STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. Based on interview and record review, the facility failed explain and ensure residents understood the arbitration agreement for 3 of 3 residents (Residents 74, 75, and 81) when reviewed for arbitration agreement. This failure placed residents at risk of forfeiting their right to a jury trial, inability to seek restitution for errors made by the facility, and a diminished quality of life.Findings included .Review of Resident 74's arbitration agreement, dated 11/18/2025, was electronically signed by them. Review of Resident 74's electronic medical record documented they had a diagnosis of dementia, their Brief Interview for Mental Status (BIMS) assessment score was 7 out of 15 (indicative of severe impairment), and their family member was their power of attorney.Review of Resident 75's arbitration agreement, dated 11/04/2025, was electronically signed by them.Review of Resident 81's arbitration agreement, dated 11/16/2025, was electronically signed by them.In an interview on 11/19/2025 at 2:02 PM Staff C, Admissions Coordinator, stated they assisted and reviewed the arbitration agreement with residents upon their admission and with their admission agreement. When asked how the arbitration agreement was explained to residents, Staff C stated it's the financial agreement for the patient, what fees were owed to the facility and ultimately a financial agreement.In an interview on 11/19/2025 at 2:18 PM Staff A, Administrator, stated the arbitration agreement was not just a financial agreement. Staff A stated arbitration was used if a resident had a dispute they would try to through arbitration. Staff A stated the arbitration was not binding and all residents had the right to sue. In a group interview in Resident Council on 11/20/2025 at 10:35 AM asked if residents were explained what arbitration agreements were and if they were informed of their rights when signing one. Three residents stated they were unaware of what arbitration was and were not provided with explanations of their rights.No WAC reference

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure staff were compliant with Infection Prevention and Control Guidelines and standards of practice for 1 of 1 residents (Resident 81) reviewed for Transmission Based Precaution (TBP-are a set of infection control measures used in healthcare settings to prevent the spread of infectious diseases that are transmitted through contact with an infected patient, their bodily fluids, or contaminated surfaces or objects), 1 of 1 residents (Resident 3) observed during wound dressing change, 1 of 1 residents (Resident 78) observed for a Peripherally Inserted Central Catheter (PICC- a long, thin tube inserted into a small arm vein and threaded to a large vein near the heart) dressing changes and the develop a facility water management program to protect against the transmission of Legionella (serious type of pneumonia called Legionnaires' Disease).Findings included .<RESIDENT 81> Resident 81 was admitted to the facility on [DATE] with diagnosis to include Clostridium Difficile infection (C. Diff – a highly contagious bacterium that causes diarrhea and inflammation of the colon). According to the admission Minimum Date Set (MDS-an assessment tool) assessment, dated 10/21/2025, resident was cognitively intact. In an observation on 11/19/2025 at 2:57 PM, Resident 81 was not in their room. There was a sign at the left side of the resident's door that stated Contact Enteric Precaution (CEP). In the sign it showed, prior to entering the room, to wash or gel (hand sanitizer) applied to their hands and to wear a gown and gloves. The CEP sign directed staff to use soap and water upon leaving the room. Record review of Resident 81's electronic medical record (EMR) documented the resident was on CEP due to C. Diff. In an observation and interview on 11/19/2025 at 8:57 AM, Resident 81 was in their wheelchair (w/c) in the hallway being pushed by Staff O, Certified Occupational Therapy Assistant) without any Personal Protective Equipment (PPE – gear worn to minimize exposure to illness or injury). Staff O assisted the resident into their room. When Staff O came out of the room, they were asked what the contact precaution sign was for, they stated they were not sure and would go ask the nurse. Staff O came back and stated the resident had C diff. Staff O stated the resident was at the gym. When asked about the precaution, Staff O stated as long as C. diff was contained, they were directed to work with the resident at the gym and wiped everything down the resident touched. When asked why they did not wear PPE, they stated as long as they did not touch the resident's brief, they were okay not to wear PPE. Staff O was observed to enter Resident 80's room, placed gloves on but did not place a gown on, and heard staff inform the resident that they were putting their call light next to them. Staff O then took the gloves off, washed their hands, and left the room. In an observation and interview on 11/19/2025 at 10:06 AM, Staff M, NAC, went into Resident 81's room and did not wear PPE. When they left the room, Staff M was observed to use gel to clean their hands. When asked if they knew of the precaution for Resident 81, they stated that they were only dropping off a water pitcher for the resident and did not need to wear PPE. A few minutes later, Staff M came back and stated they were supposed to wear PPE in rooms that had contact precaution signs even just to bring water to the resident. In an interview on 11/19/2025 at 10:55 AM, Staff B, Director of Nursing, stated a resident who was on CEP may leave the room for medical necessity if they met the 3 C's – continent, cognizant and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	contained per the Department of Health. Resident 80 met those criteria, that's why the resident was able to go to the gym to do their exercise, Staff