STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505280	A. Building B. Wing	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renton Health & Rehabilitation	80 Southwest Second Street Renton, WA 98057

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to maintain a homelike environment for 3 of 4 units (Unit B, Unit, C, & Unit D) reviewed for environment. The failure to ensure walls, flooring, and windows were in good repair left residents at risk of an unsafe environment, and a less than homelike environment.Findings included.<Policy>According to the facility policy titled, Safe and Homelike Environment, dated 12/2025, the facility would maintain a safe, sanitary, orderly, and comfortable homelike environment.<Unit B> Observation on 01/06/2026 at 10:09 AM showed gouges on the wall at the head of bed 1 in room [ROOM NUMBER]. Observation on 01/06/2026 at 9:02 AM showed the entrance tiles were broken and the baseboards were dirty and broken in room [ROOM NUMBER]. <Unit C> Observation on 01/06/2026 at 10:21 AM showed white paint patches on the wall behind the head of bed 2 in Room . Observation on 01/06/2026 at 11:00 AM showed some of the window blind slats were bent and missing in room [ROOM NUMBER]. Observation on 01/06/2026 at 11:17 AM showed the privacy curtain was missing for bed 2 in room [ROOM NUMBER]. The observation showed the resident in bed 2 used supplemental oxygen and their oxygen concentrator was dirty with dust and stains. <Unit D> Observation on 01/06/2026 at 9:00 AM showed large, black gouges in the hallway flooring outside of room [ROOM NUMBER]. Observation on 01/06/2026 at 1:43 PM showed scrapes along the wall behind the head of bed 1 in room [ROOM NUMBER]. Observation on 01/07/2026 at 11:06 AM showed some of the blind slats in room [ROOM NUMBER] were bent and missing. The resident in bed 2 stated the blinds were broken for a while. Observations on 01/06/2026 at 12:32 PM and on 01/12/2026 at 9:00 AM showed a plastic bag was (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	tied to a string to turn the light on in room [ROOM NUMBER] at the resident in bed 2's bedside. In an interview on 01/13/2026 at 9:00 AM, Staff C (Maintenance supervisor) confirmed these findings in the facility walkthrough and stated residents should have a homelike environment. In an interview on 01/13/2026 at 9:23 AM, Staff B (Director of Nursing) stated their expectation was for residents to have a homelike environment. Staff B stated the damaged walls, blinds, and flooring should be fixed. REFERENCE: WAC 388-97-0880, -2040.

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview, and record review the facility failed to provide care in a manner that promoted dignity for 2 (Residents 11 & 2) of 18 sample residents. The failure to provide privacy during assessment and treatment placed residents at risk for feelings of diminished self-worth and embarrassment. Findings included . <Facility Policy>Review of the facility's revised 12/2025 Promoting/Maintaining Resident Dignity policy showed the facility would treat each resident with respect and dignity. The policy showed all staff members would speak respectfully to residents and avoid discussions about residents that could be overheard by others. Staff involved in providing care would provide do so in a manner that promoted and maintained resident privacy and dignity.<Treatment in a Dignified Manner> <Resident 11> According to the 10/29/2025 5-Day Minimum Data Set (MDS - an assessment tool), Resident 11 had multiple medical conditions including stroke (a medical condition occurring when blood flow to the part of the brain was interrupted) with left side weakness, pain, and depression. This MDS showed Resident 11 had intact memory and made their own decisions Observation on 01/06/2026 at 11:52 AM showed Resident 11 was sitting in the dining room with three other residents at the same table, waiting for their lunch. Staff I (Nurse Practitioner) came to Resident 11 in the dining room and started talking about Resident 11's pain. Staff I started giving Resident 11 an injection in the dining room before another staff member stopped Staff I from administering the injection in the dining room. <Resident 2> According to the 11/13/2025 5 Day MDS, Resident 2 had multiple medical conditions including a hip fracture and pain. This MDS showed Resident 2 had intact memory and made their own decisions. Observation on 01/06/2026 at 12:06 PM showed Resident 2 was in the dining room with other residents during lunch time. Staff I started assessing Resident 2 in the dining room, talking about their pain and treatment in front of other residents and staff members. In an interview on 01/06/2026 at 12:29 PM, Staff I stated they should not assess and/or treat residents in public places. Staff I stated they should provide privacy to residents during assessment and treatment. In an interview on 01/09/2026 at 11:49 AM, Staff B (Director of Nursing) stated all residents should be treated in a dignified manner. Staff B stated the facility staff should not assess, treat, or provide care in the dining room. Staff should provide privacy to residents, but they did not. REFERENCE: WAC 388-97-0180(1-4).

