STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505338	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Snohomish of Cascadia, LLC	800 10th Street Snohomish, WA 98290

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 interviews and record reviews, the facility failed to ensure a safe discharge plan was in place for 1 of 2 residents (Resident 1) reviewed for discharges. The facility failed to provide discharge instructions, discuss medications, notify family and provider and provide community resources upon discharge. These failures placed residents at risk of an unsafe discharge and risk for medical complications.Findings included . According to the facility policy titled Transfer and Discharge revised on 10/15/2022, documented that in a situation where the resident signs out of the facility, or leaves Against Medical Advise (AMA), the medical record must have evidence of discussion with the resident to make it a safe discharge.Resident 1 was initially admitted to the facility on [DATE] and re-admitted on [DATE]. According to the admission Minimum Data Set (MDS - an assessment tool) assessment dated [DATE], Resident 1 had moderate cognitive impairment, had impaired vision and used a front wheeled walker. Review of Resident 1's hospital Discharge summary dated [DATE] documented that the resident did not have decisional capacity that was determined by psychiatry and that the surrogate decision maker was resident's next of kin which was their son.Review of Resident 1's progress note dated 12/29/2025 at 6:47 AM, a facility nurse documented they contacted the resident on their cell phone at shift change regarding the fact that they left without notifying anyone yesterday afternoon, 12/28/2025 and had not returned. Resident 1 stated they were in a motel and did not want to return to the facility and if they did return it would be to just get their things and leave.Review of the facility Patient Sign In & Out Log dated 12/28/2025 at 3:35 PM, showed Resident 1 had signed out but there was no sign in date and time.Review of Resident 1's Electronic Health Record (EHR) showed no discharge instructions or discharge summary had been completed. There was no documentation that they notified the residents emergency contact, the provider or Adult Protective Services (APS).In an interview on 01/12/2026 at 2:41 PM, Staff C, Registered Nurse (RN) stated that when a resident leaves AMA, they inform the nurse manager, and they try to educate the resident why it's not a good idea to leave AMA. In a joint interview on 01/14/2026 at 10:34 AM, with Staff D, RN/Resident Care Manager (RCM) and Staff E, RN/RCM. Staff E stated, when a resident leaves the facility and stays out overnight and the facility is not aware, they inform the Administrator right away and they try to locate the resident. If they could not locate or contact the residents, then they would notify the police department. Staff E stated the Administrator or Social Services would notify APS. Staff D stated that when a resident leaves AMA they educate the resident on the risk of leaving AMA and they would try to make sure that the resident will be safe. Staff D stated that they would then notify their Administrator and/or Social Services, and they would be the ones that would notify APS. Staff D added that they also contact the resident's family members or the one that was listed in the resident's contact information. Staff D stated this should all be documented in the progress note in residents' EHR.In an interview on 01/14/2026 at 11:05 AM, Staff F, Social Services stated that if a resident (continued on next page)

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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