STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505270	A. Building B. Wing	03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avamere Rehabilitation at Park West	1703 California Avenue Southwest Seattle, WA 98116

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interview and record review the facility failed to develop and implement an effective system of communication and provision of the medical records upon transfer (expected to return) or discharge (not expected to return) of a resident to the hospital for emergency care for 2 of 2 residents (Resident 1 & 2) reviewed for hospitalization. The failure to provide required information to the receiving provider, the resident, and/or the resident representative and document the required elements in the resident's record placed residents at risk for complications in continued care, unidentified medical needs, violation of resident rights, and diminished quality of care. Findings included.<Facility Policy>A 07/2025 facility policy named Transfer or Discharge, Emergency Acute Care showed residents transferred to an acute setting for emergency treatment were provided with a notice of transfer as soon as practicable. The notice could alternately be provided to a resident representative. The transfer notice would meet all requirements for content and timing. A 06/2025 facility policy named Transfer or Discharge, Information for Receiving Provider showed when a resident was transferred, specific information about the resident would be conveyed to the receiving provider to reduce the risk of complications and adverse events during the resident's transition to a new setting. Information conveyed to the receiving provider included: contact information for practitioners; resident representative contact information; advanced directives; instructions or precautions for ongoing care (treatments, devices, infection isolation, special risks of the resident); care plan; resident current status and baseline function; diagnoses and allergies; medications; diagnostic tests; and a discharge summary.Review of the State Agency Nursing Home Transfer or Discharge Notice, DSHS 10-237 (Rev. 11/2025) showed the written notice of transfer or discharge, and the reasons for the move must be provided to the residents and their representative(s) in a language and manner they understand as soon as practicable. The notice contained contact information for the residents, representative, facility, date and location of transfer or discharge, reason for discharge, appeal rights, state ombudsman program information, and signature of the administrator or designee, and date. Review of an (undated) facility checklist for transfers to the hospital, directed staff to notify the attending physician, administrator, director of nursing, resident representative, and complete a hospital transfer form. The policy directed staff to notify and prepare the residents and their representative(s) for the emergency transfer, complete and provide a state agency transfer and discharge notice, and the facility's bed hold policy. The checklist provided a list of documents to send with the resident to the receiving provider. The checklist directed the staff to document required elements in the resident's medical record. <Resident 1>Review of the 01/19/2025 admission Minimum Data Set (MDS, an assessment tool) showed Resident 1 had impaired hearing, vision loss, and cognitive impairment. The MDS showed Resident 1 was admitted to the facility for acute kidney failure, history of kidney transplant, pressure ulcers, and multiple other complex diagnoses. The MDS showed Resident 1 required staff assistance for all personal care and mobility needs. Review of the 11/13/2025 Comprehensive Care Plan (CP) showed Resident 1 had an advanced directive listing a specific resident representative. The CP showed Resident 1 had an infection on their foot requiring mid-line intravenous (IV) antibiotics (administered through a tube in the chest directly into the bloodstream) (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505270	A. Building B. Wing	03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avamere Rehabilitation at Park West	1703 California Avenue Southwest Seattle, WA 98116