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on observation, interview, and record review the facility failed to ensure person-centered Care Plans (CPs) were revised as needed to address all aspects of resident care for 4 of 18 residents (Residents 4, 5, 6, & 7) reviewed for comprehensive CPs. These failures placed residents at risk for inconsistent and/or inadequate care and treatment and a diminished quality of care.Findings included.<Policy>According to the facility policy titled, Comprehensive Care Plans, dated 12/20/2025, the facility would ensure care and treatments provided to residents would be included in the CP.<Resident 4> According to the 11/24/2025 Annual Minimum Data Set (MDS - an assessment tool) Resident 4 had clear speech and was able to make themselves understood. Resident 4 had multiple medically complex conditions including heart problems and high blood sugar. The MDS showed Resident 4 received blood thinner medications during the assessment period. Observations on 01/06/2026 at 1:41 PM, on 01/07/2026 at 10:46 AM, 01/08/2026 at 9:22 AM, and on 01/12/2026 at 8:11 AM showed Resident 4 had multiple, scattered purple-colored bruises to their left arm. Review of the revised 12/01/2025 Anticoagulation therapy CP showed Resident 4 received blood thinner medication and instructed staff to monitor Resident 4 for bruising and bleeding and notify the provider for new bruises or bleeding. Review of Resident 4's comprehensive record on 01/10/2026 showed no documentation Resident 4 had multiple bruises on left arm. In an interview on 01/12/2026 at 8:20 AM, Resident 4 stated they did not know how they got the bruises on their arms. In an interview on 01/12/2026 at 9:16 AM, Staff D (Registered Nurse (RN) Manager) observed Resident 4's arms and stated staff should assess Resident 4's skin, notify the provider, document in Resident 4's record to monitor the bruises for worsening, and follow the CP. Staff D Reviewed Resident 4's record and stated staff should update Resident 4's CP to include the new bruising, but they did not. Staff D stated it was important to update the CPs to provide directions to staff for managing the resident's current health issues as required. <Resident 5> According to the 10/15/2025 Quarterly MDS, Resident 5 had multiple medically complex conditions including a stroke (a medical condition occurring when blood flow to the brain was interrupted) with the left-sided weakness and a left hand contracture (tightening of muscles or other tissues causing joints to become very stiff). Review of the 08/05/2025 Stroke CP showed interventions directing staff to monitor Resident 5's abilities for daily activities and provide assistance as needed. The CP did not have directions or interventions showing how to manage the left-hand contracture. Observations on 01/06/2026 at 11:02 AM, on 01/07/2026 at 9:01 AM, on 01/08/2026 at 10:02 AM, and (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	on 01/09/2026 at 11:14 AM showed Resident 5 lying in their bed with their left hand contracted. Resident 5 stated they had a stroke in 2022 resulting in weakness to the left side of their body and a contracture to their left hand. In an interview on 01/09/2026 at 12:32 PM, Staff M (RN Manager) stated Resident 5 had left side weakness and a left-hand contracture. Staff M Reviewed Resident 5's record and stated they did not update Resident 5's CP to reflect the left-hand contracture. In an interview on 01/12/2025 at 11:00 AM, Staff B (Director of Nursing) stated staff should have assessed Resident 5's left hand contracture and updated the CP with interventions to prevent further damage, but did not. <Resident 6> According to the 12/15/2025 Quarterly MDS, Resident 6 had diagnoses including a traumatic brain injury and difficulty swallowing. The MDS showed Resident 6 was dependent on staff for eating. Review of Resident 6's comprehensive CP showed a 09/23/2025 revised .resident requires tube feeding [nutrition provided via a tube surgically placed in the stomach] related to [difficulty swallowing]. The CP directed staff to elevate Resident 6's head for 60 minutes before and after tube feeding was provided, check for feeding tube placement, and hold tube feeding as ordered, and showed Resident 6 was dependent on the tube feeding for their nutrition. Review of Resident 6's 01/08/2026 physician orders showed no current orders directing staff to provide the resident with nutrition via their feeding tube. The physician orders showed a 01/06/2026 order directing staff to provide Resident 6 with a soft-textured, regular diet. Observation on 01/08/2026 at 12:19 PM showed Staff S (Certified Nursing Assistant) feeding Resident 6 lunch in their room. Resident 6's meal ticket showed their diet order of soft foods and pureed vegetables. In an interview on 01/13/2026 at 8:22 AM, Staff T (Licensed Practical Nurse) stated Resident 6 still had their feeding tube but did not receive nutrition via the tube anymore. In an interview on 01/13/2026 at 8:51 AM, Staff D reviewed Resident 6's CP and confirmed the CP needed to be revised since the resident was no longer dependent a the feeding tube for nutrition . <Resident 7> According to the 11/20/2025 Quarterly MDS, Resident 7 was cognitively impaired and sustained a fall since the last MDS assessment. Review of a 01/02/2026 fall investigation showed Resident 7 sustained an unwitnessed fall when attempting to retrieve an item from a side table drawer in their room. The investigation showed Resident 7 did not have their wheelchair breaks locked, and their call light was not in use. The investigation showed staff identified new safety interventions of adding a visual reminder for the resident to lock their wheelchair breaks and for staff to provide a grabber device to Resident 7 to help prevent future falls. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident 7's comprehensive CP showed a revised 01/03/2024 .resident is at high risk for falls. CP and a revised 11/17/2025 .resident has had an actual fall. CP. Review of these CPs showed staff did not revise the CPs to include the newly identified interventions of the visual reminder or the grabber to help prevent further falls. In an interview on 01/13/2026 at 8:34 AM, Staff D reviewed Resident 7's CP and confirmed staff should have revised the CP to include the new interventions but did not. Staff D stated it was important to revise the CP because the CP fed the Kardex (care giver instructions) which instructed direct care staff on what type of care the resident required. REFERENCE: WAC 388-97-1020(2)(c)(d).