B added staff who transported the resident was not required to wear PPE. Then Staff B stated that the room was contaminated, and the staff should have worn PPE upon entering the room. Staff B then paused and stated they would provide documentation regarding contact enteric precautions. In an interview on 11/21/2025 at 1:01 PM, Staff G, Licensed Practical Nurse (LPN)/Infection Preventionist Nurse, stated staff were notified about residents on precautions during their Interdisciplinary Team meetings in the morning, all the managers were informed, and they then informed their staff. For residents who were on TBP, their expectation was for staff to wear PPE prior to entering the room. When asked about residents who were on CEP being taken to the gym, Staff G stated it was decided on a case-by-case basis and the resident had to be continent, infection had to be contained, and the resident had to have clean clothes. They added they tried not to keep a resident in their room just because they had C. Diff. Requested Staff G provide a copy of the guidelines, they were following regarding residents on CEP. Review of the document provided by Staff G titled, CDC Infection Control, Transmission-Based Precaution, dated 04/03/2024, it was documented, Uses PPE appropriately including gown and gloves. Wear gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning PPE upon room entry . GRESIDENT 3> Resident 3 was admitted to the facility on [DATE] with diagnoses to include chronic ulcer of the left foot and Type 2 Diabetes Mellitus (chronic condition where the body doesn't use insulin properly, leasing to high blood sugar levels). According to the quarterly MDS assessment, dated 09/05/2025, the resident was cognitively intact. In an interview on 11/19/2025 at 2:26 PM, Resident 3 stated the facility does change their left floor wound dressing daily. Review of the provider order, dated 11/14/2025, documented daily dressing change to Resident 81's left lower extremity wound, cleanse with normal saline, apply Alginate (a type of wound care dressing) to their scabbed wounds, Iodosorb (a type of wound gel) to the wound beds only, then cover with gauze and secure with kerlix and Coban with light stretch. In an observation on 11/21/2025 at 10:27 AM, Staff N, LPN, and Staff G were preparing to do the dressing change on Resident 3's left foot wound. Both staff were gowned and wearing gloves. Staff N performed the dressing change and Staff G assisted them. Staff N removed the old dressing, cleansed the wound, removed their gloves, and donned (put on) a new pair of gloves without performing hand hygiene. Staff N preceded to clean the wounds, removed their dirty gloves, and donned a new pair of gloves without performing hand hygiene. Staff N applied the treatment to the resident's wound with their left gloved hand, then removed their left glove, and donned a new glove without performing hand hygiene. Staff N applied skin prep on the sole of the left foot, then remove their gloves off and donned a new pair of gloves without performing hand hygiene. Once the kerlix and Coban were applied, Staff N removed their gloves and gown off then used gel to clean their hands. In an interview on 11/21/2025 at 11:00 AM, Staff N stated they cleaned their hands every time they enter a resident's room and in between resident care. When asked when they perform hand hygiene (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	during wound care, Staff N stated they use gel when they enter the resident's room, and when they were done with the dressing change. Staff N stated they do not perform hand hygiene in between glove changes because their hands were already clean thus, they do multiple glove changes to keep their hands clean. Staff N stated if they do hand hygiene between glove changes then it will take hours to get finished. In an interview on 11/21/2025 at 1:01 PM, Staff G stated staff should do hand hygiene every time they donned new gloves. Staff G stated they would provide more education to staff regarding hand hygiene. <RESIDENT 78> Resident 78 admitted to the facility on [DATE] with diagnoses to include heart failure and osteomyelitis (an infection in the bone). On 11/19/2025 at 11:10 AM, Resident 78's had a PICC observed in the resident's right arm. The dressing covering the PICC was dated 11/02/2025. On 11/20/2025 at 2:45 PM, observed Resident 78's PICC dressing dated 11/02/2025. On 11/21/2025 at 9:45 AM, observed Resident 78's PICC dressing dated 11/02/2025. Review of Resident 78's Medication Administration Record (MAR) for November 2025, documented a physician's order to change the PICC dressing site 24 hours post, insertion, on admission, every week and as needed with a transparent dressing and change the catheter securement device every week and as needed. Review of the MAR for November 2025 showed no documentation of the dressing had not been changed since Resident 78 admitted on [DATE]. In an interview on 11/21/2025 at 9:46 AM Staff G stated Resident 78's PICC dressing was dated 11/02/2025 and should have been changed upon admission to the facility, and then weekly. When asked why Resident 78's PICC dressing should have been changed at admission and then weekly Staff G stated it was for infection control and integrity of the dressing as it could peel up at the edges and cause the PICC to not be aligned correctly. In an interview on 11/21/2025 at 12:40 PM Staff B stated the PICC dressing was on the MAR for Resident 78, but was transcribed incorrectly and was not visible to the nurses caring for the resident. <WATER MANAGEMENT/LEGIONELLA> On 11/20/2025 at 09:22 AM, the water management book for Legionella was requested from Staff X, Maintenance Director. Staff X stated Staff G had the Legionella water management book and that they would make sure I received the book to review. On 11/20/2025 at 09:26 AM, Staff X stated Staff G did not have the Legionella water management book and Staff B would have it ready in a bit. On 11/21/2025 at 10:58 AM, requested the Legionella water management book from Staff B, who stated they would provide it to the surveyor. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 11/21/2025 at 1:30PM Staff A, Administrator, brought two pieces of paper, dated July 2025, with two testing sites for water. There was no book or binder provided that had the water flow diagram to be able to find where stagnant water may collect and cause Legionella concerns, there was no water management plan provided. A request was made to Resident A for the completed water management binder that included a flow diagram of water pipes, etc. in the facility. On 11/21/2025 at 3:00 PM, Staff A delivered an incomplete water management binder that did not have a facility risk assessment to identify where Legionella or other opportunistic waterborne pathogens could grow or spread, there were no flow diagram sheets to identify opportunistic places. No further information was provided. Reference WAC 388-97-1320(1)(a)(c)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. Based on interview and record review, the facility failed to follow-up on concerns of the resident council related to resident care for 4 of 5 resident council meeting minutes (June-August 2025 and October 2025) when reviewed for resident council. This failure placed residents at risk for unmet care needs and a diminished quality of life. Findings included .Review of the facility policy titled, Policy and Procedure for addressing resident concerns from Resident Council, undated, documented if there was a concern brought up from resident council, a grievance form would be filled out. Missing clothing, concerns about food, concerns about care and/or call light response time required a grievance form completed and turned into the administrator, director of nurses, and the social services director with the resident council minutes. Review of Resident Council Minutes for the following months showed:06/11/2025 documented noise at shift change and concerns for call light response at shift change.07/09/2025 documented showers requested for more than twice a week and concerns of running out of washcloths and clothing protectors.08/13/2025 documented noise at shift change and want to know when showers were scheduled.10/12/2025 documented concerns related to call light response times and a resident's preference for their medication to be provided.Review of the Grievance Log from June 2025 through August 2025 and October 2025 showed no documented grievances consistent with concerns/grievances voiced at resident council.In a brief interview on 11/19/2025 at 2:40 PM, Resident 29, Resident Council President, stated they attempted to resolve concerns within the resident council meeting without escalating them to the facility administration.During Resident Council Meeting on 11/20/2025 at 10:00 AM Resident 29 stated they were the grievance official for the facility.In an interview on 11/21/2025 at 3:20 PM, Staff D, Activities Director, stated they completed grievance forms for concerns expressed at resident council. Staff D stated they encouraged residents who voiced concerns to fill out grievance forms, and they filled one out if the resident does not. When asked if they follow up with resident council about grievances discussed there, Staff D stated they do not, they follow up with the resident who voiced the grievance. Reference WAC 388-97-0920

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0572 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Give residents a notice of rights, rules, services and charges. Based on interview and record review the facility failed to ensure residents were provided notices of their resident rights, both orally and written, annually for interviewed in the resident council for 4 of 10 who attended (Residents 6, 8, 29, 30). This had the potential to affect all residents in the facility.Findings included .During a Resident Council meeting on 11/20/2025 at 10:00 AM, four of 10 residents who attended stated they were not aware of their resident rights. When asked if staff talk about and review the rights of residents in the facility Residents 6. 8, 29 and 30 indicated they had not.During an interview on 11/20/2025 at 10:00 AM, Staff D, Activities Director, stated they had not been reviewing the resident rights in the resident council meeting and would be doing so moving forward. Staff D stated they were unaware they should be reviewing resident rights during the resident council meetings.Reference WAC 388-97-0300 (1) (a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the Minimum Data Set (MDS-an assessment tool) assessment accurately reflected the status for 3 of 14 sampled residents (Resident 8, 58, and 80) reviewed for accuracy of assessments. This failure placed residents at risk for unmet care needs and a diminished quality of life. Findings included . <RESIDENT 8> Resident 8 was admitted to the facility on [DATE] with diagnoses to include End Stage Renal Disease (ESRD - final stage of kidney disease where kidneys can no longer function adequately requiring dialysis), malnutrition (body does not receive enough protein and calories to maintain proper health), and epilepsy (neurologic disorder characterized by recurrent seizures). Review of Resident 8's Quarterly MDS assessment, dated 10/09/2025, showed the resident required supervision or touching assist to eat meals. Review of the Centers for Medicare &Medicaid Services Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual showed supervision or touching assist with meals was defined as a helper provided verbal cues and/or touching/steadying and/or contact guard assistance as the resident completed the activity. Assistance may be provided throughout the activity or intermittently. Review of Resident 8's Kardex, dated 10/09/2025, showed they ate independently after set up assistance. Review