

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505236	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/10/2025
NAME OF PROVIDER OR SUPPLIER  Edmonds Care		STREET ADDRESS, CITY, STATE, ZIP CODE 21400 72nd Avenue West Edmonds, WA 98026	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35787</b></p> <p>Based on interview and record review, the facility failed to ensure medications were administered by a trained and/or licensed nursing staff per professional standards of practice for 1 of 3 residents (Resident 1), reviewed for medication administration. This failure placed the resident at risk for unmet care needs, unrecognized medication adverse side effects, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the significant change in status Minimum Data Set assessment (MDS-a required assessment) dated 12/30/2024 showed Resident 1 admitted to the facility on [DATE]. The MDS assessment also showed Resident 1 had intact thinking.</p> <p>In an interview on 01/31/2025 at 11:02 AM Resident 1 stated that Staff B, Director of Nursing Services (DNS) gave their medications to Staff D, Certified Nursing Assistant (CNA), to give to them. Resident 1 stated, I am not taking any medications from an aide [CNA], it had my narcotic pain medication [oxycodone] in the medication cup and all the rest of my morning medications. The medications should be given by a nurse, not an aide. I would not take it. I gave it back to them.</p> <p>In an interview on 01/31/2025 at 11:39 AM, Staff C, Licensed Practical Nurse (LPN) stated, we did not have medication technicians (a certified nursing assistant that prepares/administers medication to residents and works with the supervision of a licensed nurse or nurse delegation [when a licensed nurse transfers nursing tasks to a nursing assistant]). Staff C further stated the licensed nurses administered all the medications to the residents in the facility, not the nursing assistants.</p> <p>In an interview on 01/31/2025 at 12:37 PM Staff D, stated, I am not a medication technician or trained to administer medications to the residents. It was a busy day, and I wanted to help the nurses out. Staff B prepared the medications and handed me the medication cup with the medication in it to give to Resident 1. I took the medication to them [Resident 1], and they said, they would not take the medication from me because I was an aide. They were not happy, so I took the medications back to Staff B and they gave the medication to Resident 1.</p> <p>In an interview on 01/31/2025 at 3:56 PM, Staff E, CNA, stated, I would never give medication to the residents, even if the nurse handed the medication to me to give to a resident. I am not trained to do that. That is the nurse's job.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 01/31/2025 at 4:01 PM, Staff F, LPN, stated they would never give medication to a nursing assistant to give to a resident, Staff F further stated the nurses were supposed to give all medications to the residents and that the nursing assistants were not trained to administer medications.</p> <p>In an interview on 01/31/2025 at 4:24 PM, Staff B, stated they prepared the morning medications, put it in a medication cup and handed it to Staff D, to give to Resident 1. Staff B stated that the morning medications included a narcotic pain medication, and that they should never have given the medications to Staff D to give to Resident 1. Staff B further stated it was not safe for the nursing assistants to administer medications because they were not trained to do it.</p> <p>In an interview on 01/31/2025 at 4:37 PM, Staff A, Administrator in Training, stated that Staff B should not have given Staff D the medications to administer to Resident 1.</p> <p>Reference: (WAC) 388-97- 1300 (1) (i)(ii)</p>		