

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505272	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2026
NAME OF PROVIDER OR SUPPLIER Life Care Center of Mount Vernon		STREET ADDRESS, CITY, STATE, ZIP CODE 2120 East Division Street Mount Vernon, WA 98273	
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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to coordinate and ensure home health services were established prior to discharge for 2 of 3 sample residents (Residents 1 and 2) reviewed for discharge planning. This failure resulted in delays of necessary clinical services, placed residents at risk for unmet care needs, psychological distress and decreased quality of life. Findings included . Review of the facility policy titled, Discharge Summary, revised date 02/17/2026, documented a post-discharge plan of care should reflect arrangements made for community care and support services as needed. <RESIDENT 1>Resident 1 was admitted to the facility on [DATE] and discharged on 03/03/2026 with diagnoses to include aftercare following joint replacement surgery. According to the Minimum Data Set (MDS-an assessment tool) assessment, dated 03/03/2026, Resident 1 was cognitively intact. In a phone interview on 03/25/2026 at 10:02 AM, conducted by another surveyor, Resident 1 stated that they were supposed to receive home health services upon discharge; however, they were not admitted to home health services until 03/13/2026 and were not seen for services until 03/18/2026 (15 days post-discharge). Resident 1 stated they were told that the home health agent did not receive a referral from the facility. In a phone interview on 03/25/2026 at 3:51 PM, conducted by another surveyor, Collateral Contact 1 (CC1), Director of Clinical Services, stated Resident 1 called them on 03/05/2026 requesting services, but the agency had no referral on file. CC 1 stated they contacted the facility on 03/05/2026 but did not receive the referral until 03/10/2026 and initiated the resident's care on 03/13/2026. CC 1 further stated the facility claimed the delay occurred because the resident had not yet selected which home health agent they preferred. Review of a progress note dated 03/03/2026 at 4:33 PM, documented Resident 1 required a wound vac (a therapeutic technique using a vacuum pump, foam dressing, and seal to enhance healing for complex wounds) and was to be discharged with Alpha Home Health. Review of a facility form titled, Discharge Plan, dated 03/03/2026, documented Resident 1 chose Alpha Home Health for services. Review of a physician order dated 03/03/2026 at 3:25 PM, documented a referral for Alpha Home Health Services to include RN (Registered Nurse), SW (Social Worker) PT (Physical Therapist)/OT (Occupational Therapist)/ST (Speech Therapist) and Bath Aid. Review of the electronic health record (EHR), there was no documentation that the facility sent the referral, that the agency received the referral, or that the resident had been accepted by the agency. In a record review and interview on 04/07/2026 at 1:29 PM, Staff C, Social Services Director, confirmed there was no documentation for a sent referral. Staff C stated the facility received an email confirmation of acceptance from Alpha Home Health on 03/10/2026 (7 days post-discharge). Staff C stated home health services should be confirmed prior to or upon discharge and were unsure why the process failed. In an interview on 04/09/2026 at 9:36 AM, CC2, Transitional Care Coordinator, stated that they were unaware Resident 1 had been discharged with their home health services until the resident called them on 03/05/2026. CC2 stated they started to contact the facility on 03/05/2026 and only accepted the resident on 03/10/2026 after receiving all the required information from the facility. <RESIDENT 2>Resident 2 was admitted to the facility on [DATE] and discharged on 04/04/2026. According to the MDS, dated [DATE], Resident 2 was (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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>cognitively intact. In a phone interview on 04/09/2026 at 9:41 AM, Resident 2 stated they had not received a visit or phone call from home health since their discharge on [DATE]. Resident 2 stated they were taking care of their own wound care. In a phone interview on 04/09/2026 at 2:02 PM, CC2 confirmed Resident 2 was not on their caseload, and they did not receive a referral for home health services from the facility. Review of the Discharge summary dated [DATE], documented Resident 2 was discharged with a right buttock wound requiring care and was to be followed by Alpha Home Health. Review of an Alpha Home Health Initial Order Form, signed by a Nurse Practitioner on 04/03/2026, documented Resident 2 needed Alpha Home Health Services to include RN evaluation and treatment, Medical Social Worker, and PT /OT/ST evaluation and treatment. Review of a facility form titled, Discharge Plan, dated 04/04/2026, documented Resident 2 chose Alpha Home Health for home health services. Review of Resident 2's EHR showed no documentation that the referral was sent or that the resident was accepted by the home health agency. In a record review and interview on 04/09/2026 at 12:34 PM, Staff D, Social Service Assistant, stated they could not locate documentation that the referral was sent to or received by Alpha Home Health or if Resident 2 was accepted by the home health agency. In an email interview initiated on 04/13/2026 at 7:30 AM, CC1 confirmed they did not receive Resident 2's referral until 04/09/2026 (5 days post-discharge). In an interview on 04/09/2026 at 2:16 PM, Staff A, Executive Director, and Staff B, Director of Nursing, stated the expectation was to establish home health and receive confirmation of acceptance before or upon discharge. Staff A stated that even for urgent weekend discharges, confirmation should be obtained no later than the following Monday. Reference WAC 388-97-0080(1)(b)(i)(2)(a)(e)(ii)(iv)(6)</p>		