STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505319	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alderwood Post Acute & Rehabilitation	3701 188th Street Southwest Lynnwood, WA 98037

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 42927 Based on observation, interview and record review, the facility failed to complete a background check prior to employment for 1 of 5 sampled staff (Staff B) reviewed for staff qualifications. This failure placed residents at risk from interactions with staff who were not qualified to work with vulnerable adults and created the potential for abuse, neglect and exploitation. Findings included . Review of a facility policy titled, Abuse, revised date of 10/20/2022, showed the facility will screen potential employees for a history of abuse, neglect or mistreating residents by completing a background check. Review of Staff B's employment file showed a hire date of 02/25/2025. Review of a report for a background check application, dated 2/20/2025, showed that the background check could not be completed until additional information was received from Staff B, Director of Nursing. Review of Staff B's personnel file showed no further information of the background check being completed. During an observation on 03/04/2025 at 2:13 PM, Staff B approached surveyor in the hallway and introduced self as the Director of Nursing. Staff B was not accompanied by any other staff persons and was then seen walking down the hallway toward resident rooms. During an observation on 03/04/2025 at 2:26 PM, Staff B entered the work area where surveyor was working. Staff B was not accompanied by any other staff at this time. During an interview on 03/04/2025 at 5:21 PM, Staff A, Administrator, stated they were aware that the background check for Staff B was not completed. Staff A stated they had no evidence to show Staff B had been supervised or accompanied by another staff member since they were hired. Refer to WAC 388-97-1800 (2)(a)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0659 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide care by qualified persons according to each resident's written plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42927 Based on interview and record review, the facility failed to ensure 1 of 5 sampled staff (Staff B) had an active professional license. Failure to ensure the Director of Nursing had an active license placed all residents at risk of substandard quality of care as the Director of Nursing was responsible for all residents in the center. Findings included . Review of Staff B's job description, signed by Staff B on [DATE], showed they were the Director of Nursing and supervised the nursing department. Review of the facilities Key Personnel list provided by on the facility on [DATE], showed Staff B listed as the Director of Nursing. During an interview on [DATE] at 2:13 PM, Staff B introduced themselves as the new Director of Nursing to surveyor. During an interview on [DATE] at 3:50 PM, Resident 1 stated they had been notified by Staff A, Administrator, that Staff B was hired as the new Director of Nursing. During an interview on [DATE] at 4:39 PM, Staff C, Licensed Practical Nurse (LPN), stated they were notified a week ago that Staff B was the new Director of Nursing. Staff C stated that if they had an issue with a nursing concern they would turn to Staff B for guidance. During an interview on [DATE] at 4:45 PM, Staff D, LPN/ unit manager, identified the current Director of Nursing as Staff B. Staff D stated Staff B started last week. Staff D stated if they had an issue they could not handle as the unit manager, they would go to Staff B as the current Director of Nursing as they were responsible for resident care and nursing services within the facility. Review of the Washington State Provider Credential Search website showed Staff B's Registered Nurses license was suspended and expired as of [DATE]. During an interview on [DATE] at 3:59 PM, Staff A stated that they were aware Staff B's license was suspended. Refer to WAC [DATE] (1)(a)

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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 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility. 42927 Based on interview and record review the facility's governing body failed to ensure that the facility's abuse policy was followed by ensuring the Director of Nursing (DNS) had a completed background check and failed to ensure the DNS had an active professional license prior to employment. This failure placed residents at risk of substandard quality care and placed residents at risk of abuse, neglect and/or exploitation. Findings included . Review of Staff B's, DNS, employment records showed a hire date of 02/25/2025. Review of Staff B's job description, signed by Staff B on 02/20/2025, showed they were the Director of Nursing. During an interview on 03/07/2025 at 10:05 AM, Staff E, Human Resources, stated that they processed the background check applications and verified professional licenses were active and current for potential employees. Staff E stated that Staff B's background check returned stating that the applicant needed to provide additional information prior to the background check being completed. Staff E stated they had reviewed Staff B's Registered Nurse license and discovered it was suspended. Staff E reported that they had notified Staff A of the issue with the background check and the finding of the suspended license. During an interview on 03/07/2025 at 3:46 PM, Staff A, Administrator, stated they had been involved with the first interview of the DNS. Staff A reported they were aware of the license and background issues with Staff B but the decision to hire Staff B was made by the governing body. Refer to WAC 388-97-1620 (2)(c)