

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505181	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2025
NAME OF PROVIDER OR SUPPLIER Redmond Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7900 Willows Road Northeast Redmond, WA 98052	

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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>47218</p> <p>Based on observation, interview, and record review, the facility failed to ensure showers or bathing were consistently provided for 1 of 4 residents (Resident 1), reviewed for Activities of Daily Living (ADLs). This failure placed the resident at risk for poor hygiene, decreased self-esteem, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Activities of Daily Living, revised in July 2015, showed that nursing assistants would provide assistance with ADLs based on the resident's individualized plan of care.</p> <p>Review of the admission Minimum Data Set (an assessment tool) dated 02/05/2025 showed Resident 1 required partial/moderate assistance with showers.</p> <p>Review of the shower schedule updated on 02/24/2025 showed Resident 1 was scheduled for showers on Thursday evenings.</p> <p>Review of the February 2025 bathing task showed that Resident 1 did not get showers on 02/27/2025 and 03/06/2025. The last time the resident had a shower was on 02/17/2025 and again on 03/18/2025 [before lunch], almost a month of not having a shower.</p> <p>On 03/18/2025 at 10:09 AM, Resident 1 stated I have not had a shower in a while. It would be nice to have a shower.</p> <p>During an interview and joint record review on 03/18/2025 at 10:22 AM, Staff C, Certified Nursing Assistant, stated that residents were provided shower according to their shower schedule. A joint record review of the shower schedule dated 02/24/2025 showed Resident 1 was scheduled for showers on Thursday evenings. Staff C stated that Resident 1 would have their showers on Thursdays by evening shift staff.</p> <p>On 03/18/2025 at 10:40 AM, Staff D, Registered Nurse, stated that residents had shower schedule, and that Resident 1 was scheduled for showers on Thursday evenings.</p> <p>(continued on next page)</p>

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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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/18/2025 at 11:12 AM, Staff E, Resident Care Manager (RCM), stated they expect staff to document when resident was provided showers and/or when showers were refused. Joint record review of the February 2025 and March 2025 bathing task showed that Resident 1 did not have showers on Thursday 02/27/2025 and 03/06/2025 and no documentation to show that Resident 1 refused showers. Staff E stated Resident 1 did not get showers as scheduled and that there were no shower refusals.</p> <p>On 03/18/2025 at 1:15 PM, Staff B, RCM/Infection Preventionist, stated that Resident 1's shower should have been scheduled to a different day when Resident 1's dialysis (treatment that helps remove extra fluid and waste products from a person's blood when the kidneys are not able to) schedule changed to evenings.</p> <p>Reference: (WAC) 388-97-1060 (2)(c)</p>		