

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: 505185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2026
NAME OF PROVIDER OR SUPPLIER Olympic View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1116 E Lauridsen Boulevard Port Angeles, WA 98362	
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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or get specialized rehabilitative services as required for a resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure specialized rehabilitative services were provided as ordered for 1 of 4 residents (Resident 24) reviewed for rehabilitation services. This failure delayed residents from attaining, maintaining, or restoring their highest practicable level of physical, mental, functional, and psycho-social well-being. Findings included .Resident 24Resident 24 was admitted to the facility on [DATE]. The hospital transfer orders, dated 07/01/2026, showed the resident had orders for Physical therapy (PT) and Occupational therapy (OT). Review of the facility's grievance log showed Resident 24 filed a grievance on 07/07/2026. The grievance documented Resident 24 was very frustrated he had been in the facility for a week (07/01/2026- 07/07/2026) and not received any therapy services. Under findings staff documented the reason Resident 24's PT and OT evaluations had not yet been completed was because Resident 24 had refused therapy several times. Review of the electronic health record showed there was no documentation in Resident 24's record about refusing therapy services until after Resident 24 filed the grievance on 07/07/2026. A nurses note dated 07/07/2026 at 4:32 PM, documented [Resident 24] expressed frustration about being in a rehabilitation center and not receiving therapy. Spoke to therapy department who reported res[ident] refused therapy. Therapy to reapproach tomorrow, resident aware and agreeable. On 07/23/2026 at 2:27 PM, copies of Resident 24's initial PT and OT evaluations, daily treatment notes were requested, including documentation of the dates/times when the facility attempted to complete Resident 24's PT/OT evaluations but were unable to secondary to Resident 24's refusals. On 07/23/2026 at 4:34 PM Resident 24's therapy documentation was provided via email. Review of the documents showed there was no documentation prior to 07/08/2026. On 07/24/2026 at 1:18 PM, Staff A was asked what documentation he relied upon to determine Resident 24's PT/OT evaluations were not completed from 07/01/2026- 07/07/2026 due to the resident's multiple refusals Staff A, Administrator, said he was informed by Staff GG, Director of Rehabilitation (DOR), that Resident 24 was refusing all his therapy. When asked for documentation of the date(s)/time(s) PT/OT evaluations were attempted and Resident 24 refused Staff A, Administrator, requested a telephone interview be conducted with Staff GG, DOR. In a telephone interview on 07/24/2026 at 1:21 PM, Staff GG, DOR, indicated Resident 24's evaluations were not completed during the first week due to his refusals. Staff GG reported the refusals were not documented because the therapists cannot enter any information into the therapy program until an evaluation is opened but therapy staff could not open the evaluations because Resident 24 had refused them. A copy of the therapy schedule from 07/01/2026-07/07/2026 and a punch detail report for all therapist for the same time period, was requested at that time. In a telephone interview 07/24/2026 at 1:32 PM, Staff GG, DOR, said Resident 24 was scheduled for PT/OT evaluations on 07/02/2026. The PT and OT approached Resident 24 together as they planned to perform a joint evaluation, but the resident refused. The PT and OT (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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	reapproached Resident 24 later in the day but again refused. When asked why Resident 24 was put on the schedule to be evaluated by PT and OT on 07/03/2026, (Friday) 07/04/2026 (Saturday), 07/05/2026 (Sunday), 07/06/2026 (Monday), or 07/07/2026 (Tuesday) Staff GG, DOR said the facility did not provide therapy on the weekends at that time. When asked why the resident was not scheduled for Friday or the following Monday or Tuesday Staff GG acknowledged the facility did not have many PTs or OTs available to perform the evaluations. Review of the punch detail report for the facility's OT's showed the facility had an OT on duty on 07/02/2026, 07/03/2026, and two OTs on duty on 07/06/2026 and 07/07/2026. Review of the punch detail report for PT staff showed the only day from 07/01/2026- 07/07/2026 that the facility had a PT on duty was Saturday 07/04/2026. The documentation provided showed the facility did not have a PT on duty on 07/02/2026. Reference WAC 388-97-1280(1)(a)(b)(4)		