STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505202	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Skilled Nursing and Rehabilitation	4430 Talbot Road South Renton, WA 98055

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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on observation, interview and record review, the facility failed to obtain approval from the Department of Health Construction Review Services program, prior to removing carpets and installing laminate flooring in the facility. The failure to obtain the required approval prior to starting remodeling project, put residents at risk for illness, injury, and unsafe living conditions. Findings included . <Facility Policy>According to the facility's revised 01/2026 Safe and Homelike Environment policy, the facility would provide a safe, clean and comfortable and homelike environment. The facility would ensure residents would receive care and services safely and the physical layout of the facility would maximize resident's independence and would not pose as a safety risk. On 05/28/2026 at 10:55 AM, Staff A (Administrator) reported the facility had recent renovations made to second floor west unit. Staff A stated the renovations included patient room remodeling and new flooring replacement. Staff A stated the second-floor west unit remodeling work had already been completed and while the remodeling was being done, residents were moved to another unit. Staff A stated they were not aware if the facility had asbestos or other hazards before starting the renovations but thought they would have obtained instructions if there were hazards. Review of an undated facility Upcoming Flooring Project notices given to residents, showed beginning at 7:00 AM on 12/10/2025, the facility was replacing the flooring in on the first-floor carpeted hallway and on 12/15/2025 would be replacing the flooring in the [NAME] 2 carpeted hallway. Review of an undated Attention Residents notice given to residents showed starting January 1st, 2026, Maintenance staff would be replacing the flooring on the second-floor resident rooms and residents should expect loud rumbling and scraping sounds throughout the day. Observations on 5/28/2026 at 11:40 AM, showed second floor west had wood laminate flooring in the hallway and all resident rooms on the second-floor west unit had new wood flooring. In an interview on 5/28/2026 at 11:50 AM, Resident 1 stated they were moved to another unit on the second floor while remodeling was being done and it took at least two weeks or more before they were returned to their own room. Resident 1 stated they did not like moving to the temporary room, because it did not have the same window view or conveniences of their own room. A review of the Washington State Department of Health, Construction Review services online search on 05/28/2026 showed the facility had applied for a review of floor construction project with an initial review on 3/24/2026 and a resubmittal review on 5/11/2026. As of 5/28/2026 the online search showed the facility's flooring project status showed as pending approval. In an interview on 05/28/2026 at 12:50 PM, Staff A stated they were not aware of the construction review process and were not aware the facility's project showed as pending in status. Staff A stated the second-floor west unit remodeling was already completed, and although the workers were not currently remodeling areas in the facility, they would be back to restart the project. Staff A stated they knew they had to notify residents of the upcoming remodeling plans, and have plans in place in case of emergencies, but was unaware of state requirements for safety prevention to prevent hazards to residents as part of the construction review process. In an interview on 06/05/2026 at 1:36 PM Staff B (Regional Plant Operations Director) stated they were responsible for obtaining construction review approval with the Department of Construction Review for the facility and acknowledged the status of the approval was still pending approval. Staff B stated they were unsure of the approval process and did not receive (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	notification that the facility could not start the flooring remodeling work without receiving approval. Staff B stated they signed an acknowledgement of risk from the construction review process and thought they were able to start the remodeling work but were unsure of the process of obtaining an approval or impacts on resident safety if an approval was not obtained first. REFERENCE: WAC-97-2060 (2)(3)(4).