

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/22/2026
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)		
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure medication was available and provided for 1 of 3 residents (Resident 1) reviewed for significant medication errors. This failure placed residents at risk for inaccurate lab values, rehospitalization, and a diminished quality of life. Findings included. Resident 1 admitted to the facility on [DATE] with a history of complicated diagnosis to include heart and kidney transplants in 2022. The kidney transplant failed in 2025 which required Resident 1 to restart dialysis (process of removing blood, cleaning it, and removing extra fluid when the kidneys fail). The recent hospitalization and admission to the facility was due to upper extremity edema (swelling). The admission Minimum Data Set, an assessment tool, dated 06/05/2026, showed Resident 1 was cognitively intact. The hospital discharge medications list, dated 05/31/2026, showed Resident 1 had the following orders: Cyclosporine (immunosuppressant used to prevent organ transplant rejection, requires strict blood level monitoring) 75mg in the morning and 50mg at night. Sirolimus (immunosuppressant used to prevent organ transplant rejection, requires strict blood level monitoring) 0.5mg every other day, 4 hours after Cyclosporine. Prednisone (immunosuppressant used to prevent organ transplant rejection) 5mg daily. Review of the hospital administration record, dated 05/31/2026, showed Resident 1 had received 75mg of Cyclosporine the morning before discharge. A facility provider documented in a note, dated 06/01/2026, that Resident 1 had told them the hospital had stopped the Cyclosporine due to concerns over kidney function. The provider note acknowledged Resident 1 had a specific cardiac transplant team but did not document there had been any correspondence with them about medications. Review of the June 2026 Medication Administration Record (MAR) showed the medication Cyclosporine was not started until 06/09/2026. Review of the May 2026 and June 2026 MAR showed Sirolimus was not given until 06/12/2026 for a total of 6 missed doses. Review of the June 2026 MAR showed Prednisone 5mg was given until 06/11/2026 when the medication was increased to 40mg for 3 days and then was tapered back down with the last dose of 10mg being given on 06/19/2026. The 5mg dose was not resumed until 06/30/2026. On 07/22/2026 at 3:15PM, Staff A, Director of Nursing Services, said there had been issues with the pharmacy in obtaining medications. Staff A said communication with the heart transplant team about medications had been lacking. Staff A said they did not communicate with the cardiac transplant team until 06/30/2026 about the Prednisone. Reference WAC 388-97-1060(3)(k)(iii)		

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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