

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505319	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2025
NAME OF PROVIDER OR SUPPLIER Alderwood Post Acute & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42927</p> <p>Based on interview and record review, the facility failed to notify the responsible party for 1 of 3 residents (Resident 1) reviewed for hospitalization . Failure to notify the resident representative of transfer to a hospital placed the resident at risk for not having their representative involved in their health care decision-making with timely care and services.</p> <p>Findings included .</p> <p>Review of an undated facility policy, titled, Change in a Resident's Condition, documented a nurse would notify the resident's representative when the resident was transferred to a hospital.</p> <p>Resident 1 was admitted to the facility on [DATE]. Review of Resident's 1's admission record documented a son as emergency contact #1 and Collateral Contact 1 (CC1), significant other, as emergency contact # 2.</p> <p>During an interview on 03/19/2025 at 9:29 AM, Collateral Contact 2 (CC2), Resident 1's family member, stated that the resident had been sent to the hospital on 03/13/2025 but the family had not been notified. CC2 stated that CC1 had not been notified and went to the facility on [DATE] to visit Resident 1, the day after they had been sent to the hospital.</p> <p>Review of a progress note, dated 03/13/2025 at 3:55 PM, documented that Resident 1 was taken to the hospital by emergency medical staff due to unclear speech and changes in neurological function (system that is responsible for coordinating thoughts, feelings, movements, senses, and basic body functions like breathing and heartbeat.) There was no documentation that any family or responsible party was notified.</p> <p>Review of the facility's visitor log dated 03/14/2025, documented that CC1 had been at the facility to visit Resident 1.</p> <p>During an interview on 03/28/2025 at 12:22 PM, Staff A, Administrator, stated that CC1 was not the #1 emergency contact person for Resident 1, and the facility should have notified the #1 emergency contact person.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/28/2025 at 3:16 PM, Staff A reported that they were not able to find any documentation that Resident 1's emergency contact person was notified when they went to the hospital.</p> <p>Refer to WAC 388-97-0320 (1)(d)</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>42927</p> <p>Based on interview and record review, the facility failed to ensure there was a qualified Infection Preventionist (IP, responsible for the facility's infection control program that includes early detection, analysis of evidence-based surveillance of infection, implementation, and management of healthcare associated infections by ensuring sources of infections were tracked/managed to isolate/prevent the spread of infection) designated for the facility. The facility was currently in a viral respiratory disease outbreak and this failure placed the residents and staff at risk for transmission of an infectious disease and/or unmet care needs.</p> <p>Findings included .</p> <p>During an interview on 03/19/2025 at 9:55 AM, Staff C, Unit Manager, stated Staff B, IP/Staff Development /Assistant Director of Nursing, was working in the role of IP as the last IP no longer worked at the facility.</p> <p>During an interview on 03/19/2025 at 12:45 PM, Staff B, stated they were hired to do IP/SDC.</p> <p>During an interview on 3/19/2024 at 1:03 PM, Staff A, Administrator, stated that Staff B was the acting facility IP but had not yet had training and did not have any IP certification.</p> <p>During an interview and record review on 3/28/2025 at 12:22 PM, surveyor requested a copy of Staff B's certification for IP. Staff A reported there were no records of Staff B's certification as they had not been enrolled in the certification program yet.</p> <p>Review of the facility's key personnel list, received on 3/28/2025, showed no staff was designated as the IP.</p> <p>No Associated WAC</p>		