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observation, interview, and record review the facility failed to ensure resident's skin was assessed, monitored, and treated as required for 1 (Resident 4) of 1 residents reviewed for non-pressure skin and 1 (Resident 6) supplemental resident. These failures placed residents at risk for new or worsening skin impairment, infection, and other negative health outcomes.Findings included.<Resident 4> According to the 11/24/2025 Annual Minimum Data Set (MDS - an assessment tool), Resident 4 did not have cognitive impairment and was understood and able to understand others in conversation. The MDS showed Resident 4 received blood thinner medications during the assessment period and did not have any skin problems. Observations on 01/06/2026 at 1:41 PM, on 01/07/2026 at 10:46 AM, on 01/08/2026 at 9:22 AM, and on 01/12/2026 at 8:11 AM showed Resident 4 had multiple scattered purple-colored bruises on their left arm. Review of Resident 4's January 2026 physician orders showed there were no orders directing staff to monitor the bruises on the resident's left arm. The orders included a 11/25/2024 order for a blood thinner medication. Review of the 01/03/2026 and 01/10/2026 weekly skin checks showed staff performed head-to-toe skin assessments on Resident 4 and did not identify any skin issues on Resident 4's arms. In an interview on 01/12/2026 at 9:16 AM, Staff D (Registered Nurse (RN) Manager) stated Resident 4 received blood thinner medications and was at risk for new bruising and bleeding. Staff D reviewed Resident 4's record and confirmed there was no order directing staff to monitor the resident's bruises for changes or worsening of the bruising. Staff D reviewed Resident 4's weekly skin checks completed on 01/10/2026 and stated staff should assess the resident's skin and document accurately in the record. In an interview on 01/12/2026 at 9:39 AM, Staff B (Director of Nursing) stated it was their expectation staff notified the RN Managers of any new skin issues, evaluate and document the newly identified skin issue, and notify the provider to obtain orders to manage the skin issues. <Resident 6> According to the 12/15/2025 Quarterly MDS, Resident 6 had severe cognitive impairment. The MDS showed Resident 6 had diagnoses including a traumatic brain injury, fractures, and a stroke and required assistance for personal care. In an interview on 01/07/2025 at 1:39 PM, Resident 6's spouse stated they were concerned the resident had a scab on their left great toe because the toenail was improperly trimmed. Observation on 01/12/2026 at 10:08 AM with Staff Q (RN) showed Resident 6's left great toe had a thick, black scab along the inside edge of the toenail. In an interview at that time, Staff Q stated there should be a physician order to treat the toe. Review of a 12/25/2025 nurse progress note showed staff documented Resident 6's ingrown toenail (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	on their left great toe was resolved and the skin surrounding the toenail healing. Review of Resident 6's physician orders showed a 12/18/2025 order directing staff to perform weekly skin checks every Thursday for Resident 6. The order directed staff to identify any new skin issues on the skin check. Review of the 01/08/physician orders showed no orders in place directing staff to treat or monitor Resident 6's scab on their left toe. Review of a skin check completed by staff on 01/08/2026 showed staff documented Resident 6 did not have new skin issues. In an interview on 01/13/2026 at 8:41 AM, Staff D stated they assessed Resident 6's left toenail and confirmed the scabbed area should be monitored and treated by staff. Staff D stated Resident 6's left toenail was healed previously but was now worse. REFERENCE: WAC 388-97-1060.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on observation, interview and record review, the facility failed to provide ongoing assessment, documentation, and prevention interventions consistent with professional standards of practice for 2 of 4 residents (Residents 5 & 2) reviewed for Pressure Ulcers (PU). Failure to assess and monitor PUs and implement preventative measures including repositioning placed residents at risk for deterioration in their skin condition.Findings included.<Facility Policy>Review of the facility policy titled, Pressure Injury Prevention and Management, dated 12/2025, showed the facility was committed to the prevention of avoidable PU, unless clinically unavoidable and to provide treatment and services to heal the PU, and prevent infection and the development of additional PU's. The policy showed the facility established a systemic approach for PU prevention and management, including prompt assessment and treatment, stabilizing interventions, reducing underlying risk factors, monitoring the effectiveness of interventions, and modifying the interventions as appropriate.