

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: 505236	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2026
NAME OF PROVIDER OR SUPPLIER Edmonds Post Acute		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)		
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide an effective plan to control insects for 2 of 3 nursing units (Southeast Wing and Northeast Wing) and for 1 of 1 kitchen, reviewed for pest control. This failure placed the residents at risk for poor living conditions, emotional distress and a diminished quality of life. Findings included. SOUTHEAST WING RESIDENT 1 Review of the quarterly Minimum Data Set assessment (MDS-a required tool) showed the resident did not have problems with their thinking or memory. In an interview on 07/24/2026 at 12:36 PM, Resident 1 stated, there are insects that fly around the room, they usually come at least five times a week when the food comes out, they are annoying. I told staff about it, they all know. RESIDENT 2 Review of the admission MDS dated [DATE] showed Resident 2 did not have problems with their thinking or memory. In an interview on 07/24/2026 at 12:42 PM, Resident 2 stated, I have seen little bugs flying around my food. RESIDENT 3 Review of the quarterly MDS dated [DATE] showed the resident had intact thinking and memory. In an interview on 07/24/2026 at 12:51 PM, Resident 3 stated, they saw small bugs flying around the room, usually in the daytime, it has been happening a lot. NORTHWEST WING RESIDENT 4 Review of the admission MDS dated [DATE] showed Resident 4 had intact thinking and memory. In an interview on 07/24/2026 at 1 :51 PM, Resident 4 stated, there are a lot of bugs that fly around, all the time, but especially when the food comes out. I have also seen insects crawling on the floor, in the corners of the room. RESIDENT 5 Review of the quarterly MDS dated [DATE] showed Resident 5 had no problems with their thinking or memory. In an interview on 07/24/2026 at 1:57 PM, Resident 5 stated, there are bugs that fly around in my room, around my food, I have also seen small bugs crawling on the floor in the corners and right by my bed I don't like any kind of bug, crawling or flying. KITCHEN In an interview on 07/24/2026 at 3:26 PM, Staff B, Maintenance Director, stated they had seen bugs crawling on the kitchen floor yesterday, and that they were aware of the flying insects. Staff B further stated they had put chemicals down the kitchen drain to try and get rid of the flying insects, then notified the pest control company. A review of the pest control invoice form dated 04/20/2026 showed they (pest control staff) checked in with Staff B. The invoice form further showed there were reports of insects in the kitchen and in the [staff] breakroom. A review of the pest control invoice form dated 06/05/2026 showed the facility had insects in a portion of the facility, but the facility was not financially covered to service those types of insects. The form further showed the pest control company could cover those types of insects if the facility wanted to renegotiate the contract to cover those types of insects. In an interview on 07/24/2026 at 5:09 PM, Staff A, Administrator, stated they needed to look into getting better pest control. Reference: (WAC) 388-97-3360 (1).		

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
--	-------	-----------