

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER Avamere Heritage Rehabilitation of Tacoma		STREET ADDRESS, CITY, STATE, ZIP CODE 7411 Pacific Avenue Tacoma, WA 98408	

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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>29644</p> <p>Based on interview and record review, the facility failed to develop a personalized discharge plan based on each resident's identified needs, goals and preferences for 4 of 4 sampled residents (Residents 4, 1, 3 & 5) reviewed for discharge planning. This failure placed residents at risk for delayed discharge, and unmet care needs after discharge.</p> <p>Findings included .</p> <p>< Resident 4></p> <p>Review of the 01/03/2025 Admission Minimum Data Set (MDS - an assessment tool), showed the resident's goal was to discharge to the community. According to this MDS, active discharge planning was no occurring for the resident to return to the community.</p> <p>Resident 4's Comprehensive Care Plan (CCC) initiated on 12/27/2024 showed no Discharge Care Plan.</p> <p>Review of the Social Services (SS) Psychosocial Evaluation, dated 01/03/2025, showed Resident 4 declined to respond to the questions related to their prior living arrangements and discharge goals.</p> <p>Review of a Social Services note, dated 12/30/2025, showed the Social Services Assistant (SSA) spoke with resident's stepdaughter in Hawaii about possible discharge to Hawaii on 01/03/2025, however there was no ticket purchased and the stepdaughter was trying to get in contact with the people who she would most likely be living with to make sure that everything was good before her going to Hawaii.</p> <p>Review of a Social Services Note, dated 02/05/2025, showed the SSA spoke with resident's stepdaughter informing them of the next steps in the resident's plan of discharge, to have resident assessed for an Adult Family Home (AFH), to move into, before transitioning to Hawaii when able.</p> <p>During an interview on 03/10/2025 at 4:00 PM, Resident 4's step daughter stated they did not know the status of the Resident 4's discharge, if the resident had participated in the assessment for AFH placement, what happened with the plan to transfer Resident 4 to a Nursing Home in Hawaii, and what they could do to assist Resident 4 to get back home to Hawaii.</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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 03/11/2025 at 12:16 PM, Resident 4 stated their stepdaughter was coming to get them and them back home to Hawaii. Resident 4 stated they wanted to discharge on their birthday in February, but did not, and hoped to be able to discharge in March.</p> <p>During an interview on 03/11/2025 at 11:22 AM, Staff C, Social Services Director, stated Resident 4 had a few different discharge plans. They had been talking with the resident's step daughter and the current plan was to discharge Resident 4 to Hawaii. Staff C stated barriers to discharge included funding. Staff C stated the facility assisted the resident to apply for insurance, so they could be assessed for AFH placement. Staff C stated they were unable to find a facility in Hawaii that would accept the resident without insurance. Staff C stated they had tried their sister facility in Hawaii which on 01/29/2025, would not accept Resident 4 without an established payor. Staff C stated they asked Resident 4's step daughter for a list of other facilities in Hawaii, which was not provided.</p> <p>During an interview on 03/11/2025 at 11:42 AM, Staff C was able to produce weekly discharge planning meetings documented on a spread sheet in their computer. Staff C acknowledged they put the information on the spread sheet, but not in the Resident's record.</p> <p><Resident 1></p> <p>Review of the 02/26/2025 Admission MDS showed Resident 1's goal was to discharge to the community, active discharge planning was not occurring, and a referral to the Local Contact Agency (LCA) had not been made as the discharge date was three or fewer months away.</p> <p>Review of Resident 1's CCC initiated 02/24/2025 showed no discharge plan.</p> <p>Review of the SS Psychosocial Evaluation, dated 02/24/2025, showed Resident 1 stated they would be discharging back home to live with their wife and two cats. The evaluator, Staff D, Social Services Assistant (SSA), indicated they did not want to complete a care plan for the evaluation.</p> <p>During an interview on 03/11/2025 at 11:56 AM, Resident 1 stated as soon as they could discharge they would be going home with wife and two cats. Resident 1 stated their barriers to discharge included that they were right handed and had limited use of their right side, their brain was still developing new pathways. Resident 1 stated they had not yet done stair training with therapy and they had 14 stairs at home.</p> <p><Resident 3></p> <p>Review of the 01/03/2025 Admission MDS showed Resident 3's goal was to discharge to the community. According to this assessment active discharge planning was occurring for the resident to return to the community, but a referral had not been made to the LCA as the LCA was unknown.</p> <p>Review of Resident 3's CCC, initiated 12/27/2024, showed no discharge care plan.</p> <p>Review of the SS Psychosocial Evaluation, dated 01/21/2025, showed Resident 3 stated they were living with their brother independently and could discharge back to their brother's, however they would like to find their own place such as an apartment. The evaluator, Staff D, indicated they did not want to complete a care plan for the evaluation.</p> <p>(continued on next page)</p>		