<Resident 5> According to the 10/15/2025 Quarterly Minimum Data Set (MDS - an assessment tool), Resident 5 had multiple medically complex conditions including stroke (a medical condition occurs when blood flow to the part of the brain is interrupted) with left-sided weakness. The assessment showed Resident 5 was assessed to require maximal assistance from staff for transferring and bed mobility. The assessment showed Resident 5 was at risk for PUs and had no PUs during the assessment period. Observation and interview on 01/06/2026 at 10:23 AM showed Resident 5 lying on their back in bed. Resident 5 stated they had a sore on their bottom which hurt when staff provided incontinence care. Review of the revised 09/18/2024 Skin Integrity Care Plan (CP) showed Resident 5 was at risk for skin issues related to bowel incontinence, limited mobility, fragile skin, and a history of PUs. The CP instructed staff to monitor Resident 5's skin, notify the provider of any skin breakdown, provide preventative skin care, provide a pressure reducing mattress, and use pillows to protect the resident's skin while in bed. Record review showed a 11/10/2025 Physician Orders directed staff to perform weekly skin assessments for Resident 5 and document any new skin issues. According to an 11/28/2025 physician order, staff should apply barrier cream to Resident 5's left buttock after each incontinence episode. Review of Resident 5's records showed staff completed weekly skin checks on 12/31/2025 and 01/07/2026 as ordered. Both skin checks documented no new wound/skin issues identified. Observation on 01/07/2026 at 9:30 AM showed Resident 5 lying on their back in bed with the head of the bed slightly elevated. Observation on 01/09/2026 at 9:20 AM showed Resident 5 had open areas of skin on both buttocks. Staff O (Registered Nurse - RN) measured the wounds at 2 centimeters (CM) X 1.4 CM X 0.1 CM on the right buttock and 2 CM X 1.0 CM X 0.1 CM on the left buttock open area with no drainage or odor. Observation showed Resident 5 had a bath blanket folded in four layers between their bottom and the mattress. In an interview on 01/09/2026 at 9:25 AM, Staff N (Certified Nursing Assistant) stated they came back to work today after few days off. Staff N did not know if the licensed nurse assigned to Resident (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5 knew about the open skin areas on Resident 5's buttocks. In an interview on 01/09/2026 at 9:30 AM, Staff O stated they did not know about the open wounds on Resident 5's buttocks. In an interview on 01/09/2026 at 9:37 AM, Staff M (RN Manager) stated they did not know Resident 5 had open wounds on their buttocks. Staff M stated they expected staff to reposition Resident 5 in bed from side-to-side and that there should be a folded bath blanket underneath any resident when in bed. In an interview on 01/09/2025 at 9:45 AM, Staff B (Director of Nursing) stated staff should follow the CP and update as needed. , and follow physician orders to complete weekly skin checks and document if there were any new skin issues. Staff B stated they knew Resident 5 had the tendency to refuse care including repositioning in bed, but staff needed to document such refusals in Resident 5's record. Staff B stated they expected staff to implement the interventions the resident was assessed to require to prevent new skin issues, but they did not. <Resident 2> According to the 11/13/2025 Significant Change MDS, Resident 2 had multiple medical conditions including a hip fracture and pain. This MDS showed Resident 2 was assessed to be cognitively intact and was dependent on staff for transfers, and toileting, and needed two-person assistance for bed mobility. The MDS showed Resident 2 used a wheelchair for locomotion in their room and in hallways. The MDS showed Resident 2 was at risk for PUs and had no PU during the assessment period. According to the 11/13/2025 PU Care Area Assessment (CAA) staff assessed Resident 2 was at risk for skin breakdown related to a recent decline in functional mobility. This CAA directed staff to complete weekly skin assessments to monitor for skin breakdown. Review of the revised 11/15/2024 Skin Integrity CP showed Resident 2 was at risk for skin issues related to decreased functional ability, fragile skin, diabetes, and edema. The CP instructed staff to monitor Resident 2's skin weekly and notify the provider of any skin breakdown, provide preventative skin care, and provide a pressure reducing wheelchair cushion to protect the resident's skin when seated. Observation and interview on 01/07/2026 at 10:52 AM showed Resident 2 sitting up in their wheelchair in their room with foam heel protectors on both feet. Resident 2 stated they had blisters on both their heels. Resident 2 stated the blisters happened in the facility and were caused by their wheelchair footrests. Review of Resident 2's weekly skin assessments completed on 12/01/2025, 12/08/2025, 12/12/2025, 12/15/2025, and on 12/22/2025, showed no new skin issues identified. Review of Resident 2's December 2025 Treatment Record Administration showed a 12/03/2025 physician order for left heel PU treatment. According to a 12/28/2025 nursing progress note, Resident 2 had intact, pink, warm skin with good skin turgor. According to a 01/02/2026 nursing progress note , Resident 2 had a popped blister measuring 5 CM X (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	7 CM on their right heel and 3 CM X 2CM open wound on their right ankle. Review of Resident 2's record showed no CP developed and no physician order was initiated until 01/03/2026 about heel boots or to elevate heels in bed to avoid further damage to the pressure wounds on both feet. In an interview on 01/09/2026 at 9:44 AM, Staff M stated Resident 2 had a left heel wound and right heel wound that both developed in the facility due to their feet rubbing their wheelchair footrests. Staff M stated the resident had diabetes and did not have sensation in their feet. Staff M stated they initiated the treatment when they noticed the skin issues, but they should have obtained an order for heel protectors and should updated the CP, but they did not. In an interview on 01/09/2025 at 9:48 AM, Staff B stated staff should complete weekly skin checks appropriately and document in resident's records. Staff B stated Resident 2 stated their feet were rubbing with their wheelchair footrest and blistered. Staff B stated staff should assess and initiate orders for preventative measures for new pressure wounds, but they did not. REFERENCE: WAC 388-97-1060(3)(b).

