

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Soundview Rehabilitation and Health Care Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1105 27th Street Anacortes, WA 98221	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure resident choices/preferences regarding their bathing schedule were obtained and honored for 4 of 6 sampled residents (Residents 1, 2, 3, 4, and 7) reviewed for preferences. This failure placed residents at risk of being unable to exercise their rights, not having their choices/preferences honored, and a diminished quality of life. Findings included.<RESIDENT 1>Resident 1 was admitted to the facility with a diagnosis of a stroke with right arm and leg weakness. Review of the admission Minimum Data Set (MDS - an assessment tool) assessment, dated 01/22/2026, documented that the resident had no cognitive impairment, and did not receive a shower during the MDS assessment period. Review of Resident 1's Baseline Care Plan, dated 01/15/2026, showed no documentation the resident was asked their daily preferences regarding bathing/showering. Review of Resident 1's Self-Performance Deficit care plan, dated 01/20/2026, documented the resident required extensive assistance with bathing/showering. Review of Resident 1's Document Survey v2 Report (where the Nursing Assistant Certified documented the care they provided to a resident), dated 01/15/2026 to 02/13/2026 documented the resident received four showers out of 26 days. The resident was showered on 01/17/2026, 01/24/2026, 01/31/2026, and 02/25/2026. <RESIDENT 2>Resident 2 readmitted to the facility with a diagnosis of dementia. Review of the Significant Change MDS assessment, dated 01/19/2026, documented the resident had moderate impaired cognition. The MDS assessment documented that the resident had refused to be showered, and it was very important for the resident to choose between a shower, tub bath, or bed bath. Review of Resident 2's Self-Performance Deficit Care Plan, dated 11/25/2025, documented the resident required maximal assistance with bathing/showering needs. Review of Resident 2's Document Surveyv2 Report dated 1/09/2026 through 02/15/2026, documented the resident received three showers out of 32 days on 01/26/2026, 01/29/2026 and 02/12/2026. The resident refused to be showered on 01/19/2026. <RESIDENT 3>Resident 3 was admitted to the facility on [DATE], discharged to the hospital on [DATE], and readmitted to the facility on [DATE] to 02/11/2026 with a diagnosis to include Multiple Sclerosis (a chronic neurological disease). Review of Resident 3's Self-Performance Deficit Care Plan, dated 02/06/2026, documented the resident was showered two times a week and as necessary. Review of Resident 3's Document Survey v2 Report, dated 01/29/2026 to 01/31/2026, showed no documentation the resident received a shower. Review of Resident 3's Document Survey v2 Report , dated 02/04/2026 to 02/11/2026, documented the resident received a shower on 02/10/2026 (the resident received one shower in 14 days). <RESIDENT 4>Resident 4 was admitted to the facility with diagnoses to include fall with weakness, and high blood pressure. Review of Resident 4's admission MDS assessment, dated 02/02/2026, showed they were dependent with their bathing/showering needs. Review of Resident 4's current Kardex (a guide used by the nursing assistant to help direct the residents individualized care), documented the required extensive assistance with their bathing/showering needs. Review of Resident 4's 01/27/2026 through 02/17/2026</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 505216	If continuation sheet Page 1 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Soundview Rehabilitation and Health Care Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1105 27th Street Anacortes, WA 98221	
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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Document Survey Report v2, documented the resident received four showers out of 22 days on 01/30/2026, 02/03/2026, 02/10/2026 and 02/17/2026. <RESIDENT 7>Resident 7 was admitted to the facility with a diagnosis of a stroke with right side residual paralysis (partial or complete loss of muscle function). Review of the admission MDS assessment, dated 01/09/2026, documented it was very important for the resident to choose between a tub bath, shower, bed bath, or sponge bath. Review of Resident 7's Self-Performance Deficit Care Plan, dated 01/08/2026, documented the resident required extensive assistance with bathing needs. Review of Resident 7's 01/02/2026 through 02/17/2026 Document Survey v2 Report, documented the resident received four showers out of 39 days on 01/19/2026, 01/22/2026, 01/29/2026, and 02/09/2026. In an interview on 02/18/2026 at 3:12 PM, Staff A, Registered Nurse (RN)/Director of Nursing Services, was asked how the facility was aware of a resident's bathing/showering preferences including the type, the frequency, and the time of the day the resident preferred to be bathed/showered. Staff A stated residents were showered twice a week according to the facility's schedule related to what room they were in which was a set schedule. Staff A stated if the resident refused a shower or they were not offered a shower the expectation was the resident would be offered a shower the following day. Reference WAC 388-97-0900 (1)(3)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Soundview Rehabilitation and Health Care Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1105 27th Street Anacortes, WA 98221	
