STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505318	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Skagit Valley	1462 West State Route 20 Sedro Woolley, WA 98284

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure the Pre-admission Screening and Resident Review (PASRR - a federally required screening of all individuals who has both an Intellectual Disability (ID) or Related Condition (RC) and a serious mental illness (SMI) prior to admission to a Medicaid-certified nursing facility or a significant change of condition) form was completed prior to admission and according to the guidelines specified for 1 of 5 sampled residents (Resident 1) reviewed for PASRR. Failure to obtain the PASRR and PASRR determination letter prior to admission placed the resident at risk for inappropriate placement and/or lack of access to specialized services for residents with identified mental health diagnoses or disability. Findings included.Review of a facility policy titled Pre-admission Screening and Resident Review (PASARR) documented the facility will ensure that potential admissions are to be screened for possible serious mental disorders or intellectual disabilities and related conditions. This initial pre-screening is referred to as PASARR Level I and is completed prior to admission to a nursing facility. A positive Level I screen necessitates an in-depth evaluation of the individual by the state-designated authority, know as PASARR Level II, which must be conducted prior to admission to a nursing facility.Ensure Level I PASARR screening has been completed on potential admissions prior to admissionA positive Level I screen necessitates and in-depth evaluation of the individual by the state-designated authority know as PASARR Level II, which must be conducted prior to admission to a nursing facility.When a Level II PASARR screening is warranted it must be obtained as well as determination letter prior to admission.<RESIDENT 1>Resident 1 admitted to the facility on [DATE] with diagnoses including depression and Prader-Willi syndrome (a rare genetic condition that leads to physical, mental and behavior problems). Review of Resident 1's record showed a Level 1 PASRR dated 04/14/2026 and showed mood disorder was checked as a mental illness indicator category. Section B showed the resident had received services from the Developmental Disability Administration (DDA) and had impairments in adaptive functioning that was a condition expected to continue indefinitely. Section B, questions 6-9 were answered yes. Instructions showed if the answers to B 6-9 were all marked yes, the form should be forwarded to the regional DDA Intellectual Disability (ID)/Related Condition (RC) PASRR Team, follow up by DDA is required before this individual can be admitted to a nursing facility. Review of Resident 1's record showed a Level I PASRR was uploaded into the resident's medical record on 04/16/2026. Review of Resident 1's record showed a DDA PASRR Level 2 Determination dated 4/16/2026. Review of a progress note dated 04/16/2026 at 8:43 AM showed the resident had admitted to the facility without a PASRR, the facility requested the PASRR from the hospital with no response. The social services director (SSD) emailed the DDA PASRR coordinators to request assistance with obtaining the PASRR.In an interview and record review on 05/01/2026 at 12:18 PM, Staff C, Social Services Director, stated the facility is supposed to have the PASRR prior to a resident admitting to the facility and the admissions director is responsible obtaining the PASRR prior to admission. Staff C stated Resident 1 admitted to the facility on [DATE] without a PASRR. Staff C stated they notified Staff A, Administrator, who instructed them to contact the DDA PASRR coordinator to assist in obtaining the PASRR. Staff C reviewed the resident's record and stated there (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

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was a PASRR dated 04/14/2026 but it was not uploaded into the resident's record until 04/16/2026 and a DDA PASRR Determination dated 4/16/2026. In an interview on 05/01/2026 at 12:37 PM, Staff A, stated admissions is responsible for making sure the PASRR is received prior to a resident's admission. Staff A stated they admitted Resident 1 and were unable to find the PASRR, so they asked Staff C to contact the DDA PASRR coordinator. Staff A stated the DDA PASRR coordinator told them residents should not be admitted if the PASRR is not received prior to admission.