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on observation, interview, and record review the facility failed to ensure 2 (Residents 5 & 11) of 5 sample residents reviewed for Restorative Nursing Program (RNP) received the services as they were assessed to require. These failures placed residents at risk for further decline in Range of Motion (ROM), a reduction in mobility, increased dependence on staff, and decreased quality of life.Findings included .<Facility Policy>According to a facility policy titled, Restorative Nursing Programs, revised 12/2025, the facility would provide maintenance and restorative services to maintain and improve residents' abilities to the highest practicable level. The policy showed residents identified during the comprehensive assessment process would receive restorative services included ROM, splint/brace services, and walking from restorative aides. The policy showed residents would receive RNP services upon admission or upon discharge from therapy. The Restorative Nurse was responsible for ensuring all elements of each resident's program were implemented.<Resident 5>According to the 10/15/2025 Quarterly Minimum Data Set (MDS - an assessment tool), Resident 5 had multiple medically complex conditions including stroke (medical condition occurring when blood flow to the part of the brain is interrupted) with the left side of the body weakness. The assessment showed Resident 5 had impairment to their right arm and required maximal assistance from staff for personal hygiene and daily activities. The MDS showed Resident 5 did not have behaviors of refusing care during the assessment period.Observations on 01/06/2026 at 12:33 PM, on 01/07/2026 at 9:01 AM, on 01/08/2026 at 10:02 AM, and on 01/09/2026 at 11:14 AM showed Resident 5 lying in their bed and their left hand had a contracture. Observations at these times showed a hand brace sitting on Resident 9's nightstand in their room. Resident 5 stated they had a stroke three years ago and the left side of their body was weak since the stroke. Resident 5 stated therapy was working with them for their left hand contracture but staff did not provide therapy services for the last three months.Review of the 09/19/2025 Activity of Daily Living (ADL) Care Plan (CP) showed Resident 5 required assistance from staff for ADLs and bed mobility. There was no CP or directions to staff to follow to provide care for Resident 5's left hand contracture.Review of the January 2026 Physician Orders showed no documentation for a RNP for Resident 5's left hand contracture.Review of Resident 5's 10/13/2025 Occupational Therapy (OT) services record showed Resident 5 had a left hand contracture and Resident 5 received OT services from 10/13/2025 through 11/07/2025. Resident 5 was discharged from OT services to a RNP on 11/07/2025 with recommendations of a restorative splint and brace program.In an interview on 01/09/2026 at 11:17 AM, Staff R (Restorative Aide) reviewed list of residents in RNP and stated Resident 5 was not on any restorative programs. Staff R provided a Restorative Nursing Recommendations form showing Physical Therapy referred Resident 5 to a RNP on 11/07/2025 for Passive Range of Motion (PROM) for their lower body.Staff R Stated Staff B (Director of Nursing) was responsible for entering RNP recommendations on the computer for restorative aides, but they did not receive a program for Resident 5.In an interview on 01/09/2026 at 12:13 PM, Staff K (Rehab Director) stated they expected rehab staff to refer residents to RNP services when discharged from PT and OT services as indicated. Staff K reviewed Resident 5's record and stated therapy discharged Resident 5 from PT and OT services on 11/07/2025 with RNP recommendations. They usually gave recommendations to the RNP supervisor, and they did not know what happened this time.In an interview on 01/09/2026 at 12:35 PM, Staff B stated they were responsible to oversee the RNP. Staff B stated they did not receive RNP recommendations from PT and OT for Resident 5. Staff B stated they expected the rehab department to provide RNP recommendations to Staff B to initiate the programs, but they did not.<Resident 11>According to the 10/29/2025 admission MDS, Resident 11 was cognitively intact and had diagnoses including below the knee amputation to both legs and a stroke weakness to the left side of their body. The assessment showed Resident 11 had impairment to their left arm with functional limitation in ROM(continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and required maximal assistance for bed mobility, rolling from their back to their left and right side, toileting, and taking showers. Resident 11 did not reject care during the assessment period.Observation on 01/08/2026 at 11:23 AM showed Resident 11 sitting in their wheelchair. Resident 11 stated both of their legs were amputated below their knees. Resident 11 stated they worked with therapy until 01/03/2026, and did not receive any exercise assistance since then. Observation at that time showed both prosthetic devices for their legs were sitting in a chair in the resident's room.Review of Resident 11's OT discharge summary showed Resident 11 was discharged from OT services on 01/03/2026 to a RNP for a ROM program to maintain ROM on their affected arm and to prevent contractures. In an interview on 01/09/2026 at 11:30 AM, Staff R stated Resident 11 did not have a RNP currently. In an interview on 01/09/2026 at 12:30 PM, Staff K stated Resident 11 received rehab services from 12/22/2025 through 01/03/2026 until insurance no longer covered the services. Staff K reviewed Resident 11's record and stated Resident 11 was discharged from OT services to a RNP for ROM to their left arm.In an interview on 01/09/2026 at 12:40 PM, Staff B stated they expected therapy staff to provide restorative recommendations to Staff B to initiate RNP in timely manner, but they did not.REFERENCE: WAC 388-97-1060 (3)(d).

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review the facility failed to ensure sharps and chemicals were stored safely for 1 of 1 Maintenance Offices and 1 of 2 Nurses station's (West Nurse's Station) reviewed. This failure to ensure sharps and chemicals were secured placed residents at risk of injury, an unsafe environment, and other negative health outcomes.Findings included.<Policy>According to the facility policy titled, Environmental Services Safety Procedures, dated 12/2025, the facility would ensure general safety procedures were followed. The policy showed staff would ensure chemicals and unsafe equipment would not be left unattended and would be stored in a locking cabinet or storage area for resident safety.<Maintenance Office> Observation on 01/06/2026 at 11:51 AM showed the maintenance door propped open without staff inside. Observation inside of the unlocked maintenance office showed chemicals, sharp tools, and objects. In an interview on 01/06/2026 at 11:54 AM, Staff C (Maintenance Supervisor) stated they expected staff to lock the door upon exited the maintenance office. Staff C stated there was a tremendous number of hazardous materials in the maintenance office and the door should remain locked when not in use for resident safety. In an interview on 01/06/2026 at 12:15 PM Staff A (Administrator) stated they expected staff to close and lock the maintenance office door for resident safety. <West Nurses Station> Observation on 01/06/2026 at 8:52 AM showed three bottles of a chemical used to safely dispose of old/unneeded medications and a container of sanitizing wipes unsecured/unlocked at the west nurse's station. In an interview on 01/06/2026 at 9:06 AM Staff D (Registered Nurse Manager) stated the three bottles of the chemical compound and container of sanitizing wipes should be stored behind locked doors or cabinets. Staff D stated it was important to store the chemical compound and sanitizer wipes behind locked doors for residents' safety. In an interview on 01/07/2026 at 12:22 PM Staff B (Director of Nursing) stated they expected staff to secure all chemicals behind locked doors for resident safety. Reference: WAC 388-97-1060 (3)(g).