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure resident hospital transfer documentation was completed as required to include the basis for hospital transfer, specific resident needs unable to be met by the facility, facility attempts to meet the needs, services available at the receiving facility to meet needs, what information was conveyed to the receiving provider, or a bed hold offered upon transfer, of discharges and/or transfers, as required for 2 of 4 sampled residents (Residents 2, and 3), reviewed for hospitalization and bed hold. This failure placed the residents at risk for lacking knowledge regarding their right to hold their bed while in the hospital and diminished quality of life. This failure placed residents and/or their representatives to participate in the resident's right to hold their bed while in the hospital or why they were transferred to the hospital, and diminished quality of life. Findings included. Review of the facility's policy titled, Admission, Transfer & Discharge - Bed Hold Policy before and Upon Transfer, dated 06/2023, documented the facility will provide written information to the resident or resident representative specifying the duration of the state bed-hold policy. Guidance to staff, including two notices will be provided, the first one well in advance of any transfer and the second notice would be provided at that time of the transfer or within 24 hours if the transfer was an emergency. In the event the facility is unable to reach the representative, the facility will document the attempts made. Review of the facility's policy titled, Bed Hold Policy Notification 2024, dated 01/11/2024, documented the resident or their representative must return the signed bed hold policy notification to the business office within 24 hours of a transfer or discharge if they choose to retain the bed. The policy indicated the amount that would be charged to the resident if they choose to retain their bed. <RESIDENT 2>Resident 2 was transferred to the hospital on [DATE] related to a change in their medical status and returned to the facility on [DATE], Review of Resident 2's Nursing home Transfer or Discharge Notice, dated 01/05/2026, documented that the resident's transfer or discharged was necessary for the resident's welfare and their needs could not be met at the facility. The notice was not filled out completely. The form did not contain the resident's representative information, the address of the facility the resident was transferred to, and indicated the resident was sent to the ER (Emergency Room) with no brief explanation of why they were transferred. Review of Resident 2's progress note, dated 01/05/2026 at 8:03 AM, Staff C, Social Services, documented a voice message that was left for Resident 2 to call them back regarding a bed hold. Review of Resident 2's progress note, dated 01/06/2026 at 10:03 AM, Staff C documented Resident 2's family member verbally consented to hold the resident's bed. Review of Resident 2's Bed Hold Policy Notification 2025, dated 01/06/2026, documented the resident's family member gave verbal consent to hold the resident's bed. Resident 2 was transferred to the hospital on [DATE] at 10:39 AM and returned on 01/14/2026 at 2:30 PM. Review of Resident 2's Bed Hold Policy Notification 2025, dated 01/13/2026, documented the resident's family member gave verbal consent to hold the residents bed. Review of Resident 2's Nursing Home Transfer or Discharge Notice, dated 01/13/2026, documented the resident's transfer or discharged was necessary for the resident's welfare and their needs could not be met at the facility. The notice was not filled out completely. The form did not contain the resident's representative information, the address of the facility the resident was transferred to, and indicated the resident was sent to the ER (Emergency Room) with no brief explanation of why they were transferred. Review of Resident 2's progress notes showed no documentation in the medical record regarding a written form of the discharge transfer notice and bed hold was given to the resident or their representative when the resident was transferred to the hospital</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Soundview Rehabilitation and Health Care Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1105 27th Street Anacortes, WA 98221	