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	and specific information about the infection and care provided by the staff for the infected pressure ulcer and mid-line IV site maintenance. Review of the 02/2026 Medication Administration Record (MAR) and Treatment Administration Record (TAR) showed a list of all Resident 1's medications with administration instructions, including instructions for a specific IV medication. The MAR showed Resident 1 required specific isolation for their infection. The TAR showed specific directions for the care of Resident 1's multiple pressure ulcers with special supplies required and frequency of dressing changes to each ulcer.Review of the 02/03/2026 1:15 PM progress notes showed Resident 1 was evaluated by the physician and determined a transfer to the hospital was necessary. The note showed Resident 1 was transferred by ambulance and no bed hold was desired at the time of transfer. The progress note did not show any further information. In an interview on 03/09/2026 at 11:58 AM, a Collateral Contact (Hospitalist) stated Resident 1 was sent to the Emergency Department (ED) on 02/03/2026. The contact stated the ED physician reported no paperwork was sent with Resident 1 and they tried multiple times to call the facility to obtain a medication list and status report on Resident 1 and were unable to reach a staff person. Collateral Contact stated the facility did not notify the hospital of the reason for the mid-line IV or that Resident 1 had a severe infected wound on their foot that required immediate attention. The Collateral Contact stated the hospital pharmacist investigated and contacted the facility pharmacy to obtain the medication list and IV medication information, which was unacceptable and the information should have been sent with Resident 1, so care was not delayed.In an interview on 03/09/2026 at 2:55 PM, Staff A (Administrator) stated when staff sends a resident to the hospital, the facility discharge checklist should be followed to ensure all required communication and documents were provided to the hospital, residents, and their representatives. Staff A stated the nurse was expected to call the hospital to inform them of the resident transfer and provide a resident status report. Staff A stated the checklist was updated recently and staff were trained and expected to use the checklist when sending residents to the hospital. In an interview on 03/09/2026 at 3:05 PM, Staff C (Licensed Practical Nurse) stated they were assigned to Resident 1 on 02/03/2026 when the resident had a change of condition. Staff C stated the physician evaluated and directed Staff C to send Resident 1 to the ED. Staff C stated they called the representative and arranged for transportation. Staff C stated they sent a face sheet and lab results with Resident 1 to the ED. Staff C stated they did not contact the hospital ED, did not send a hospital transfer sheet, did not complete or provide the state agency transfer and discharge notice or the bed hold notice to the resident or the representative. Staff C looked at Resident 1's progress notes in the medical record and stated there should be more information written about Resident 1's change of condition and notification of the representative. Staff C stated they obtained a packet from the nursing station files which contained the checklist, state agency transfer and discharge notice and the bed hold form but did not use the checklist when transferring Resident 1 and did not complete all the required items on the checklist. Staff C stated they did not call the hospital to report on Resident 1's medical status which would ensure a safe transfer of Resident 1's care. Staff C stated they completed the hospital transfer form after Resident 1 left the facility and did not send the hospital transfer form to the hospital ED with Resident 1. Staff C reviewed the discharge checklist and stated the hospital transfer form, MAR, care plan, diagnostic results, advanced directives, and change of condition form, should have been sent but were not provided to the hospital.<Resident 2>Review of a 01/18/2026 admission MDS showed Resident 2 had cognitive loss, back surgery, bone infection, kidney failure with required dialysis, and multiple pressure ulcers. The MDS showed Resident 2 required staff assistance for all personal care and mobility needs.Review of the 01/18/2026 Comprehensive CP showed Resident 2 required a specialty mattress for their pressure ulcers, was at high risk for falls, had specific behaviors related to their mental conditions with behavior interventions, and required monitoring of medications. The CP showed Resident 2 had an infection, was on IV antibiotics, and required specific isolation precautions. Review of the 03/2026 MAR showed Resident 2's routine medication with dose and time administration instructions, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505270	A. Building B. Wing	03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avamere Rehabilitation at Park West	1703 California Avenue Southwest Seattle, WA 98116

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	including specific IV medication administration instructions. The MAR showed Resident 2 required a special air mattress for pressure ulcer treatment and specific isolation required for an infection. The TAR showed specific directions for the care of Resident 2's multiple pressure ulcers with special supplies required and frequency of dressing changes to each ulcer. Review of the 03/07/2026 6:30 PM progress note showed Resident 2 was sent to the hospital via ambulance for a change in condition, had multiple diagnostic tests with results noted, vital signs, contact with the on-call physician with direction to send Resident 2 to the ED.In an interview on 03/09/2026 at 3:05 PM, Staff C reviewed Resident 2's record and stated they did not use the discharge checklist when sending Resident 2 to the ED. Staff C stated they only sent the face sheet and copies of the lab results with the resident to the hospital. Staff C stated they did not send a hospital transfer form because they completed it after Resident 2 left the facility. Staff C stated they did not provide the state agency transfer and discharge notice or the bed hold form to Resident 2 or their representative. Staff C stated they did not but should have used the discharge checklist to complete Resident 2's discharge and should have sent the required information to the hospital.In an interview on 03/09/2026 at 3:10 PM, Staff B (Resident Care Manager) stated nurses should follow the facility discharge checklist, complete the state agency transfer and discharge notice and the bed hold form when a resident was sent to the hospital. Staff B stated the checklist showed all documents that must be sent with the resident to the hospital and the nurse was required to call and provide a report of the resident to the ED. Staff B stated there was recent training for nurses by the Director of Nursing and the discharge packets were available to all nurses. In an interview on 03/12/2026 at 11:04 AM, Staff A stated facility staff did not follow facility policy and failed practice was identified in their system for discharging residents to the hospital. Staff A stated they expected nursing staff to complete the hospital transfer form, call the hospital to provide resident status information, complete all documentation, and send all required documents to the hospital for continued care of the residents. Staff A stated the state agency transfer and discharge notice, and the bed hold form should be completed and provided to the residents or their representative as soon as practicable, then entered into the medical record. REFERENCE: WAC 388-97-0120(1)(2) (a-d) (3)(a)(4)(b)(5), -0080(6)(7)(a-c, -0140(1)(a)-(c)(i)-(iii).