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review the facility failed to ensure proper storage and labeling of medications in 2 of 4 medication carts (Medication Cart A & C) reviewed for medication storage. This failure placed residents at risk for receiving expired medications, ineffective treatment, accidental ingestion of medication, and a diminished quality of life.Findings included.<Policy>According to the facility policy titled, Medication Storage, dated 08/2024, the facility would ensure all medications would be stored in locked compartments or rooms. The policy showed that medications would be destroyed upon expiration.<Medication Cart A>Observation on 01/06/2026 at 12:30 PM showed Medication Cart A unlocked and unattended.In an interview on 01/06/2026 at 12:31 PM Staff E (Registered Nurse) stated they were expected to lock the medication cart before leaving it unattended but forgot to. Staff E stated they should lock the medication cart before walking away for resident safety.In an interview on 01/13/2026 at 8:30 AM Staff B (Director of Nursing) stated they expected staff to lock medication carts prior to leaving the cart unattended. Staff B stated it was important to properly secure and lock medications for residents' safety.<Medication Cart C>Observation of medication cart C on 01/06/2026 at 10:05 AM showed a bottle of over-the-counter pain medications expired on 09/2025, another bottle of pain medication expired on 12/2025, an injectable medication used to control blood sugar opened on 12/06/2025, and a bottle of eye lubricant for a resident that was discharged from the facility in December 2025.In an interview on 01/06/2026 at 10:05 AM Staff P (Licensed Practical Nurse) stated the expired pain medications should be discarded upon expiration. Staff P stated they were unsure of how long an injectable medication for lowering blood sugar was good for after opening. Staff P stated the eye lubricant for the discharged resident should be discarded upon discharge from the facility.In an interview on 01/07/2026 at 12:22 PM Staff B stated expired or discontinued medications should not be in the medication carts and staff should remove them upon expiration. Staff B stated the injectable medication used to lower blood sugar was only good for 28 days after opening. Staff B stated the injectable medication should be discarded and not be in the medication cart.Reference: WAC 388-97-1300 (2), -2340.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interview, and record review the facility failed to ensure food was stored in accordance with professional standards of safety. The failure to ensure foods stored in the facility's main kitchen and [NAME] Unit fridges were labeled, covered, dated, and/or disposed of upon expiration placed residents at risk of ingesting expired and/or contaminated foods and the development of food-borne illness.Findings included.<Facility Policy>According to the facility's Food Safety Requirements policy, revised 12/2025, food requiring refrigeration would be labeled, dated, and monitored to ensure the food was used by the use by date or frozen/discarded when applicable. The policy showed refrigerated food would be covered or in tight containers.<Main Kitchen Refrigerator>Observation on 01/06/2025 at 8:36 AM showed the walk-in refrigerator in the main kitchen contained a tray with 11 house made Jello cups. The Jello cups were uncovered and undated. In an interview on 01/06/2026 at 8:51 AM, Staff H (Dietary Supervisor) confirmed the Jello should be covered.<West Nursing Unit Refrigerator>Observation on 1/06/2026 at 9:25 AM showed the refrigerator in the [NAME] Nursing Unit contained the following food items: A carton of thickened liquid dated 12/22/2025, use by 12/29/2025 Two packages of sliced bread dated 12/09/2025 One bag of carrots dated 12/14/2025 Three avocadoes, undated Two packages containing sliced meat and cheese, undatedIn an interview on 01/06/2026 at 9:25 AM, Staff D (Registered Nurse Manager), stated staff wrote the date on food when they put it in the refrigerator. If food items were not used within a week, staff discarded the food. Staff D confirmed the thickened liquid, bread, and carrots were expired and should be discarded. Staff D stated staff should write a date on the avocadoes, meat, and cheese trays so they knew when to discard the items.REFERENCE: WAC 388-97-1100 (3), -2980.