of Resident 8's care plan showed they ate independently after set up. In an observation on 11/19/2025 at 9:30 AM, Resident 8 was observed in their room eating breakfast independently, no staff visualized to supervise or assist the resident. In an observation on 11/20/2025 at 9:24 AM, Resident 8 was observed in their room eating breakfast independently, no staff visualized to supervise or assist the resident. In an interview on 11/20/2025 at 12:08 PM, Staff U, Licensed Practical Nurse (LPN/Admissions Nurse Manager/Resident Care Manager (RCM), stated Resident 8 was independent with eating. In an interview on 11/24/2025 at 11:35 AM, Staff J, LPN/MDS Nurse/Restorative Nurse, stated they were responsible for filling out the section of the MDS for eating. Staff J stated they obtain their information from reviewing progress notes in the resident's medical records. Staff J confirmed Resident 8 was coded in the MDS assessment to have supervision or touching assist to eat. Staff J stated Staff B, Registered Nurse/Director of Nursing Services, had to review their MDS documentation to sign it off. In an interview on 11/24/2025 at 11:53 AM, Staff B stated their expectation was Staff J follows the RAI user manual and completed the MDS assessments. Staff B stated resident's status were reviewed in their interdisciplinary team meetings. Staff B stated they review Staff J's documentation for accuracy to make sure the correct interventions and care plan were in place. Staff B stated eating supervision or touching assistance meant the resident required set up assist for meals. Staff B did not answer when asked about what touching assist would mean. Staff B stated Resident 8 was (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	independent with eating. <LIMITED RANGE OF MOTION> <RESIDNET 58> Resident 58 was admitted to the facility on [DATE] with diagnoses to include transient cerebral ischemic attack (TIA- A short-term block in blood flow to the brain that causes symptoms similar to a stroke.), dementia, muscle weakness, and lack of coordination. Review of a hospice progress note, dated 01/27/2025, documented Resident 58 developed a contracture (a condition characterized by the tightening and stiffening of soft tissue, which can lead to reduced flexibility and range of motion) to their left elbow and hand. Review of the Quarterly MDS assessment, dated 5/2/2025, and Significant Change MDS assessment, dated 06/27/2025, documented no functional impairment to Resident 58's upper or lower extremities. In an interview on 11/24/2025 at 11:34 AM Staff J stated a contracture should be coded on the MDS under functional impairment. Staff J stated they completed all sections of the MDS except for social service sections pertaining to mood/behavior, cognition and discharge planning. Staff J stated once the MDS was completed it was sent to Staff B for their signature. When asked if hospice notes were reviewed as part of data collection for the MDS, Staff J stated they do glance at the hospice notes. <RESIDENT 80> Resident 80 was admitted to the facility on [DATE] with diagnoses to include Stroke with hemiplegia (paralysis or severe weakness of muscle on one side of the body, affecting arm, leg and sometimes the face). According to the 5-Day Minimum Data Set assessment, dated 11/03/2025, the resident had moderately impaired cognition, adequate vision, and no impairment of both upper extremities. In an interview on 11/20/2025 at 8:44 AM, Resident 80 stated they could not read regular size font letters and their left side vision was limited due to stroke. The resident stated they could not move their left arm and left leg due to a stroke. In an interview on 11/24/2025 at 9:00 AM, Staff L, Nursing Assistant Certified (NAC), stated Resident 80 had impaired vision and staff assisted them in reading their menu. Staff L added the resident required extensive assistance with dressing. In an interview on 11/24/2025 at 9:45 AM, Staff G, LPN/RCM, stated Resident 80 had impaired vision on their left side from a stroke and was paralyzed on their left side. In an interview on 11/24/2025 at 10:15 AM, Staff N, LPN, stated Resident 80 had impaired vision, and staff helped the resident read regular sized fonts upon request such as the menu selections. In an interview on 11/24/2025 at 11:35 AM, Staff J stated they assessed residents' vision by asking the residents to read the menu or activity papers on the residents overbed table. When asked how they filled out section GG – Functional Assessment in the MDS, they stated during the Interdisciplinary Team, held twice a week, they discussed residents' mobility status, and reviewed documentation in the EMR. When asked about Resident 80's vision, Staff J stated Resident 80 was (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	able to read during their assessment and they did not see any diagnoses regarding the resident's vision in their chart. Regarding Section GG, Staff J stated that it was an oversight and would correct the resident's MDS assessment dated [DATE]. Reference WAC 388-97-1000 (1)(b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. Based on interview and record review, the facility failed to complete annual staff performance reviews yearly as required and provide education based on the outcome of these reviews for 3 of 6 sampled staff (Staff R, S, and T) reviewed for performance reviews. This failure placed residents at risk of receiving care from inadequately trained and/or underqualified care staff, and diminished quality of life. Findings included .