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>on [DATE] and 01/13/2026. <RESIDENT 3>Review of a progress note, dated 01/31/2026 at 4:22 PM, documented Resident 3 was sent to the hospital via stretcher. Review of Resident 3's Nursing Home Transfer or Discharge Notice, dated 02/02/2026, documented the resident's transfer or discharged was necessary for the resident's welfare and their needs could not be met at the facility. The notice was not filled out completely. The form did not contain the resident's representative information, the address of the facility the resident was transferred to, and indicated the resident was sent to the ER (Emergency Room) with no brief explanation of why they were transferred. Review of a progress note dated 02/02/2026 at 3:05 PM, documented Staff C attempted to contact Resident 3's family member but could not due there was no option to leave a voicemail. Review of a progress note, dated 02/04/2026 at 12:01 PM, documented Resident 3 readmitted to the facility this day at 11:15 AM. Review of Resident 3's progress notes showed no documentation in the medical record regarding a written form of the discharge transfer notice and bed hold was given to the resident or their representative when the resident was transferred to the hospital on [DATE]. There was no Bed Hold Policy Notification found in Resident 3's chart regarding the transfer to the hospital on [DATE]. <INTERVIEWS>In an interview on 02/18/2026 at 12:41 PM, Staff B Registered Nurse (RN) was asked about bed hold and transfer/discharge notices. Staff B stated a bed hold, and a transfer/discharge notice was filled out and given to the resident and/or the resident when the resident is transferred or discharged . This should be done as soon as possible. Staff B stated the nurse on the floor or Social Services were responsible for this process. An interview on 02/18/2026 at 12:47 PM was conducted with Staff A, RN/Director of Nursing Services, and Staff C, Social Services. Both staff were asked about the facility's bed hold and transfer/discharge notice. Staff C stated they offered the resident a bed hold prior and/or filled out the transfer/discharged notices to the resident or their representative prior to them leaving the facility or as soon as able. Staff C stated if the resident was transferred over the weekend, they would ensure the bed hold and transfer/discharge notice was completed on their next workday. In an interview on 02/18/2026 at 1:12 PM, Staff C was asked if they were the only staff member responsible to ensure the facility's transfer/discharge and bed hold was given to the resident and the resident's representative, Staff C stated no. Staff C was asked if the floor nurses were also responsible ensure the facility's transfer/discharge and bed hold was given to the resident and the resident's representative, Staff C stated yes they were. In an interview on 02/18/2026 at 1:27 PM, Staff B was asked if the floor nurses were responsible to ensure the facility's transfer/discharge and bed hold was given to the resident and the resident's representative, Staff B stated they were. Refer to WAC 388-97-0120(2)(a-d), (3)(a), (4)(a-c) and 388-97-0140(1)(a)(b)(c)(i-iii)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Soundview Rehabilitation and Health Care Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1105 27th Street Anacortes, WA 98221	
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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to develop a policy, comprehensively assessed residents, documented risk and benefits, ensured ongoing monitoring and maintenance for 3 of 3 sampled residents (Residents 4, 5, and 6) reviewed for bed rails/side rails. These failures placed residents at risk for injury, entrapment, and a diminished quality of life. Findings included.<RESIDENT 4>Resident 4 was to the facility with diagnoses to include heart failure and fall with weakness. Review of the resident's admission Minimum Data Set (MDS - an assessment tool) assessment, dated 02/02/2026, documented the resident had moderate cognitive impairment.Review of Resident 4's Enabler Device Assessment, dated 01/27/2026, documented they used a half side rail (did not specify how many or where the side rail was) to maximize their independence and was unable to remove the side rail. Risk and benefits for the use of the side rail was explained to the resident. There was no documentation in the medical record documenting what risk and benefits were explained to the resident.Review of Resident 4's Activities of Daily Living (ADL's) self-performance care plan, dated 01/27/2026, documented the resident used 1/4 side [NAME] to assist with bed mobility which decreased their reliance on staff members to assistance with repositioning.In an observation and interview on 02/17/2026 at 8:33 AM, Resident 4 was observed lying in bed, with two side rails in the upright position on the upper part of the bed. The resident was eating breakfast. When asked, Resident 4 did not answer if they were able to use the side rails on their bed.In an observation on 02/17/2026 at 12:18 PM, Resident 4 was observed lying in bed, eating their lunch, and both upper side rails were in the upright position.In an observation and interview on 02/18/226 at 12:23 PM, Resident 4 was lying in bed, with the head of bed in the upright position and bilateral upper side rails were raised on the bed. The resident did not understand when asked if they were able to use the side rails (as the surveyor pointed to the side rails) to help turn side to side in bed. Resident 4 was asked if they were able to place their hand on the side rail, the resident stated, I do not know.In an interview on 02/18/2026 at 12:34 PM, Staff E, Nursing Assistant Certified (NAC) - agency staff, stated they knew how to care for residents by reading their care plan and Kardex. Staff E stated Resident 4 required two NACs to provide bed mobility. Staff E stated the resident was able to use the side rails while in bed.