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<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 03/11/2025 at 10:13 AM, Staff B, Interim Director of Nursing, stated Resident 3 left the facility 02/14/2025 with their mom and did not return as planned. The discharge was considered Against Medical Advice (AMA), but they did return later. Staff B stated Resident 3 left again, on 02/26/2025, did not return as planned, and when contacted refused to return so they were discharged AMA.</p> <p>During an interview on 03/11/2025 at 11:35 AM, Staff C stated Resident 3's discharge plan was to return home with his mother and brother. Staff C stated there should be a discharge care plan.</p> <p>During an interview on 03/11/2025 at 3:16 PM, Staff A, Administrator, stated Resident 3 went out on pass to their mothers and refused to return to the facility. The discharge was Against Medical Advice as it was deemed unsafe.</p> <p><Resident 5></p> <p>Review of 02/26/2025 Admission MDS showed Resident 5's goal was to discharge to the community. According to this assessment no active discharge planning was occurring for the resident to return to the community.</p> <p>Review of Resident 5's CCC, initiated 02/24/2025, showed no discharge care plan.</p> <p>Review of the SS Psychosocial Evaluation, dated 02/24/2025, showed Resident 5 stated they were living with family and would like to discharge back home. The evaluator, Staff D, indicated they did not want to complete a care plan for the evaluation.</p> <p>During an interview on 03/11/2025 at 12:11 PM, Resident 5 stated they were hoping they could go home. When asked what barriers to discharge they had, Resident 5 stated, they did not know and could not really say.</p> <p>During an interview on 03/11/2025 at 10:53 AM, Staff A stated every week the facility had program meetings and discussed discharge planning, resident needs, and progress. Staff A stated documentation was not in the Resident's individual files, but on program forms, and in an excel file that Staff C had access to. At 3:16 PM, Staff A confirmed their should be a discharge care plan documented.</p> <p>REFERENCE: WAC 388-97-0080</p>		

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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>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29644</p> <p>Based on interview and record review, the facility failed to ensure activities of daily living (ADLs) pertaining to bathing/showers were provided for dependent residents for 2 of 4 sample residents (Residents 1 & 5) reviewed for ADL care. This failure placed residents at risk of not receiving the care and services needed for which they were unable to perform themselves and a diminished quality of life.</p> <p>Findings included .</p> <p>On 03/11/2025 at 11:55 AM, Resident 1 and Resident 5 were observed in a room with a posted sign Resident Care Manager. Both the Resident's names were listed by the door. There was not a room number posted, as there was with other resident's rooms. Review of the census showed Resident 1 and Resident 5 resided in room [ROOM NUMBER].</p> <p><Resident 1></p> <p>Review of the 02/26/2025 Admission Minimum Data Set (MDS - an assessment tool), Resident 1 admitted to the facility on [DATE], were alert and oriented, felt it was very important to choose between a tub bath, shower, bed bath, or sponge bath, and required set up or clean up assistance with showering.</p> <p>Review of the 02/24/2025 ADL self-care performance deficit Care Plan (CP) showed the resident required partial/moderate assistance of one staff to provide bath/shower and as necessary.</p> <p>Review of Point of Care (POC) documentation in the electronic medical record showed Resident 1 was scheduled for a shower on Mondays and Thursdays, day shift, bathe self. Review of the last 30 days of documentation showed Resident 1 received a shower on 02/24/2025. It was documented that the resident refused on 03/03/2025. The Resident was not offered a shower on 03/06/2025 and 03/10/2025 as it was Not Applicable, and there was no documentation to support the resident was offered bathing on 02/27/2025.</p> <p>During an interview on 03/11/2025 at 11:56 AM, Resident 1 stated they had not had a shower since they admitted and they had been there for three weeks. Resident 1 stated their wife gave them a bed bath and brought baby wipes so Resident 1 could given themselves bed baths. Resident 1 stated they did not believe their roommate had received a shower either.</p> <p><Resident 5></p> <p>Review of the 02/26/2025 Admission MDS showed Resident 5 admitted [DATE], with cognitive impairment, felt it was very important to choose between a tub bath, shower, bed bath, or sponge bath, and and required set up or clean up assistance with showering.</p> <p>Review of the 02/24/2025 ADL self-care performance deficit CP showed the resident required supervision or touching assistance of one staff to provide bath/shower and as necessary.</p> <p>(continued on next page)</p>		