<Staff R>Review of Staff Rs', Nursing Assistant Certified (NAC), personnel file showed they were originally hired on 06/20/2023. No documentation of a performance evaluation was found. <Staff R>Review of Staff R's, NAC, personnel file showed they were originally hired on 09/27/2023. No documentation of a performance evaluation was found. <Staff T>Review of Staff T's, NAC, personnel file showed they were originally hired on 04/30/2024. No documentation of a performance evaluation was found.In an interview on 11/24/2024 at 12:30 PM Staff B, Director of Nurses, stated there was a new system in which annual reviews were being electronically coordinated. Staff B stated they attempted to complete all annual reviews, but there were some that were not completed due to delay by the staff member needing to complete their portion electronically.Reference WAC 388-97-1680 (1)(2)(a-c)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on interview and record review the facility failed to ensure 3 of 5 nurse aides (Staff S, T and W) had their required 12 hours of in-service training. The failure to ensure Nursing Assistants Certified (NACs) received 12 hours per year in-service training placed residents at risk of less than competent care and services from staff. Findings included . In a review of the NAC training hours showed Staff S, T and W had not received a minimum of 12 hours of training within the year.In an interview on 11/19/2025 at 10:30 AM Staff B, Director of Nursing Services, stated they had a new electronic system in place which did not record all training completed in an easy-to-read format. Staff B stated the staff development coordinator had not kept records of staff's training accurately. WAC 388-97-1680(2)(a-c)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give the resident's representative the ability to exercise the resident's rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that power of attorney (POA) legal documents were in the resident's medical record for 1 of 4 (Resident 5) residents reviewed for advance directives. This failure placed the resident at risk of having someone make medical decisions for the resident without proper legal authority, possible unmet care needs, or unwanted medical treatments.Findings included .Resident 5 was last admitted to the facility on [DATE] with diagnoses to include heart failure, depressive disorder, anxiety disorder and chronic obstructive pulmonary disease (COPD) (lung disease characterized by obstructed air flow, which causes shortness of breath, and chronic cough)Review of Resident 5's electronic heath record (EHR) showed they had a POA listed on their profile page, which indicated the POA was for financial, care and medical decisions.Review of Resident 5's EHR showed there were no legal POA documents found or provided.In an interview on 11/20/2025 at 12:08 PM, Staff U, Licensed Practical Nurse / Admissions Nurse Manager/ Resident Care Manager, stated they would not add a POA to a residents EHR without having been provided legal documents. Staff U verified that Resident 5's profile page showed they had a POA documented and were unable to locate POA documents in the EHR.In an interview on 11/24/2025 at 9:38 AM, Staff F, Social Services Director, stated they would not document a POA in the resident's EHR without having the POA documents and would instead document the resident had a point of contact person, which is someone who could be notified or contacted by the facility if needed. Staff D stated they had asked Resident 5's family for the POA documents and had never received them. Staff D verified that Resident 5's profile page had listed a POA and did not have a copy of the legal document.Reference WAC: 388-97-0280 (3)(c)(i-ii)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview and record review, the facility failed to ensure timely reporting of an allegation of neglect to the State Agency for 1 of 1 resident (Resident 78) reviewed for abuse/neglect reporting. This failure placed residents at risk for potential unidentified and ongoing abuse and lack of protection from abuse.Findings included .Review of the facility policy titled, Abuse and Neglect Policy, undated, documented the reported allegations of abuse or neglect by following nursing home guidelines outlined in the Purple Book.Review of the Purple Book, dated October 2015, documented a report must be made when there was a reasonable cause to believe violations had occurred involving abuse, neglect, abandonment, mistreatment, injuries of unknown source, personal and/or financial exploitation, or misappropriation of resident property. Neglect was defined as 1) pattern of conduct or inaction by an individual or entity with a duty of care for nursing home residents. Or 2) a one-time act or omission by an individual or entity with a duty of care for nursing home residents.In an interview on 11/19/2025 at 11:10 AM, Resident 78 stated the night before they had to wait over an hour to have their brief changed. Resident 78 stated they were soiled with feces and urine and when left unchanged they developed a rash. On 11/19/2025 at 1:30 PM, Staff B, Director of Nursing Services (DNS), was informed of Resident 78's allegation of neglect and they stated they would follow the facility process.In an interview on 11/21/2025 at 9:46 AM, Resident 78 stated they were fully soaked in urine, had used their call light during the night several times, and did not obtain assistance for a brief change.In an interview on 11/21/2025 12:40 PM, Staff B stated they had reported Resident 78's allegation of neglect to the state reporting agency.On 11/24/2025 at 11:46 AM requested from Staff B Resident 78's incident report from 11/19/2025 by electronic communication.On 11/24/2025 at 2:58 PM, the incident from 11/19/2025 was requested again from Staff B. Staff B stated the incident had not been logged, had been placed on a grievance, and not called in until Resident 78 had made an additional allegation of neglect on 11/21/2025.Review of an electronic communication dated 11/24/2025 at 10:00 AM, from Staff F, Social Services Director, documented they met with Resident 78 on 11/19/2025 and discussed the allegation of neglect and Staff F found this was not a pattern, thus not neglect.On 11/25/2025 at 12:45 PM, Staff B provided the incident report, dated 11/21/2025, for Resident 78 and the grievance dated 11/19/2025 by electronic communication. When asked about how they ruled out neglect within two hours, Staff B documented they had followed the guidance from the Purple Book and it did not meet the criteria of neglect at the time as there was no pattern.Reference: (WAC) 388-97-0640 (5)(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to develop comprehensive care plans to reflect the resident's current medical status and/or to include all provided nursing services for 1 of 1 resident (Resident 19) reviewed for edema management, 1 of 1 residents (Resident 80) reviewed for stroke and impaired vision. These failures placed residents at risk of not receiving needed care, decline in condition, and diminished quality of life. Findings included .