

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505311	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Seattle Medical Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 555 16th Avenue Seattle, WA 98122	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47680</p> <p>Based on interview and record review, the facility failed to implement and/or develop discharge comprehensive care plans for 3 of 5 residents (Residents 1, 2 & 3), reviewed for care planning. This failure placed the residents at risk for unmet care needs, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Comprehensive Resident Care Plan, dated in July 2015, showed, Social Services assures medically-related social services needs are incorporated into each resident's care plan, which is completed within seven days of completion of the RAP [Resident Assessment Protocol] summary.</p> <p>According to the Long-Term Care Resident Assessment Instrument (RAI) 3.0 User's Manual, (a guide directing staff on how to accurately assess the status of residents) Version 1.19.1, dated October 2024, showed, After completing the MDS [Minimum Data Set - an assessment tool] and CAA [Care Area Assessment] portions of the comprehensive assessment, the next step is to evaluate the information gained through both assessment processes in order to identify problems, causes, contributing factors, and risk factors related to the problems. Subsequently, the IDT [Interdisciplinary Team] must evaluate the information gained to develop a care plan that addresses those findings in the context of the resident's goals, preferences, strengths, problems, and needs . It further showed, The care plan completion date (item V0200C2) must be either later than or the same date as the CAA completion date (item V0200B2), but no later than 7 calendar days after the CAA completion date.</p> <p>RESIDENT 1</p> <p>Review of the admission MDS dated [DATE] showed Resident 1 was admitted to the facility on [DATE] and that their overall goal for discharge was to discharge to the community. It further showed that the CAA process and care plan decision was completed on 10/24/2024.</p> <p>Review of the care conference note dated 01/20/2025 showed that Resident 1 had wished to discharge to the community.</p> <p>Review of the Nursing Home Transfer and Discharge Notice, dated 04/30/2025, showed an effective discharge date of [DATE] and was provided to Resident 1 on 04/30/2025.</p> <p>(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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the comprehensive care plan printed on 05/05/2025 did not show a comprehensive person-centered care plan to address Resident 1's discharge plan of care.</p> <p>RESIDENT 2</p> <p>Review of the admission MDS dated [DATE] showed Resident 2 was admitted to the facility on [DATE] and that their overall goal for discharge was to discharge to the community. It further showed that the CAA process and care plan decision was completed on 04/01/2025.</p> <p>Review of the care conference note dated 03/14/2025 showed that Resident 2 hopes to discharge to the community.</p> <p>Review of the comprehensive care plan printed on 05/05/2025 did not show a comprehensive person-centered care plan to address Resident 2's discharge plan of care.</p> <p>RESIDENT 3</p> <p>Review of the admission MDS dated [DATE] showed Resident 3 readmitted to the facility on [DATE] and that their overall goal for discharge was to discharge to the community. It further showed that the CAA process and care plan decision was completed on 03/14/2025.</p> <p>Review of the care conference note dated 03/14/2025 showed that Resident 3 had plans to discharge to the community.</p> <p>Review of the comprehensive care plan printed on 05/07/2025 did not show a comprehensive person-centered care plan to address Resident 3's discharge plan of care.</p> <p>In an interview and joint record review on 05/07/2025 at 3:56 PM, Staff B, Director of Nursing, stated that Social Services completed the discharge care plans. Staff B stated that residents' care plan should include a discharge plan of care with the resident's goals and interventions on how they could support that goal. A joint record review of Resident 1, Resident 2, and Resident 3's comprehensive care plan did not show a care plan to address their discharge plan of care. Staff B stated that if the comprehensive care plan was completed, the discharge care plan should have been completed with the information there.</p> <p>In a phone interview on 05/07/2025 at 4:03 PM, Staff C, Social Service Director, stated that they were not able to see a discharge care plan for Resident 1, Resident 2, and Resident 3. Staff C stated that their process was to evaluate the residents' plan of care on admission and put in a discharge care plan. When asked when they would complete a discharge care plan, Staff C stated, usually the first quarter of their admission. Staff C further stated that Resident 1, Resident 2, and Resident 3 should have had a discharge care plan.</p> <p>In a follow up interview on 05/07/2025 at 4:14 PM, Staff B stated that Resident 1, Resident 2, and Resident 3's discharge plan of care should have been part of their comprehensive care plan. Staff B further stated they expected the discharge care plan to be completed when their comprehensive MDS was submitted and closed.</p> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 05/07/2025 at 4:40 PM, Staff A, Executive Director, stated that their expectation for the discharge care plan was that it would be completed per their policy.</p> <p>References: (WAC) 388-97-1020 (1)(2)(a)</p>