

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 03/20/2026
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure discharge planning included involvement of community agencies and medication management for 2 of 3 Residents reviewed for discharge planning. This failure placed residents at risk for unmet care needs, psychological distress, re-hospitalization, and a decreased quality of life.Finding included.A facility Discharge Policy, revised 12/16/2026, did not address the before discharge needs of the following: medication ordering, medication management teaching, the coordination of home care services, and/or equipment needs. It did not have guidance that would ensure follow-up appointments in the community were made before leaving the facility.Resident 1Resident 1 admitted to the facility on [DATE] with diagnosis of diabetes and dementia. A quarterly Minimum Data Set (MDS), an assessment tool, dated 01/29/2026, showed Resident 1 was cognitively intact. Resident 1 was discharged home on [DATE].A Social Services progress note written by Staff C, Social Services Director (SSD), dated 02/06/2026, documented, The resident was safely discharged from [facility] with all their belongings back home.A Discharge Plan of Care form, dated and signed by Staff C on 02/06/2026, documented Resident 1 needed assistance with bathing, toileting, and dressing to be provided by family and personal caregivers. There was no documentation about medication teaching or about follow-up appointments that had been made.On 03/12/2026 at 4:09 PM, CC1, Case Manager for Home and Community Services (CM for HCS), said Resident 1 was a client and that they provided caregivers in the home. CC1 said they were not notified that Resident 1 was discharging so caregivers couldn't be scheduled. CC1 said the family called them with questions about sliding scale insulin administration as they had not received training from facility nurses before discharge.Resident 2Resident 2 admitted to the facility on [DATE] with diagnosis of unspecified cognitive impairment, adult failure to thrive and need for assistance with personal care. The admission MDS, dated [DATE], showed Resident 2 was moderately cognitively impaired. Resident 2 discharged home on [DATE].Review of a hospital Case Management note, dated 12/31/2026, prior to Resident 2's initial admission to the facility showed concerns about Resident 2's safety at home and Resident 2's family's (who also resided in the home) ability to care for the resident.A Social Services Progress note written by Staff C, dated 02/13/2026, documented, The resident was safely discharged from [facility] with all their belongings back home.A Discharge Plan of Care form, dated and signed by Staff C on 02/13/2026, documented Resident 2 was cognitively intact and needed assistance for most Activities of Daily Living (ADLs) that the family would be providing. In home care was not ordered, medication refills were not sent to any pharmacy, and a follow up appointment with the primary physician was not made.Review of a Medical Doctor/Nurse Practitioner progress note, dated 02/26/2026, showed Resident 2 was readmitted to the facility on [DATE] as they were, not receiving care and had to return to the hospital before returning to the facility. It said Resident 2 ran out of medications about a week after being back home.On 03/12/2026 at 4:09 PM, CC1, CM for HCS, said they had not been notified that Resident 2 was discharging. CC1 indicated although Resident 2 was not a client yet, based on identified concerns, involvement would have been expected upon referral.On 03/17/2026 at 1:55PM, Staff C, (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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Social Services Director, said they thought they had contacted CC1, CM for HCS, for both Resident 1 and Resident 2. Staff C said they had tried to set up Home Health services for Resident 2 but did not start the process until the day of discharge. Staff C said they did not know anything about medication re-ordering or teaching for discharges. Staff C said they did not typically make follow-up appointments. On 03/12/2026 at 4:30PM, Staff B, Director of Nursing Services, said they were not aware of the lack of coordination related to discharges. Staff B said they would be evaluating the entire discharge process and creating new policies and procedures. Staff B said neither Resident 1 nor Resident 2 had safe discharges. On 03/12/2026 at 4:50PM, Staff A, Administrator, said several changes needed to be made to the discharge process. Reference WAC 388-97-0800</p>		