<EDEMA MANAGEMENT> <RESIDENT 19> Resident 19 admitted to the facility on [DATE] with diagnoses to include developmental disability and localized edema (swelling). In a review of Resident 19's admission and Quarterly Nursing assessment dated [DATE] documented they had swelling to both their lower legs. Review of Resident 19's care plan dated 10/29/2025 documented they had pain related to edema and had potential for skin issues related to edema. Resident 19's care plan provided no description of their edema, how it manifested, or how to manage it. In an interview on 11/24/2025 at 12:00 PM, Staff B, Director of Nursing Services (DNS) stated that care plans were based on interview with residents on admission, then MDS nurse does their interview and personalized the care plan then they also put in the resident's preferences. Staff B stated that they expect the care plans to be documented to what care the residents were receiving. <STROKE AND IMPAIRED VISION> <RESIDENT 80> Resident 80 was admitted to the facility on [DATE] with diagnoses to include Stroke that caused paralysis. According to the 5-Day Minimum Data Set (MDS-an assessment tool) dated 11/03/2025 the resident had moderately impaired cognition. In an interview on 11/19/2025 at 10:20 AM, Resident 80 stated that they were paralyzed on their left side. Resident 80 stated they wanted to place a note on the wall informing staff not to put things on their left side. In an interview on 11/20/2025 at 8:44 AM, Resident 80 stated that they could not read regular size letters and their left sided vision was limited. Resident viewed a document with regular print that was at the bedside and stated they could not read it. Resident 80 stated they were unable to read their menu and need assistance from staff. Review of Resident 80's care plan showed there was no documentation regarding the resident's impaired vision. The interventions regarding resident's stroke did not specify on the resident's needs of having things placed on their right side, there was no mention about the resident requiring assistance with their menu. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident 80's Kardex (a quick-reference tool of resident's care needs) showed no documentation regarding the resident's impaired vision, required assistance with their menu selection or setting things on the resident's right side due to paralysis on the left side. In an interview on 11/24/2025 at 9:00 AM, Staff L, Nursing Assistant Certified (NAC) stated that Resident 80 had impaired vision and staff assisted the resident to read their menu. When asked how they find out information on how to care for a resident, Staff L stated that they do bedside reporting with the previous shift, review the Kardex, or the nurse will give them information. In an interview and record review on 11/24/2025 at 11:30 AM, Staff G, Resident Care Manager (RCM), stated all nurses had access and can update the care plan. Staff G stated a resident's care plan was initiated during the admission process and the MDS nurse updated it after they completed the admission MDS assessment, and the care plan was updated quarterly. Staff G stated that impaired vision and placing things on the residents right side due to left sided paralysis would be documented on the care plan. Staff G reviewed the care plan with the surveyor and reported that there was no documentation regarding the resident's impaired vision and there were no interventions related to Resident 80's left sided paralysis. In an interview on 11/24/2025 at 12:00 PM, Staff B, was informed that Resident 80's care plan did not include impaired vision and lacked interventions for their left sided paralysis. Staff B stated they would review the care plan to ensure they were geared to the residents specifically. Reference WAC 388-97-1020(1)(2)(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide services that ensured a resident's abilities in activities of daily living (ADLs) did not diminish for 1 of 2 sampled residents (Resident 19) reviewed for activities of daily living. This failure put residents at risk for physical decline and decreased quality of life.Findings Included .Resident 19 admitted to the facility on [DATE] with diagnoses to include developmental disability and need for assistance with personal care. Review of Resident 19's Brief Interview for Mental Status (BIMS - an assessment tool used to screen for cognitive impairment) dated 10/23/2025 documented a score of 8 out of 15, indicating the resident had moderate impairment. Review of Resident 19's care plan, dated 10/29/2025, documented they required limited assistance by one staff with personal hygiene and oral care. In an observation and interview on 11/19/2025 at 10:03 AM, Resident 19 stated they did not know where their toothbrush was located and thought their toothbrush was in their bedside table. Resident 19 provided consent to look in their bedside table drawer and bathroom, there was no toothbrush observed in either location. Resident 19 was observed to have gray and white matter in between their teeth and at their gumline. When a toothbrush was not