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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>Review of POC documentation showed Resident 5 was scheduled for a shower Monday and Thursday, evening shift, bathe self. According to the documentation Resident 5 received a Bed Bath on 02/24/2025, a Sponge bath on 03/03/2025, and the Resident refused 03/08/2024. The Resident was not offered a shower on 03/06/2025 and 03/10/2025 as it was Not Applicable, and there was no documentation to support the resident was offered bathing on 02/27/2025.</p> <p>During an interview on 03/11/2025 at 12:11 PM, when asked if they had received a shower, Resident 5 stated, I don't think so, not recently at least.</p> <p>During an interview on 03/11/2025 at 12:10 PM, Staff G, Nursing Assistant, stated the shower schedule was located in a binder at the nursing station and in the electronic medical record.</p> <p>During an interview on 03/11/2025 at 1:42 PM, Staff H, Shower Aid, stated she worked Tuesday and Thursdays and had not given either resident a shower previously. Staff H reviewed the shower schedule in the binder and noted that room [ROOM NUMBER] A and 401 B were not listed or scheduled.</p> <p>During an interview on 03/11/2025 at 1:42 PM, Staff I, Nursing Assistant, stated, They'll have to update the list.</p> <p>During an interview on 03/11/2025 at 1:51 PM, Staff A, Administrator stated Resident 1 and Resident 5 were the first residents admitted into that room after it was converted from office space back to a resident room. Staff A looked at the shower schedule in the binder and noted that was the old schedule.</p> <p>During an interview on 03/11/2025 at 1:53 PM, Staff J, Resident Care Manger (RCM), stated they had audited and corrected the shower schedules to ensure the paper schedule matched the schedule in the computer. They had also added room [ROOM NUMBER] to the schedule.</p> <p>During an interview on 03/11/2025 at 1:53 PM, Staff B, Interim Director of Nursing, stated the shower schedule was updated mid to late the week prior and there should be a copy in the binder at the nurses station.</p> <p>REFERENCE: WAC 388-97-1060 (2)(c)</p>		

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<p>F 0807</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration.</p> <p>29644</p> <p>Based on observation, interview and record review the facility failed to ensure each resident received and the facility provided drinks, including water and other liquids consistent with residents needs and preferences and sufficient to maintain resident hydration for 11 of 13 sampled residents (Residents 5, 4, 6, 7, 9, 10, 11, 15, 12, 13, & 14). Failure of the facility to ensure water pitchers at bedside, placed residents at risk of thirst and insufficient fluid intake.</p> <p>Findings included .</p> <p>The following Resident rooms were observed on 03/11/2025 at 12:25 PM without a water pitcher at bedside: 105 A, 105 B, 106 A, 107 A, 107 B, 204 B, 206 A, 206 B, 207 B, 302 B, 304 B, 401 B, 402 B, 403 A, 403 B, 404 B, 405 A, 407 B, 412 B, 413 A, 413 B. Rooms 309 A and 309 B were observed with empty pitchers at the bedsides.</p> <p><Resident 5></p> <p>On 03/11/2025 at 12:11 PM, Resident 5 was observed in bed without a water pitcher at bedside.</p> <p>Review of Resident 5's Care Plan showed a 02/24/2025 intervention to offer fluids at bedside and every meal to maintain hydration.</p> <p><Resident 4></p> <p>On 03/11/2025 at 12:16 PM, Resident 4 was observed in bed without a water pitcher at bedside. In an interview at that time, Resident 4 stated they did not receive enough to drink. When questioned about the red colored beverage observed in a cup on the bedside table, Resident 4 stated the facility ran out of orange juice.</p> <p>Review of Resident 4's Care Plan showed a 12/27/2024 intervention to ensure commonly used items (ice water .) were within reach of resident prior to leaving room.</p> <p><Resident 6></p> <p>On 03/11/2025 at 12:27 PM, Resident 6 was observed in their room without a water pitcher. In an interview at that time Resident 6 stated they must have accidentally sent it away with their meal tray.</p> <p><Resident 7></p> <p>On 03/11/2025 at 12:31 PM, Resident 7 was observed in their room without a water pitcher. In an interview at that time, Resident 7 stated they did not think they ever had a water pitcher, yes they wanted one, with water and ice in it.</p> <p>(continued on next page)</p>		

