

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Port Washington Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50488</p> <p>Based on observation, interview and record review, the facility failed to provide the equipment needed by 1 of 3 residents (Resident 1) to maintain or improve mobility. This failure placed residents at risk for decline in functional ability, frustration, and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 1 was admitted to the facility on [DATE] with a diagnosis of paraplegia (loss of muscle control to the legs). The annual Minimum Data Set, an assessment tool, dated 03/15/2025, showed Resident 1 was dependent for transfers and required a Hoyer lift (mechanical device used to safely transfer individuals with limited mobility). It showed Resident 1 was not receiving any type of restorative services.</p> <p>On 04/25/2025 at 2:16PM, Resident 1 expressed frustration over the fact that they had been asking for a standing frame (a medical device that helps residents with limited mobility achieve and maintain an upright, standing position) for several months. The facility had loaned the standing frame to a sister facility which was 3.7 miles away. Resident 1 said they had been told by both Staff G, Director of Rehabilitation, and Staff A, Administrator, that the standing frame would be brought back for Resident 1 to use.</p> <p>On 02/13/2025, a Nursing to Therapy Communication showed Resident 1 was showing a possible change of condition related to transfers and asked that the standing frame be reviewed to assist with mobility.</p> <p>On 02/16/2025, Staff G, Director of Rehabilitation, responded to nursing in a Therapy to Nursing Communication. Staff G said Physical Therapy had discussed the standing frame with Resident 1. Staff G said that the sister facility would be called to request the equipment and that it would be brought back to the facility when transportation was available.</p> <p>Review of the care plan, dated 05/16/2020, showed Resident 1 was dependent on staff for transfers. It did not include specific interventions, exercises and/or therapy to maintain or improve mobility or to prevent further decline. It did not include Resident 1's preference for a restorative program utilizing the standing frame.</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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/25/2024 at 3:15PM, observation of the rehabilitation room showed the standing frame was not there. At 3:20 PM, Staff A, Administrator, said they thought Staff G, Director of Rehabilitation, had taken care of it.</p> <p>On 05/01/2025 at 2:20PM, the standing frame was observed, along with Resident 1, parked in front of six wheelchairs in the rehabilitation room. The frame was not plugged in. Resident 1 loudly expressed frustration that they were still not able to use the standing frame.</p> <p>On 05/05/2025 at 4:00PM, Staff A, Administrator, said the facility staff should have made sure the standing frame was brought back sooner and set up for use. Staff A said Resident 1 should have been assessed for an appropriate restorative program.</p> <p>Reference WAC 388-97-1060 (3)(d), (j)(ix)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50488</p> <p>Based on observation, interview and record review, the facility failed to ensure 2 of 9 residents who smoked (Resident 2 and Resident 3) were assessed and subsequent safety interventions were followed. The facility failed to ensure residents who smoked smoked in the designated smoking area and that smoke was not drifting through open windows. These failures put residents at risk for burns, fires, second hand smoke inhalation and a decreased quality of life.</p> <p>Findings included .</p> <p>The Smoking Policy, dated 08/2022, stated smoking would be permitted in designated areas outside of the facility. The policy documented the designated smoking structure was in the right corner of the back courtyard and was large enough to fit three wheelchairs at a time. The facility did not have any restrictions on smoking hours or the number of residents who could smoke at the same time.</p> <p>Resident 2 admitted to the facility on [DATE].The quarterly Minimum Data Set (MDS), an assessment tool, dated 2/6/2025, showed Resident 2 was moderately cognitively impaired and needed substantial assist with activities of daily living due to upper and lower body range of motion impairments. A Smoking Evaluation, dated 2/27/2025, showed Resident 2 was determined to need a smoking apron.