

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 04/06/2026
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to have sufficient staff to provide and supervise care for their residents as evidenced by information from 3 resident interviews (Resident 1, Resident 2, and Resident 3) and 3 staff interviews. The facility had insufficient staff to ensure residents received adequate assistance for their Activities of Daily Living (ADLs). This failure placed residents at risk for unmet care needs and a diminished quality of life. Findings included. Resident 1 was admitted to the facility on [DATE]. The quarterly Minimum Data Set (MDS), an assessment tool, showed Resident 1 was cognitively intact and needed partial to moderate assistance with ADLs. Resident 1 had an indwelling foley catheter (a tube in the bladder to drain urine). On 04/06/2026 at 1:15 PM, Resident 1 was observed with a full urine bag hanging on the side of the bed. Resident 1 said they were concerned about getting a urinary tract infection due to the bag being full most of the time. Resident 1 said they hadn't seen an aide all day, except to drop off their lunch tray. Resident 2 was admitted to the facility on [DATE]. The quarterly MDS dated [DATE] showed Resident 2 was cognitively intact and needed minimum assistance with ADLs. On 04/06/2026 at 1:33 PM, Resident 2 said there was a noticeable decrease in the number of aides and nurses in the last couple of weeks since the interim Administrator had arrived. Resident 2 said they would often have to leave their room to find help as no one answered the call light. Resident 2 said they were concerned for other residents who needed a lot of help. Resident 3 was admitted to the facility on [DATE] with a diagnosis of paraplegia (loss of sensation and function to the lower body). The annual MDS showed Resident 3 was cognitively intact and needed substantial assistance for some of their ADLs. Resident 3 had a colostomy (allows stool to pass into a bag outside of the body). On 04/06/2026 at 1:45 PM, Resident 3 said they had a care plan to be out of bed by 9AM. Resident 3 said they were lucky if they were out of bed by lunch. Resident 3 said it takes 2 aides to use the Hoyer (mechanical) lift to get them out of bed, and they were repeatedly being told by aides that another aide could not be found to help. Resident 3 said they emptied their own colostomy and would frequently throw the feces filled bag onto the floor because no one would come to get it. On 04/06/2026 at 2:05 PM, Staff C, Certified Nursing Aide (CNA), was asked why Resident 1's urine bag was so full. Staff C said they were the only aide on the unit. Staff C said there had been a change to the staffing ratios, that agency staff were no longer being used, and that double shifts and overtime had been cut. Staff C said they did not have time to complete all the ADL tasks assigned to them. On 04/06/2026 at 2:10 PM, Staff E, CNA, became tearful and said they were trying to care for 16 residents. Staff E said there was no way showers could be completed. When asked if there was a shower aide, Staff E said there was not. On 04/06/2026 at 2:15 PM, Staff D, CNA, said they had been an aide for over three years at the facility, and the staffing was the worst they had ever seen it. Staff D said getting residents up and changed was about all they could do. Staff D said many of the required care tasks would not be completed. Staff D said they could not take breaks or take a lunch. On 04/07/2026 at 10:00 AM, Staff B, Staffing Coordinator, said about three weeks prior, they had been instructed by the interim Administrator to reduce day shift aides from 13 to 7, evening shift from 11 to 7, and night shift from 7 to 4. Staff B said the facility had two residents (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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>who required 1:1 supervision for all shifts. Staff B said the expectation was that the aides working the floor would take turns. The interim Administrator was not available for interview. On 04/06/2026 at 4:00 PM, Staff A, Regional Nurse, said they were not aware of the staffing cuts and that the numbers were not acceptable. Staff A said they would immediately reinstate the previous staffing numbers. Staff A said they would also be hiring shower aides. Reference WAC 388-97-1080(1)</p>		