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<p>F 0807</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 7's Care Plan showed a 01/13/2025 intervention to ensure commonly used items (ice water .) are within reach of resident prior to leaving room.</p> <p>In an interview on 03/11/2025 at 12:33 PM, Staff F, Nursing Assistant Certified (CNA) stated Resident 7 had just transferred from a room on the 300 Hall, five minutes prior. Staff F stated they asked Resident 7 if they wanted anything and they said no. Staff F stated they gave the resident's beverages if they asked.</p> <p><Resident 9></p> <p>On 03/11/2025 at 12:36 PM, Resident 9 was observed with an empty water pitcher at bedside. In an interview at that when asked when the staff fill the pitcher, Resident 9 stated, I have to ask, but they usually do it if I ask.</p> <p>Review of Resident 9's Care Plan showed a 01/07/2025 intervention to ensure commonly used items (ice water .) are within reach of resident prior to leaving room.</p> <p><Resident 10></p> <p>On 03/11/2025 at 12:40 PM Resident 10 was observed was observed in their room drinking from a pitcher of water. In an interview at that time, Resident 10 stated, the staff should just bring water, but you have to ask for it.</p> <p><Resident 11></p> <p>On 03/11/2025 at 12:40 PM Resident 11 was observed without a water pitcher. In an interview at that time, Resident 11 stated the staff just took the pitcher to get ice. Resident 11 stated staff provide ice, When I ask for it.</p> <p><Resident 15></p> <p>On 03/11/2025 around 12:43 PM, Resident 15 was observed in their room being fed. Resident 15 did not have a water pitcher at bedside.</p> <p>Review of Resident 15's Care Plan showed an intervention dated 11/12/2024 to ensure commonly used items (ice water .) were within reach of resident prior to leaving room, and an intervention dated 03/10/2025 to offer fluids at bedside and every meal to maintain hydration.</p> <p><Resident 12></p> <p>On 03/11/2025 at 12:45 PM, Resident 12 was observed in their room finishing their lunch meal. The resident was served one glass of apple juice and had no water pitcher at bedside. In an interview at that time, Resident 12 confirmed there was no water pitcher.</p> <p>Review of Resident 12's Care Plan showed a 01/29/2025 intervention to ensure commonly used items (ice water .) were within reach of resident prior to leaving room.</p> <p><Resident 13></p> <p>(continued on next page)</p>		

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<p>F 0807</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 03/11/2025 at 12:46 PM, Resident 13 was observed with a large insulated personal mug. In an interview at that time, Resident 13 stated they were on an ice water kick. Resident 13 stated their friend brought them flavored water and the staff provided ice, as long as I ask for it, they've been good about bringing it.</p> <p><Resident 14></p> <p>On 03/11/2025 at 12:47 PM, Resident 14 was interviewed and stated they received ice water in their cup, whenever I ask for it.</p> <p>During an interview on 03/11/2025 at 12:50 AM, Staff A, Administrator stated the facility identified they did not have enough water pitchers so they ordered more, put them in rotation, and had since ordered even more. Staff A stated it was the Nursing Assistants (NA) role to ensure the resident had fluids that they wanted. Staff A stated it was an expectation that each resident had a pitcher at bedside.</p> <p>During an interview on 03/11/2025 at 2:16 PM, Staff B, Interim Director of Nursing, stated the nursing assistants were expected to fill the ice chest and water at the beginning of every shift. Staff B stated Staff E was working with staff, providing education and putting clean pitchers out.</p> <p>During an interview on 03/11/2025 at 2:24 PM, Staff E, Food Service Manager, stated although they had developed a plan they were not sending the water pitchers out to the floor yet.</p> <p>REFERENCE: WAC 388-97-1060(3)(i)</p>