located, Resident 19 stated their toothbrush was at home and they would brush their teeth when they returned home. On 11/20/2025 at 9:26 AM observed Resident 19's teeth with debris in in between their teeth and at their gumline. In an observation and interview on 11/20/2025 at 9:54 AM, Staff M, Nursing Assistant Certified (NAC), stated when they start their shift, they check all the residents, assist with getting them changed and dressed, provide breakfast room trays, and afterward assist residents with oral care and changing clothing if needed. When asked about Resident 19's toothbrush, Staff M stated they were not assigned to care for Resident 19, but would look for their toothbrush. Observed Staff M look through Resident 19's bedside table, bathroom, and closet. Staff M stated they were unable to locate Resident 19's toothbrush. Staff M stated Resident 19 required assistance with their oral care. In an interview on 11/20/2025 at 9:58 AM Staff P, NAC, stated they were assigned to care for Resident 19. Staff P stated every morning they provide Resident 19 and other residents with warm washcloths to wipe their face. Staff P stated they then take the vitals of Resident 19 and other residents. Staff P stated they provided Resident 19 with their toothbrush and toothpaste to brush their teeth. In an interview on 11/24/2025 at 10:19 AM Staff G, Resident Care Manager/Licensed Practical Nurse, stated they expected staff to provide oral care to residents two to three times daily. Staff G stated all residents were to have a toothbrush, if a resident did not have a toothbrush at admission, one would be provided to them. Staff G stated they were unaware Resident 19 did not have a toothbrush. Refer to WAC 388-97-1060(1)(2)(a)(i)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide the assistance with activities of daily living (ADL's) for 1 of 2 sampled dependent residents (Resident 58) reviewed for ADL's. The facility failed to provide one-to-one feeding assistance to Resident 58. This failure placed residents at risk for inadequate nutrition and unmet care needs and a diminished quality of life. Findings Included.Resident 58 was admitted to the facility on [DATE] with diagnoses to include transient cerebral ischemic attack (TIA- A short-term block in blood flow to the brain that causes symptoms similar to a stroke), dementia, muscle weakness and lack of coordination.Review of Resident 58's care plan, dated 09/23/2024 and revised on 08/27/2025, documented they required one-to-one assistance to eat their meals.In a continuous observation starting at 11/20/2025 at 12:01 PM, Resident 58 was observed in common area, across from the nurse's station, with their lunch on an overbed table in front of them. Resident 58 was not wearing a clothing protector and was covered in a blanket. Resident 58 was eating their lunch with their right hand/fingers spilling on their blanket. At 12:16 PM Staff P, Nursing Assistant Certified (NAC), ask Resident 58 if they needed assistance. Resident 58 stated yes and Staff P then assisted them.In an observation and interview on 11/21/2025 at 9:27 AM, Resident 58 was observed in their bed with their breakfast tray on their overbed table in front of them. Resident 58's head of bed was position at a 45-degree angle, their head was hanging down, chin to their chest. Resident 58's meal tray contained a full glass of juice and milk, full bowl of oatmeal, a full plate of eggs and French toast and an unopened health shake. Observed Staff Q, NAC, enter Resident 58's room, remove their meal tray from the over bed table and remove the clothing protector from their chest. Resident 58 was not offered anything else to eat or drink. When asked how much Resident 58 consumed, Staff Q stated they had two bites of eggs. Staff Q stated they were familiar with Resident 58's care and use the Kardex (guide for caregivers to provide care to a particular resident) to know how to provide care to them. Staff Q stated they help feed him most of the time.On 11/21/2025 at 12:29 PM, Resident 58 was observed in their bed, eyes closed. Resident 58 had their lunch meal tray still covered on their overbed table, out of reach, by their window. On 11/21/2025 at 12:46 PM, Resident 58's lunch meal tray was on their overbed table, observed in the same place as 12:29 PM.On 11/21/2025 at 2:20 PM, Resident 58's lunch meal tray was observed on their overbed table, located in the middle of their room, with the lid off and their food was partially eaten.In an interview on 11/21/2025 at 2:20PM, Staff Q stated Resident 58 ate all their lunch. When asked what time Resident 58 ate their lunch, Staff Q stated at the normal time around 12:00 PM.In an interview on 11/24/2025 at 12:30 PM Staff B, Director of Nursing Services, stated Resident 58 had been in the common area at the time lunch was served, was offered lunch, and then taken back to bed after they declined to eat.Refer to WAC 388-97-1060 (2)(c)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide 1 of 4 residents (Resident 58) consistent equipment and assistance to maintain their mobility. This failure placed residents at risk for decline in functional ability, frustration, and a diminished quality of life.Findings included. Review of the facility's undated policy titled, Restorative Nursing, showed the facility would ensure residents received the highest practicable level of care and the restorative program was to assist residents to get to their highest practicable level through physical exercise and rehabilitation. Procedures included making progress in the resident's electronic chart and updating the resident's care plan with measurable goals and timelines, weekly reviews/meetings of the charting by the restorative manager, restorative programs reviewed and noted in the resident's chart summarizing the program, goals, and progress. Resident 58 was admitted to the facility on [DATE] with diagnoses to include transient cerebral