STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505325	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bainbridge Island Health & Rehab Center	835 Madison Avenue North Bainbridge Island, WA 98110

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to assess, implement interventions and notify the medical provider of inadequate fluid intake for 1 of 3 residents (Resident 1) reviewed for dehydration. This failure placed residents at risk for dehydration, thirst and decreased quality of life.Findings included.Review of the National Library of Medicine article, Hydration Status in Older Adults, dated 06/2023, showed that older adult men would require 2.0 L/d [liter per day and/or 1000 milliliters].Resident 1 was admitted on [DATE] with diagnoses including dementia and multiple sclerosis (a chronic disorder affecting your nervous system) and discharged on 06/15/2026. The discharge Minimum Data Set Assessment, an assessment tool, dated 06/15/2026, showed Resident 1 had severe cognitive impairment and was dependent on staff for eating and drinking.On 06/18/2026 at 4:17 PM, Collateral Contact 1 (CC1), hospital staff member, said that Resident 1 had been at the facility for two weeks for respite and when Resident 1 left the facility they were dehydrated and had to be hospitalized . Resident 1's care plan, dated 06/01/2026, showed Resident 1 was a total assist with eating and staff were to encourage fluid intake and assist to keep skin hydrated.Resident 1's fluid intake document, dated 06/02/2026 through 06/15/2026, showed Resident 1's daily intake as follows: 06/09/2026 240 cc [Cubic Centimeter, a unit of volume equivalent to one milliliter], 06/10/2026 600 cc, 06/11/2026 170cc, 06/12/2026 402 cc, 06/13/2026 111 cc, and 06/14/2026 60 cc.Review of Resident 1's electronic medical record on 07/01/2026, showed no documentation of notification to the medical provider and/or resident representative regarding Resident 1's low fluid intake.On 07/01/2026 at 2:15 PM, Staff A, Director of Nursing, said Resident 1 had been admitted to the facility for respite while their family member was away. Staff A said Resident 1 was very debilitated and was dependent on staff for all care. Staff A reviewed Resident 1's medical record and acknowledged Resident 1 had poor fluid intake. Staff A said Resident 1's medical record showed progressive decline during their stay, and no change of condition was sent to the medical provider per their usual procedure. Staff A said the nursing staff should have notified the resident's representative and the medical provider of Resident 1's failure to consume adequate fluids. Reference WAC 388-97-1060(1)-(3)

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