STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505240	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Port Washington Post Acute	140 South Marion Avenue Bremerton, WA 98312

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50488 Based on interview and record review, the facility failed to implement proper procedures for a medical device for 1 of 1 residents (Resident 1) reviewed for services provided met professional standards. This failure placed the resident at risk for discomfort, infection, and a decreased quality of life. Findings included . Resident 1 admitted to the facility on [DATE]. The Admission Minimum Data Set (MDS), an assessment tool, dated 02/26/2025, showed Resident 1 was cognitively intact and needed moderate assistance for activities of daily living. Record review showed Resident 1 had a peripheral intravenous access (IV) device (placed in the vein to enable medication delivery) inserted by an outside provider on 03/05/2025. The duration of the access was to be for less than six days. The treatment administration record showed the device was used from 8 PM on 03/05/2025 to 6 AM on the 03/12/2025, more than 6 days. The Peripheral Intravenous Catheter Flushing Policy, dated 1/15/2004, said specific orders needed to be obtained by the prescribing doctor for flushing and care of the IV. Record reviews of the orders and the care plan showed the IV was not routinely assessed and/or monitored for signs and symptoms of infection or concerns. There were no orders for the IV to be flushed with saline after the antibiotic infusion per the facilities policy and professional standards of care. The IV was to be removed on 03/13/2025 per the treatment administration record but was not. On 03/24/2025 at 2:07 PM, Resident 1 said they had left the faciity on [DATE]. Resident 1 said they were not aware the IV was still intact until they got home. Resident 1 said they had to go to their primary doctor's office to have it removed. Resident 1 said the IV was painful at that point and that they endured a skin tear due to the IV dressing not being removed in a timely matter. On 03/25/2025 at 3:28 PM, Staff B, Director of Nursing, said the IV should have had orders for flushing. It should have been monitored on the care plan and treatment administration record. Staff B said the IV should have been removed prior to discharge from the facility. Reference WAC 388-97-483.21(b)(3)(i)

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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(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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50488 Based on observation, interview, and record review, the facility failed to maintain equipment in a fully functional manner for 4 of 4 mechanical beds (room [ROOM NUMBER] bed 1, room [ROOM NUMBER] bed 2, room [ROOM NUMBER] bed 1, & room [ROOM NUMBER] bed 1) reviewed for safe operating condition. This failure placed residents at risk for injury and a decreased quality of life. Findings included . On 03/24/2025 at 2:07 PM, Resident 1 said on 03/11/2025 at 11:05 PM they were sitting on the edge of the bed when it collapsed. Staff came into the room and tried to determine what the issue was but were unable to. Resident 1 was moved to another bed in the room. On 03/25/2025 at 3:11 PM, Staff F, Maintenance Director, said a notification came through on the TELS Platform (a system used to request and document maintenance services) on 03/12/2025 regarding Resident 1's broken bed. A part was ordered, and the bed was fixed on 03/18/2025. Staff F said there was no way to anticipate the bed would collapse, but estimated the drop was about 18 inches and would have caused a considerable jolt. Staff F said they were unaware of any other malfunctioning beds. On 03/27/2025 at 2:15 PM, Staff G, Certified Nursing Assistant was asked if there were any malfunctioning beds. Staff G said bed 2 in room [ROOM NUMBER] did not always raise up when the button was pushed. They said bed 1 in room [ROOM NUMBER] had a remote that did not work. Both beds were being occupied by residents. On 02/27/2025 at 2:20 PM, Staff C, Agency Licensed Practical Nurse, and Staff E, Medication Assistant, said bed 1 in room [ROOM NUMBER] had been broken for a while. They said staff had to hold up the resident during transfers as the head of the bed didn't work. They said work orders had been placed in TELS, and they were told a part had been ordered. They said that was several weeks ago. On 02/27/2025 at 2:30 PM, observation of staff testing mechanical beds showed the following: 1) Bed 2 in room [ROOM NUMBER] would not raise and lower. The motor made a loud grinding noise when the attempt was made. 2) Bed 1 in room [ROOM NUMBER] - head of the bed would not raise or lower. 3) Bed 1 in room [ROOM NUMBER] had the remote jammed under the bed frame. The bed could be raised up and down with the remote, but the head and foot of the bed would not move. On 02/27/2025 at 2:45 PM, Staff A, Executive Director, went to rooms [ROOM NUMBER] and tested the beds. Staff A said the beds should have been fixed or switched out with beds that did work. On 02/27/2025 at 3:00 PM, Staff E, Maintenance Assistant, said the bed frames were old and break often. Staff E said two bed frames had broke in the last week. They said maintenance does not do an audit of the mechanical beds to ensure they are working properly. Staff E said some staff used the TELS system, but some would just say something in the hall and then it would be forgotten. (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	WAC Reference 388-97-483.90(d)(2)