

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 11/13/2025
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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure preparations were made for a safe discharge for 1 of 2 residents (Resident 1) reviewed for discharges. The facility failed to provide instructions upon discharge, evaluate the need for home health support or equipment needs and ensure resident had medications upon discharge. This failure placed residents at risk of an unsafe discharge and risk for medical complications. Findings included. Review of a facility policy, titled, Transfer or Discharge, preparing a Resident For, dated 10/01/2021, documented Nursing services and/or Social Services is responsible for: Obtaining orders for discharge or transfer, as well as the recommended discharge services and equipment, Preparing the medications to be discharged with the resident, Providing the resident or representative with required documents (i.e., Discharge Summary and Plan), The facility will complete a post-discharge plan of care that will assist the resident in adjusting to his or her new living environment. Resident 1 admitted to the facility on [DATE].Review of a progress note, dated 10/29/2025, documented Resident 1 packed up their belongings and discharged AMA (against medical advice).Review of Resident 1's electronic health record (EHR), showed no discharge instructions or discharge summary was completed.During an interview and record review on 11/07/2025 at 10:45 AM, Staff B, Resident Care Manager/Licensed Practical Nurse, stated discharge summaries and discharge instructions are completed in an assessment under the assessment tab in the EHR. Staff B reviewed Resident 1's EHR with surveyor and reported there were no discharge instructions or discharge summary in the EHR record.During an interview on 11/07/2025 at 2:28 P, Staff A, Administrator, stated Resident 1 had left the faciity on [DATE] and no discharge instructions or home health services were set up for resident until today when surveyor had brought it to their attention. Refer to WAC 388-97-0120 (3)(a)</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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