<RESIDENT 5>Resident 5 admitted to the facility with diagnoses to include muscle weakness and stroke with left-sided weakness. Review of the resident's Quarterly MDS assessment, dated 12/13/2025, documented that the resident had no cognitive impairment, and required substantial assistance for bed mobility. Review of a physician order, dated 12/10/2025, documented Resident 5 used bilateral rails to maximize their independence with turning and positioning while in bed. The order did not specify what bilateral side rails they used (upper or lower).Review of Resident 5's deficient in ADL's care plan, dated 09/26/2025, documented the resident used bilateral bedrails to maximize their independence with turning and repositioning while in bed.Review of Resident 5's Enabler Device Assessment, dated 12/10/2025, documented they used side rail (did not specify how many or where the side rail was) to maximize their independence and was unable to remove the side rail. Risk and benefits for the use of the side rail was explained to the resident. There was no documentation in the medical record documenting what risk and benefits were explained to the resident.In an observation and interview on 02/17/2026 at 8:38 AM, Resident 5 was lying in bed with two side rails in the upright position on the upper part of their bed. Resident 5 stated they were able to use the side rails for bed mobility.In an observation on 02/17/2026 at 12:19</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Soundview Rehabilitation and Health Care Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1105 27th Street Anacortes, WA 98221	
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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>PM, Resident 5 was observed lying in bed, eating their lunch, and both upper side rails were in the upright position. In an observation on 02/18/2026 at 12:29 PM, Resident 5 was observed lying in bed, eating their lunch, and both upper side rails were in the upright position. <RESIDENT 6>Resident 6 re-admitted to the facility on [DATE] with diagnoses to include high blood pressure and dementia. Review of Resident 6's Annual MDS assessment, dated 01/21/2026, documented the resident had mild cognitive impairment, and was dependent on staff for bed mobility and transfers. Review of Resident 6's ADL self-performance deficit care plan, dated 03/15/2024, documented the resident was dependent with bed mobility and required two-person assistance. The resident may have bilateral quarter side [NAME] to assist with bed mobility to decrease assistance and reliance on staff members for assistance and repositioning. Review of Resident 6's Enabler Assessment, dated 01/21/2026, documented the resident used a half rail (did not specify how many or where the side rail was) in bed and was able to remove the side rail independently. The assessment documented the resident used the half rail to aid in their bed mobility. Resident 6's family member gave verbal consent for the use of the side rails. The assessment documented risk and benefits were discussed with the family member. There was no documentation in the medical record indicating what risk and benefits were discussed. In an observation on 02/17/2026 at 9:01 AM, Resident 6 was not in their room. There were side rails on either side of the upper part of the bed and were observed in the upright position. In an observation on 02/17/2026 at 12:21 PM, Resident 6 was observed lying in bed, eating their lunch, and both upper side rails were in the upright position. In an observation on 02/18/2026 at 12:39 AM, Resident 6 was lying in bed asleep with both upper side rails in the right position. <INTERVIEWS> In an interview on 02/18/2026 at 12:41 PM, Staff B, Registered Nurse (RN), stated before side rails were implemented, the resident was assessed by Physical Therapy or the nurse, an Enabler Assessment was completed, and maintenance was alerted to place the side rails on the resident's bed. In an interview on 02/18/2026 at 12:47 PM, Staff A, RN/Director of Nursing Services, stated before side rails were implemented the resident was assessed by therapy or the nurse. The nurse completed an Enabler Assessment and updated the care plan. Staff A stated side rails were used to maximize the residents' independence while in bed. Staff A was asked where the risk and benefits were documented for the use of the side rails, and how often the side rails were re-assessed to ensure they were still appropriate and safe to use. Staff A stated they were not sure. Staff A was asked for the facility's side rail policy. In an interview on 02/18/2026 at 1:49 PM, Staff A stated the facility did not have a side rail/bed rail policy. Refer to WAC 388-97-1060(3)(g), 388-97-0260, and 388-97-2100(1)</p>		