STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505128	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sequim Bay Post Acute	650 West Hemlock St Sequim, WA 98382

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure residents' records were complete, accurate, and/or accessible, for 1 of 1 sampled resident (Resident 1) reviewed for accurate and complete medical records. Failure to maintain complete and accurate medical records, that are accessible to staff, placed residents at risk for delayed resources, unmet needs, and a diminished quality of life. Findings included .An intake, dated 09/04/2025 at 2:31pm, showed that Resident 1 did not receive their Social Security benefits and that Resident 1 had reached out to the facility, to address the reason for cessation of Social Security payments (due to incorrectly being identified as still residing there) but had not received assistance from the facility to correct the issue.During an interview on 09/10/2025 at 1:48 pm, Resident 1 said they admitted to the facility on [DATE]th or 30th of 2024 and discharged on April 30th, 2025. Resident 1 said they had received a letter in August that said Resident 1 would not receive their Social Security pension for September. Resident 1 said when they reached out to the Social Security Administration (SSA), they were told it was because Resident 1 was still residing in a skilled nursing facility. Resident 1 said she then called the facility and spoke to Staff C, Business Office Manger, and also requested to speak to Staff A , Administrator, and Staff D, Social Services Director (SSD). She had not received a call back from either Staff A or Staff D.During an interview on 09/11/2025 at 9:05 am, Collateral Contact 1 (CC1), DSHS case manager, said they reached out to Staff D on 09/04/2025 to help facilitate the appropriate form that was believed to not have been filled out, in order to resume the resident's Social Security payments. CC1 requested the form be filled out and forwarded to the SSA right away.On 09/12/2025 at 1:34pm a Record Review for Resident 1 showed there was no record available in the electronic health records (EHR) system. During an interview on 09/12/2025 at 2:01pm, Staff B, Medical Records, said they could get copies of medical records, they just have to request them from the previous facility ownership. During an interview on 09/12/2025 at 2:17pm, medical records for Resident 1 were requested. During an interview on 09/12/2025 at 2:18pm, Staff D said that she recalled getting a call on 09/04/2025 from CC1 regarding Resident 1 stating, it had something to do with her Social Security. Staff D said CC1 emailed her a form to be filled out. Staff D provided the form. Record review of the form (SSA-186) titled, Temporary Institutionalization Statement to Maintain Household and Physician Certification, showed the facility address completed and the resident's name filled in. The rest of the form was blank. Staff D said she was unable to complete the form because the resident had discharged and she did not have access to the resident's record any longer so she did not know what to do with the form. During an interview on 09/12/2025 at 2:37pm, Staff A, Administrator said he would have expected the requested form to be filled out timely. On 09/15/2026 at 9:21am (two an a half days after they were requested), the medical record for Resident 1 was received. Record review of the EHR showed Resident 1 was admitted to the facility on [DATE] and discharged on 04/30/2029, 32 days later. Reference WAC 388-97-1720 (1)(a)(iii).

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