

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  01/08/2026
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility administered Seroquel, an antipsychotic medication, without proper assessment, diagnosis, or interventions needed for this drug regimen for 1 of 3 residents (Resident 1) reviewed for unnecessary medications. Failure to complete a thorough evaluation before starting the medication as well as failure to provide necessary monitoring during the therapy placed residents at risk for sedation, a decreased quality of life, and death. Finding included .Resident 1 admitted to the facility on [DATE] with a history of encephalopathy (disease or damage to brain function) related to Glioblastoma (brain cancer). The admission Minimum Data Set, an admission tool, dated 8/08/2025, showed Resident 1 was moderately cognitively impaired and needed extensive assistance for most activities of daily living.A psychiatry note, dated 8/21/2025, documented Resident 1 was confused and minimally engaged. The impression was Resident 1 had unspecified cognitive disorders which were worsening due to recent medical events. The note stated, No obvious need for psychotropic intervention.On 8/26/2025 at 3:23PM, Staff B, former Director of Nursing Services (DNS) obtained an order for Seroquel, 50 milligrams (mg) to be given every morning, and 150 mg to be given at bedtime for anxiety and depression. There was no documentation of any behaviors explaining why the medication had been started. There was no Psychopharmacologic Medication Informed Consent signed by Resident 1 which would have reviewed risks and benefits, side effects, and the need for gradual reduction of the medication. The care plan, dated 9/24/2025, showed Seroquel was added by Staff C, Social Services Assistant, as an anxiolytic (anti-anxiety) medication. The care plan was revised by Staff D, Registered Nurse, on 10/31/2025 but was not corrected. The care plan did not have the correct assessment, interventions, including non-pharmacologic, or monitoring of an antipsychotic medication. The care plan did not address a plan for gradual reduction of the medication. On 12/30/2025 at 2:15PM, Staff B, DNS, said they did not know why Seroquel had been started. Staff B acknowledged there was no documentation that would support that drug regimen. Reference WAC 388-97-1060(3)(k)(i)</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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