</p> <p>Resident 3 admitted to the facility on [DATE]. The quarterly MDS, dated [DATE], showed Resident 3 was moderately cognitively impaired and had a diagnosis of dementia. A Smoking Evaluation, dated 3/3/2025, showed Resident 3 was deemed not safe to smoke.</p> <p>On 04/25/2025 at 2:30PM during concurrent observation and interview, Resident 1 expressed concern over the safety of the smoking area and about the smoke coming through their windows. The back courtyard was observed from Resident 1's room where both windows were open. There were three residents in wheelchairs in the smoking structure and six residents in wheelchairs along the sidewalks. All nine residents were in the process of smoking cigarettes. Resident 2 and Resident 3 were among the residents along the sidewalks. Resident 3 was not wearing a smoking apron. There was one cigarette disposal station inside the structure and one on the outside of it. One resident was observed in a reclined wheelchair was parked beside the outside station, effectively blocking its use by other residents. The five other residents were all flicking their ashes on the ground. There was a strong smell of cigarette smoke coming through the windows.</p> <p>On 04/25/2025 at 3:00PM and 05/01/2025 at 2:10PM, strong cigarette smoke could be smelled by the dining room and courtyard facing rooms with open windows. Three residents were observed in the smoking structure, three residents were lined along the sidewalk opposite the disposal station.The residents outside of the smoking structure were flicking ashes onto the ground.</p> <p>On 04/25/2025 at 4:30PM, Staff B, Director of Nursing Services, said that a Smoking Evaluation had to be completed for each resident who smoked, at least on a quarterly basis and with any significant change. When asked if Resident 2 smoked, Staff B said they should not be. When asked if interventions were being followed for Resident 3, Staff B said they were not.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/05/2025 at 2:45PM, Staff A, Administrator, was asked if residents had a right to have their windows open and not smell cigarette smoke. They said yes. Staff A was asked if they were aware interventions based on the Smoking Evaluations were not being followed and that a resident continued to smoke who had been deemed unsafe. Staff A was also asked if they knew residents were flicking their ashes onto the ground and pocketing the cigarette butts. Staff A said they were not aware, and that the smoking area needed to be investigated. Staff A said staff should be following the evaluations to ensure safety.</p> <p>Reference WAC 388-97-1060 (3)(g)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50488</p> <p>Based on observation, interview and record review, the facility failed to store medications appropriately for 1 of 3 residents (Resident 1) reviewed for safe delivery of medications. This failure placed residents at risk for negative therapeutic outcomes and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 1 was admitted to the facility on [DATE]. They had a history of gastric ulcers (open sore in the stomach lining), type 2 diabetes, and anemia (lack of red blood cells in the body). The annual Minimum Data Set, an assessment tool, dated 03/15/2025, showed Resident 1 was cognitively intact.</p> <p>On 04/25/2025 at 2:45PM, Resident 1 said they had told the nursing staff and the medical provider the only medication they wanted to take was the weekly Mounjaro (for type 2 diabetes) injection. Resident 1 pulled a regular sized garlic seasoning bottle from a Kleenex box on the side table that was a third of the way filled with a variety of pills. Resident 1 said those were the pills they did not want to take.</p> <p>Review of the medication administration record for April 2025 showed Resident 1 was receiving daily omeprazole (stomach acid reducer), a probiotic (supplement for gut health), a multivitamin, and Vitamin D. They were receiving iron every other day.</p> <p>The care plan, dated 03/28/2025, said Resident 1 refused to take any medication other than Mounjaro injections. The goal was to respect Resident 1's decision, to allow them to participate in receiving care. The care plan did not indicate Resident 1 had been assessed for medications to be left at bedside, nor was an assessment found.</p> <p>On 04/25/2025 at 3:30PM, Staff D, Licensed Practical Nurse and Unit Manager, said medications should not be left at bedside unless an assessment had been completed.</p> <p>On 05/01/2025 at 4:25PM, Staff B, Director of Nursing (DNS), said medications should not be left at bedside.</p> <p>Reference WAC 388-97-1300 (2)</p>