STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505264	A. Building B. Wing	05/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avamere at Pacific Ridge	3625 East B Street Tacoma, WA 98404

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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36854 Based on interview and record review, the facility failed to develop a discharge plan that addressed all of the needs for a resident being discharged for 1 of 3 sample residents (Resident 1) reviewed for discharge process. This failure allowed a discharge plan to be implemented that did not address Resident 1's need for a CPAP (Continuous Positive Air Pressure device, a breathing therapy device that delivers air to a mask to ensure consistent breathing), and a shower chair and placed residents at risk of unsafe discharges. Findings included The facility policy, dated 09/2002, Discharge Planning Skilled Nursing Facility, noted that, when discharge from the facility was anticipated, Social Services staff would to interview the resident, responsible party, caregiver, and appropriate interdisciplinary team members to discern discharge needs such as equipment, supplies, etc. and then would arrange or assist in arranging for the services and make notifications of services arranged. The policy also noted that the Resident Care Manager (RCM) or charge nurse would notify the physician of the anticipated discharge and any home health, supply, or equipment needs to obtain appropriate discharge orders. Resident 1 was admitted to the facility on [DATE], with diagnoses to include sleep apnea (a condition that affects breathing while asleep). The resident's comprehensive assessment dated [DATE] showed the resident was cognitively intact and required moderate assistance of one staff member for activities of daily living. Review of Resident 1's admission orders showed that Resident 1 used a CPAP device and included the settings to be used on the CPAP device while the resident was in the facility. Review of Resident 1's record showed an order dated 04/21/2025 at 8:03 PM, that called for oxygen to be used by nasal cannula (tubing), as needed, for low oxygen saturation levels of below 90%, and to be discontinued when the resident's CPAP device arrived at the facility. Review of Resident 1's Treatment Administration Orders for April and May 2025 included an order, dated 04/28/2025 at 9:52 PM, for the resident's CPAP to be used at bedtime related to obstructive sleep apnea. (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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident 1's record documented that Resident 1 used the CPAP nightly from 04/28/2025 until the resident discharged on [DATE]. Review of Resident 1's record showed Resident 1 had a planned discharge to an Adult Family Home on 05/05/2025. Review of the Discharge Summary and Plan dated 05/07/2025, did not discuss Resident 1's need for and use of the CPAP and shower chair and were not ordered. On 05/14/2025 at 8:13 AM, a Collateral Contact (CC-1) said the facility was supposed to make arrangements for a CPAP and a shower chair before Resident 1 discharged . CC-1 said they found out that no arrangements had been made and the resident had been discharged without a CPAP or a shower chair. On 05/14/2025 at 12:35 PM, Staff C, a Licensed Nurse and the Resident Care Manager (RCM) for Resident 1, said the facility social worker ordered the durable medical equipment for residents who discharged . Staff C said they did not know if the vendor did not have it or if it was on back order. Staff C said they saw emails that the CPAP and the shower chair did not go with the resident. Staff C did not know what had happened with that, and indicated Surveyor would have to talk to Social Services staff. On 05/14/2025 at 1:55 PM, Staff D, Social Services Director, said Social Services usually ordered the equipment that was identified as needed and that the order for the shower chair had just been missed. Staff D said they thought Nursing had ordered the CPAP, the resident needed it, and did not know why one had not arrived. Staff D said they were taking care of it and had met with Resident 1's provider and were getting it ordered. On 05/14/2025 at 2:25 PM, when asked, Staff B said the expectation is that residents should have everything they need in place, including medical equipment, when they discharged . On 05/14/2025 at 2:30 PM, Staff A, the facility Administrator, said facility staff had been reviewing processes for improvement. Reference WAC 388-97-0080 .