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure confidentiality of resident records was maintained for 1 of 4 units (Unit A) and services provided were appropriately documented in resident records for 1 of 18 residents (Resident 17) reviewed. This failure placed residents at risk for a violation of their rights to privacy and their right to receive care and services as ordered.Findings included.<Policy>According to the facility policy titled, Confidentiality of Personal and Medical records, dated 12/2025, the facility would ensure all resident information was secured and confidentiality was maintained. The policy showed papers with resident information would not be left unattended.<Unit A> Observation on 01/06/2026 at 12:30 PM showed the Unit A medication cart with a paper that had resident health information on it unsecured and in view for all. In an interview on 01/06/2026 at 12:31 PM Staff E (Registered Nurse) stated they were expected to cover and secure the resident information prior to leaving it but forgot. Staff E stated it was important to secure resident information to protect residents' health information from others. In an interview on 01/13/2026 at 8:30 AM Staff B (Director of Nursing) stated they expected staff to secure resident information prior to leaving it unattended. Staff B stated it was important to prevent HIPAA (Health Insurance Portability and Accountability) violations. <Resident 17> According to the 12/18/2025 admission Minimum Data Set (MDS – an assessment tool) Resident 17 was dependent on staff for bathing/showers. The MDS showed Resident 17 had no memory impairment. Review of Resident 17's medical records showed a 12/30/2025 ADL (Activities of Daily Living) Care Plan (CP) with showers scheduled twice weekly every Monday and Thursday on evening shift and as needed. Resident 17's medical records documented shower transfers on 12/12/2025, 12/15/2025, 12/16/2025, 12/17/2025, 12/18/2025, 12/20/2025, 12/21/2025, 12/22/2025, 12/23/2025, 12/25/2025, 12/28/2025, 12/29/2025, 12/30/2025, 12/31/2025, 01/01/2026, 01/02/2026, 01/03/2026, 01/05/2026, 01/06/2026, 01/08/2026, and 01/09/2026. Resident 17's medical record showed two-person assistance was provided for preferred showers on Wednesdays and Saturdays, 12/17/2025, 12/20/2025, 12/24/2025, 12/27/2025, 12/31/2025, 01/03/2026, and 01/07/2026. In an interview on 01/06/2026 at 10:30 AM Resident 17 stated it was difficult to get showers at the facility. Resident 17 stated they were scheduled to receive showers twice a week but had not received or been offered them as scheduled. Resident 17 stated they only received one shower since admission to the facility on [DATE]. In an interview on 01/12/2026 at 12:38 PM Staff F (Certified Nursing Assistant) stated they did not provide Resident 17 bathing since admission. Staff F stated they documented showers provided by Occupational Therapy for Resident 17 on 12/17/2025 and 01/03/2026. In an interview on 01/12/2026 at 12:42 PM Staff B stated staff should not be documenting for other (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	staff. Staff B stated it was important for staff to only document services they provided to ensure no missed services. In an interview on 01/12/2026 at 12:54 PM Staff F stated they were instructed by Staff B to never document services they themselves did not provide. In an interview and record review on 01/13/2026 at 10:54 AM Staff U (Certified Occupational Therapy Assistant - COTA) stated they assisted Resident 17 with one shower since admission. Review of the therapy notes showed only one shower provided by therapy since admission on [DATE]. Bathing/shower services were not provided by therapy to Resident 17 on 12/17/2025 or 01/03/2026. Reference: WAC 388-97-1720 (1)(a)(i-iv)(b)(c)(2)(a-m), -0360(1-3).

