

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 05/22/2025
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48298</p> <p>Based on interview and record review, the facility failed to provide the required specialized rehabilitative services for 1 of 3 residents (Resident 1), reviewed for rehabilitation services. This failure placed the residents at risk for the decline in function, unmet care needs and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Resident Rights Under Washington State Law, updated in July 2015 showed, Pursuant to Washington State law, in addition to those rights enumerated under federal law, each resident of a long-term care facility located in [NAME] has the following additional rights. The Center [facility] will seek to ensure that these rights are not violated. The policy further showed that residents have rights to reside in and receive services from the Center with reasonable accommodation of individual needs and preferences .</p> <p>Review of a document titled, Policy: 8.14-Frequency/Duration/Intensity of Therapy Services, dated 2025 showed that therapists both employees and contractors determined frequency, duration and intensity of therapy services to be provided each patient [resident] for optimal functional outcomes and expectation of improvement of their quality of life.</p> <p>Review of a face sheet printed on 05/22/2025 showed Resident 1 was readmitted to the facility on [DATE] with a primary diagnosis of stroke (a medical condition characterized by blocked blood flow to the brain).</p> <p>Review of Resident 1's Physical Therapy (PT) Evaluation dated 03/03/2025 showed their required plan of treatment was three times a week for eight weeks duration or a total of 24 PT treatment sessions.</p> <p>Review of Resident 1's Occupational Therapy (OT) Evaluation dated 03/03/2025 showed their required plan of treatment was three times a week for eight weeks duration or a total of 24 OT treatment sessions.</p> <p>Review of the insurance authorization notification dated 03/10/2025 showed Resident 1 had been approved for 24 therapy treatment sessions each for PT and OT.</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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 05/20/2025 at 9:30 AM, Resident 1's collateral contact stated that Resident 1 did not get enough therapy [PT/OT] services while they were in the facility.</p> <p>In an interview and joint record review on 05/22/2025 at 12:18 PM, Staff B, Rehab Director, stated that Resident 1 had been evaluated by PT and OT on 03/03/2025. Staff B stated that Resident 1 had required PT and OT treatments each for three times a week for a duration of eight weeks. Staff B further stated that Resident 1's insurance had approved 24 treatment sessions for each PT and OT. A joint record review of the PT Treatment Encounter notes dated 03/03/2025 to 05/09/2025 showed Resident 1 had completed 16 treatment sessions. A joint record review of the OT Treatment encounter notes dated 03/03/2025 to 05/09/2025 showed Resident 1 had completed 14 treatment sessions. When asked the reason for not having been able to provide Resident 1 with their planned 24 treatment sessions each for PT and OT, Staff B stated, Staffing is the big issue. We try to adhere to the scheduled number of sessions. There is just not enough staff to provide therapy.</p> <p>In an interview on 05/22/2025 at 4:28 PM, Staff A, Administrator, stated that they expected therapy staff to have provided Resident 1 with their required PT and OT treatment sessions.</p> <p>Reference: (WAC) 388-97-1280 (1)(a)</p>		