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	03/05/2026

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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **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 3 residents (Resident 1) reviewed for discharges. The facility failed to provide instructions upon discharge, provide wound care training and ensure medications and wound care supplies were provided at discharge. This failure placed residents at risk of an unsafe discharge and risk for medical complications. Findings included .<RESIDENT 1>Resident 1 admitted to the facility on [DATE] with diagnoses including diabetes, wound to right foot, and depression. Review of the residents' Minimum Data Set (an assessment tool) showed the resident had moderate cognitive impairment.Review of a progress note dated 02/20/2026, documented Resident 1 discharged home with family.Review of Resident 1's electronic health record (EHR), showed discharge instructions and discharge summary was incomplete.Review of Resident 1's EHR did not show documentation of wound care training.Review of a document titled Medications discharged with Resident did not include a blood pressure, antidepressant, and insulin medications.Review of Resident 1's discharge packet document did not show discharge instructions, discharge summary, physician orders for wound care to the resident's right foot, did not show documentation of wound care training, no documentation of wound care supplies, blood pressure, antidepressant, and insulin medications sent with the resident upon discharge from the facility. In an interview on 03/05/2026 at 1:13 PM, CC1 stated they were not educated for wound care, and did not receive wound care supplies or insulin for Resident 1 prior to the resident discharging from the facility.In an interview and record review on 03/05/2026 at 11:57 AM, Staff C, Social Services, reviewed Resident 1's electronic medical record and acknowledged the discharge instructions and discharge summary were incomplete. In an interview and record review on 03/05/2026 at 12:19 PM, Staff D, Licensed Practical Nurse, Nurse Manager, acknowledged Resident 1's discharge instructions and discharge summary were incomplete. Staff D acknowledged the discharge packet showed no orders for wound care to the resident's right foot wound, no documentation of wound care training, no documentation of medications for blood pressure, antidepressants, and insulin provided at discharge. Staff D stated wound care supplies and insulin would not be sent with the resident upon discharge from the facility.In an interview and record review on 03/05/2026 at 1:42 PM, Staff B, Registered Nurse, Director of Nursing, stated discharged residents would sign and receive a discharge packet containing a discharge summary, discharge instructions, physician orders, prescribed medications, and wound care training and supplies. Staff B reviewed Resident 1's discharge packet and acknowledged the discharge summary and discharge instructions were not included, the form titled Medications discharged With Resident did not include blood pressure, antidepressant, and insulin medications and was not signed by the resident and did not show wound care orders for the resident's right foot wound or documentation of wound care supplies. Staff B stated there was no documentation of wound care training provided prior to discharge. Reference WAC 388-97-0120 (3)(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