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review the facility failed to: ensure staff used appropriate Personal Protective Equipment (PPE - disposable barriers such as gloves, eyewear, and gowns used to prevent exposure to infectious materials) for 1 of 6 residents (Resident 5) reviewed for Infection Control; and ensure visitors used gloves while pouring ice from a communal ice bucket to avoid cross contamination. These failures placed residents and staff at risk for exposure to and development of contagious, communicable infectious diseases.Findings included . <Facility Policy>Review of the facility's Infection Prevention and Control Program policy, revised 04/23/2025, showed the facility established and maintained an infection control program to provide a safe, sanitary, and comfortable environment to all residents and staff to prevent the development and transmission of communicable diseases. The policy showed the facility would ensure healthcare personnel were educated and trained regarding the appropriate use of PPE prior to caring for a resident on isolation precautions including EBP. Staff would follow the signs posted outside resident's rooms for precaution. The policy showed the central supply staff would clean/decontaminate the equipment prior to storing for reuse. <Resident 5> According to the 10/15/2025 Quarterly Minimum Data Set (MDS – an assessment tool), Resident 5 had multiple medically complex conditions including a stroke (a medical condition that occurred when blood flow to part of the brain was interrupted) with left sided weakness. The assessment showed Resident 5 had an indwelling catheter (a flexible tube inserted into the bladder to drain urine) and was assessed to require maximal assistance from staff for their toileting hygiene. Observations on 01/06/2026 at 8:52 AM, on 01/07/2026 at 11:43 AM, on 01/08/2026 at 1:42 PM, and on 01/09/2026 at 8:20 AM showed an EBP sign was posted outside Resident 5's room that instructed staff to perform hand hygiene and to wear PPE while providing direct care to Resident 5. These observations showed an isolation cart filled with PPE inside Resident 5's room. In an interview on 01/06/2026 at 10:02 AM, Staff P (Licensed Practical Nurse) stated Resident 5 was on EBP precautions because Resident 5 had an indwelling catheter and staff had to wear PPE while providing care to Resident 5. Observation on 01/09/2026 at 9:23 AM showed Resident 5 lying in their bed and Staff N (Certified Nursing Assistant) providing incontinence care to Resident 5. Observation showed Staff N did not wear a gown while providing incontinence care. In an interview on 01/09/2026 at 9:30 AM, Staff N stated they should wear PPE including gloves and gown while providing care to Resident 5 but they forgot to wear the gown as instructed on the sign posted outside Resident 5's room. Observation on 01/09/2026 at 9:35 AM showed Staff O (Registered Nurse) providing wound care to Resident 5 in their room without wearing a gown. In an interview on 01/09/2026 at 9:40 AM, Staff O stated they should follow the instructions on the sign posted outside Resident 5's room and wear PPE while providing care to Resident 5, but they did not. Staff O stated it was important to wear PPE as instructed to prevent spreading infection to other residents and staff. In an interview on 01/09/2026 at 1:23 PM, Staff B (Director of Nursing) stated all staff should follow (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the directions on the sign posted outside residents' rooms to prevent spreading of infections. <Ice Bucket> Observation on 01/08/2026 at 9:39 AM showed a visitor walking in the [NAME] hallway, touching their hair and corridor side rails. The visitor approached a cooler filled with ice, picked up the ice scoop with their bare hands and poured ice from the scoop into their personal water bottle. The visitor did not use gloves or perform hand hygiene before or after using the ice scoop. In an interview on 01/08/2026 at 10:13 AM, Staff P stated the visitor should ask staff for ice. Staff P stated staff should not leave the ice bucket in the hallway as it caused infection control concerns. REFERENCE: WAC 388-97-1320 (1)(a), (2)(b).