

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

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  05/29/2025
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)		
F 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>42927</p> <p>Based on record review and interview, the facility failed to maintain a completed state reporting log for 2 of 3 (April and May 2025) months reviewed. The facility failed to ensure incidents were logged within 5 days of incident discovery. This failure placed residents at risk of unidentified patterns of alleged violations, which could include neglect, abuse and/or exploitation.</p> <p>Findings included .</p> <p>Review of the Nursing Home Guidelines, also known as the Purple Book, dated October 2015 showed the facility was to report to the state agency and one method of reporting was by the state reporting log. The incident was to be reported via the reporting log within 5 days of discovery.</p> <p>Review of the April 2025 state reporting log documented that twenty incidents were all logged on 04/30/2025. The dates of these incidents ranged from 04/19/2025 through 04/30/2025.</p> <p>Review of the May 2025 state reporting log documented thirty-one incidents were logged on 05/31/2025. The dates of these incidents ranged from 05/01/2025 through 05/25/2025.</p> <p>During an interview on 05/29/2025 at 3:18 PM, Staff A, administrator, stated the April 2025 reporting log had not been updated timely as the facility had a new Director of Nursing Services (DNS). Staff A reported they were not aware that the DNS had not been updating the May 2025 log timely and that they had not updated the log when the DNS had been on vacation for the last two weeks.</p> <p>Reference WAC 388-97- 0640 (2) (b)</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