at 9:19 AM, the RR verified they had not been notified of Resident 1's transfer to another facility. Reference WAC: 388-97-0320(1)(d)

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