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	03/06/2026

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to provide attractive, palatable, and flavorful food for 3 of 3 residents (Resident 1, Resident 2, and Resident 3) reviewed for food quality. This failure placed residents at risk for health complications related to weight loss, less than adequate nutritional intake, and a diminished quality of life.Finding included.On 02/20/2026 at 12:30 PM, a sample tray was received from the kitchen. The meal consisted of creamed corn, green beans, baked chicken breast, a small yeast roll, a glass of milk, a container of apple juice, and a small container of light gray pudding with pearls. The creamed corn and green beans were running together on the plate. The creamed corn had bits of burnt areas. The green beans had pieces that had strings that could not be chewed and had to be removed. The main dish had no seasoning and was very bland. The pudding tasted faintly of chocolate and was dripping off the spoon. There was no butter for the roll.RESIDENT 1Resident 1 was admitted to the facility on [DATE] with diagnosis of tracheal cancer with voice box removal. Resident 1 had a feeding tube for most of their nutrition but also enjoyed taking in food orally. The admission Minimum Data Set (MDS, an assessment tool) showed Resident 1 was moderately cognitively impaired. Resident 1 had a pureed (smooth and pudding like) diet.On 02/20/2026 at 12:45 PM, Resident 1 was observed sitting up in bed with a lunch tray in front of them. The food had not been touched. Resident 1 said the food looked unappealing, that it had no flavor, and that they had no desire to eat it. The tray was observed to have a large pile of pureed food that was not identifiable. There were no seasoning packets available on the tray. RESIDENT 2Resident 2 was admitted to the facility on [DATE]. An admission MDS, dated [DATE], showed Resident 2 was cognitively intact.On 02/20/2026 at 12:40 PM, the lunch cart for Hall C was brought. At 12:55 PM, trays had been passed and the lunch cart was left in the hall by the nursing staff. Resident 2 had not received their lunch tray. At 1:00 PM, Staff B, Certified Nursing Assistant, was asked why Resident 2 had not received a lunch tray. Staff B went to the cart, found the lunch tray, and delivered it to Resident 2.On 02/20/2026 at 1:10 PM, Resident 2 was observed with an untouched lunch tray in front of them. When asked why they had not eaten, Resident 2 said the food had been cold and terrible since they got there. Resident 2 stated, Breakfast has been a glob of eggs and some type of muffin that I can't even swallow. They brought me two bowls of dried cereal without any milk.RESIDENT 3Resident 3 was admitted to the facility on [DATE]. A quarterly MDS, dated [DATE], showed Resident 3 was cognitively intact.On 02/20/2026 at 1:32 PM, Resident 3 said the food at the facility was terrible. Resident 3 said it had been getting better a few months ago, but that it was declining in quality, consistency, and flavor. Resident 3 said the facility used too many liquid eggs for meals, including dinners.On 02/20/2026 at 4:00 PM, Staff A, Registered Nutritionist/Kitchen Manager, said they were unaware of the complaints regarding food. Staff A said they addressed food complaints at the food council meeting. When asked how residents would voice their opinion if they could not attend a meeting, Staff A said they would rely on floor staff to deliver the message. When asked if they were aware of the weight losses, Staff A said they were, that they addressed concerns every day at stand up. When asked if food quality, including appearance and taste, could affect weight, Staff A said they could.On 02/20/2026 at 4:10 PM, Staff A, Administrator, said they had been under the impression that (continued on next page)

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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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	the food quality was getting better. Staff A said the managers would be making more of an effort to taste the food and to make rounds after meals to ascertain resident satisfaction.Reference WAC 388-97-1100(1)(2)

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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 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure altered consistency liquids were provided and consistent with resident's orders for 2 of 3 residents (Resident 2 and Resident 4) reviewed for hydration. This failure placed residents as risk for dehydration, aspiration (inhalation of foods or liquids into the airways), and a decreased quality of life. Findings included .RESIDENT 2Resident 2 was admitted to the facility on [DATE] with post-stroke (blood supply to a part of the brain is blocked) swallowing difficulties. An admission Minimum Data Set (MDS, an assessment tool) dated 02/10/2026, showed Resident 2 was cognitively intact.On 02/20/2026 at 1:10PM, Resident 2 was observed with an untouched lunch tray in front of them. Resident 2 had chapped lips and dry facial skin. There were no fluids on the tray. When asked why they had not eaten, Resident 2 said the food had been cold and terrible since they got there. Resident 2 stated, Breakfast has been a glob of eggs and some type of muffin that I can't even swallow. For 2 mornings they have brought me 2 bowls of dried cereal without any milk.On 02/20/2026 at 1:15PM, Staff B, Certified Nursing Aid, was asked why Resident 2 did not have any fluids. Staff B went to Resident 2's room and looked at the diet slip on the tray. They stated, The diet slip says no drinks on the tray. When asked what that means, Staff B said it must mean Resident 2 needed an altered liquid texture and that they would have to ask the nurse. On 02/20/2026 at 1:20PM, Staff C, Licensed Practical Nurse, was asked by Staff D about liquids for Resident 2. Staff C consulted the orders in the computer and said Resident 2 needed to have Level 2 (nectar thickened liquids). Staff C went to the locked nourishment/snack room, removed a carton of nectar thick juice from the shelf, poured a glass, and handed it to Staff B to give to Resident 2. No other Level 2 beverages were seen in the refrigerator where they would have been placed after opening. When asked how the aides would know what type of liquid to give a resident, Staff C said they would need to ask the nurse. RESIDENT 4Resident 4 admitted to the facility on [DATE] with post-stroke swallowing difficulties. The admission MDS showed Resident 4 was cognitively intact. Review of a dietary order, dated 02/16/2026, showed Resident 4 was to receive Level 2 liquids. On 02/20/2026 at 12:30PM, Resident 4's tray was delivered to their room. The diet slip on the tray had nothing written about liquid textures. There were two containers of normal consistency juices on the tray. On 02/20/2026 at 1:50PM, Resident 4 was observed in bed with a container of normal consistency cranberry juice. When asked about the juice, Resident 4 said the aides bring him the containers of juice when he asks. Resident 4 said they hated the nectar thickened fluids, especially the water, but knew they were not getting enough fluids. On 02/20/2026 at 4:00PM, Staff A, Registered Dietician/Kitchen Manager, said all residents should be receiving enough fluid, and of the correct consistency. Staff A said residents with altered fluid consistency should be monitored for compliance and hydration. Staff A said there should be a quick reference system to communicate to floor staff what resident's fluid consistency needs are. Reference WAC 388-97-1060(3)(i)