STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505327	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avamere Olympic Rehabilitation of Sequim	1000 5th Avenue South Sequim, WA 98382

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure sufficient nursing staff were available to provide assistance in a timely manner without long wait times, as evidenced by facility grievance records, and staff and resident interviews for 2 of 3 units (Units 1 and 3) reviewed for care related concerns. These failures placed residents at risk for unmet care needs and a diminished quality of life. Findings included.Review of the facility policy titled, Staffing, Sufficient and Competent Nursing, reviewed 09/2025, showed the facility would provide sufficient staff to assure resident safety, maintain their highest practicable well-being, and meet resident needs. Minimum staffing requirements imposed by the state would be adhered to but were not necessarily determinant of sufficient staffing; other factors included resident physical and cognitive limitations and acuity of the population. On 05/18/2026 at 2:41 AM, The State Agency received information regarding concerns for inadequate staffing and conditions that reduced staff's ability to meet required care standards. The report indicated that management was aware of the concerns but failed to make any changes in staffing.Grievances Review of the facility grievance log for 05/16/2026 through 06/15/2026 showed four resident grievances related to call light response time and one grievance related to missed showers. Four of the five grievance were on Unit 1. The grievances were as follows:On 05/15/2026, Resident 1 reported call light times had been longer than usual. Review of the call light audit showed that Resident 1 had call light wait times up to 23 minutes. On 05/28/2026, Resident 2 reported he had long call light wait times. Review of the call light audit showed call light wait times up to 35 minutes. On 06/01/2026, Resident 3 reported they had been having an ongoing problem getting their Monday showers. Review of Resident 3's shower Task report for 05/15/2026 to 06/15/2026 showed they did not receive their shower on Monday 06/01/2026. On 06/10/2026, Resident 4 reported it took over an hour for someone to answer their call light the night before. Review of the call light audit showed that Resident 4 had wait times of up to 17 minutes. On 06/12/2026, Resident 5 (unit 3) reported floor staff told them they had 20 minutes to answer their call light, but resident had a medical condition that made it difficult to wait that long to be assisted to the bathroom and he was unable to get there by himself. Review of call light audit showed Resident 5 had call light wait times of up to 34 minutes, with an emergency call light response time of 13 minutes.Review of the Resident Census, dated 06/15/2026, showed there was a total facility census of 70, with 37 residents residing on Unit 1.Review of information provided by Staff B, showed Unit 1 had 19 residents that transferred by mechanical assistance and required two staff members. Review of the staffing schedule for Monday 06/15/2025 showed that there were three Nursing Assistants (NAs) assigned to Unit 1 for day shift. InterviewsOn 06/12/2026 at 5:39 PM, a reporter who wished to remain anonymous, said the staffing concerns were mostly on the long-term side of the building, Unit 1, where there were more heavy care residents requiring mechanical lifts and staff assistance for activities of daily living. Resident 4 was admitted to the facility on [DATE]. The admission minimum data set (MDS), an assessment tool, dated 06/12/2026, showed Resident 1 was cognitively intact.On 06/15/2026 at 2:47 PM, Resident 4 said call light times were anywhere from ten minutes to two hours and seemed to be worse at shift (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	change. On 06/15/2026 at 2:54 PM, Staff E, NA, said they usually have 10-13 residents to provide care for on their shift and did not always have time to complete all of the tasks assigned, especially charting. Staff E felt there was not enough staff to provide timely care to the residents, especially Mondays when there were usually only three NAs scheduled on the unit. Staff E said they were not always able to take a lunch break in order to meet resident needs. Staff E said they had the opportunity to let management know there was not enough staff to meet resident needs, but there had not been a response.On 06/15/2026 at 2:59 PM, Staff D, Licensed Practical Nurse, said they were able to complete all tasks assigned to them but did not feel there was enough NAs assigned to the unit. She said, she did the best she could to help them. Staff D brought this to management's attention, and they were instructed to encourage, better time management.Resident 5 was admitted to the facility on [DATE]. The admission MDS, dated [DATE], showed Resident 5 was cognitively intact. On 06/15/2026 at 3:10 PM, Resident 5 said, call lights were usually answered in about 20 minutes, sometimes longer. Resident 5 said he recalled waiting 30 minutes on some occasions. Resident 5 said once he had a call light on and requested to go to the bathroom and the nursing assistant asked if he could wait until they had finished passing meal trays . he could not. Resident 1 was admitted to the facility on [DATE]. The quarterly MDS, dated [DATE], showed Resident 1 was cognitively intact. On 06/16/2026 at 1:55 PM, Resident 1 said they did not really use their call light much, but the response times depended on how many other residents needed help at the time. Resident 1 said they did not think there was enough staff to meet resident needs, they said there were two staff assigned to this hall and they really needed three. On 06/16/2026 at 2:50 PM, Staff C, Registered Nurse (RN), Resident Care Manager, said he believed that staffing was determined by the census and meeting state requirements. He did feel Unit 1 would benefit from more staff to better meet the acuity of the unit and meet resident needs timely. Staff C has heard from Unit 1 staff that they need more help, and he has reported it to Staff A and B. The response was that the unit was adequately staffed. Staff C said he would not expect residents to wait 20 minutes or longer for a call light to be answered. Staff C said the facility did not use agency staff.On 06/16/2026 at 3:34 PM, Staff B, RN, Director of Nursing Services, said they had a weekly meeting to discuss staffing, and Staff A, Administrator, lets them know how many staff they can have based on census, however the numbers can change based on needs and acuity. Staff B reported she had not heard directly from staff that Unit 1 may require more staff. Staff B said they generally felt the unit was adequately staffed but at times residents may be more needy and have frequent call lights and that gets stretched sometimes. Staff B said they would not expect residents to wait 20 minutes for call light response and would prefer to have more staff available to meet resident needs in a timely manner. Staff B said the facility did not use agency staff. On 06/16/0206 at 4:04 PM, Staff A, Administrator said staffing was a collaborative conversation between himself and Staff B. Staff A said staff had reported to him that they needed more help on the floor, stating, whether there is two or ten on the floor there is the impression there could be more. Staff A said they have tried to staff a fifth person on Unit 1 when they can. Staff A said they have tried to have supplies ready for staff and worked with staff regarding time management. Staff A said he did not expect residents to wait 20 minutes to receive assistance from staff but felt those were outliers, or events that pull staff away once in a while. Staff A said they were working on a contingency plan to manage staffing when there were call-ins, they do not use agency staff as they were not needed and felt there was enough staff to meet resident needs. Reference WAC 388-97-1080 (1) (9)