ischemic attack (TIA- A short-term block in blood flow to the brain that causes symptoms like a stroke), dementia (memory loss), muscle weakness and lack of coordination. Review of Resident 58's medical provider note, dated 10/15/2024, documented they had good upper extremity and lower extremity motor strength, and they were able to move all extremities freely with their Passive Range of Motion (PROM - when someone physically moves or stretches a part of your body) intact. Review of the current Restorative Program care plan, with a start date of 11/14/2025 and last edited on 08/27/2025, showed (or is it documented) Resident 58 had a restorative nursing program (RNP) to maintain their current range of motion (ROM - the extent or limit to which a part of the body can be moved around a joint or a fixed point) and prevent contractures (a permanent tightening of the muscles, tendons, skin, and nearby tissues that caused the joints to shorten and become very stiff which prevented normal movement of a joint or other body part) and discomfort related to their muscles tightening. The goal was Resident 58 would maintain their current ROM to both their upper and lower extremities and reduce the risk of contractures. Interventions included a completed PROM exercise program to Resident 58's shoulders, elbows, wrist, fingers, hips, knees, ankle flexion and shoulder/hip abduction (moving your arms or legs out to the side, away from your body)/adduction (moving a body part toward the middle of your body) six times a week as tolerated. Resident 58's care plan showed no documentation of Resident 58's contractures.Review of hospice records showed Resident 58: -admitted to hospice services on 10/23/2024 for end stage dementia and failure to thrive.-On 11/14/2024, Resident 58 was evaluated by hospice occupational therapist (OT) related to stiffening joint on their left side and a restorative program was started.-On 12/31/2024, a hospice progress note showed the facility staff reported Resident 58's left hand was getting stiffer, causing discomfort when trying to straighten.-On 01/15/2025, a hospice progress note showed they spoke with Staff I, Restorative Aide/Nursing Assistant Certified, who reported Resident 58's left arm/hand was becoming contracted.-On 01/27/2025, a hospice progress note showed Resident 58 developed a contracture to their left elbow and hand. The hospice Occupational Therapist (OT) consulted with Staff I the restorative nurse (unnamed) and recommended a left palm protector (a soft cover that protects the palm of your hand), a pillow to their left side after ROM to maintain the stretched position, and premedication prior to the RNP. The hospice OT noted they provided the recommendations to the facility Administrator.-On 01/27/2025, a hospice progress note documented Resident 58's Representative (CC1) reported they were not getting the therapy services.-On 01/30/2025, a hospice progress note showed Resident 58 had a contracture to their left hand.-Resident 58 discontinued hospice services on 06/18/2025. Review of Resident 58's progress notes showed no documentation regarding the development of their contractures to their left hand and elbow. A progress note, dated 07/21/2025, documented Resident 58's RNP was placed on hold while they worked with the facility's OT for contracture prevention/management. Review of Resident 58's (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	facility OT notes documented:-On 09/24/2024, Resident 58 had no contracture with grip strength better in their right hand than their left. No restorative program was developed as it was not indicated at that time. Prognosis to maintain Resident 58's current level of function was good with consistent staff follow-up.-On 06/20/2025 Resident 58's goal was to wear a resting hand splint on their left arm fingers for up to an hour and to progress wearing the hand splint for four hours on and four hours off for contracture management.-On 09/29/2025 Resident 58 was documented to tolerate wearing the hand splint for eight hours during the nighttime.-On 11/07/2025 Resident 58 was documented to be wearing a soft hand splint on their left hand to prevent further contracture. Review of Resident 58's Treatment Administration Record (TAR) for January 2025 through September 2025 showed no orders related to a splint, a therapy carrot (specialized orthotic device-to prevent contracture), or palm protector (orthotic device) as described in OT notes. Review of Resident 58's TAR for 11/18/2025 through 11/24/2025 documented an order dated 10/29/2025 for a left soft hand splint on for contracture, monitor for skin breakdown when in use, and to notify the provider and therapy if skin issues were present. Review of Resident 58's TAR for January 2025 through September 2025 showed no orders related to a splint, a therapy carrot, or palm protector. During an observation on 11/19/2025 at 10:55 AM, Resident 58 was lying in their bed with no splint on their left hand. Resident 58's left hand was balled into a fist with their thumb pressed firmly against their pointer finger. On 11/20/2025 at 12:01 PM, observed Resident 58 sitting in their wheelchair, with their lunch meal in front of them on an overbed table. Resident 58 was observed with no hand splint to their left hand. In an interview on 11/20/2025 at 12:54 PM. CC1 stated Resident 58's placement of the splint on their left hand/arm was not consistent. CC1 stated the inconsistency of the splint placement was an ongoing issue. On 11/21/2025 at 9:27 AM, observed resident lying in bed with no splint on their left hand. In an interview on 11/24/2025 at 10:05 AM with Staff I, stated they were familiar with Resident 58 and had provided restorative services to them. Staff I stated Resident 58 had been on hospice services and their left hand became hard to open and the facility now had a splint for them. Staff I stated Resident 58 had to keep the splint on for 24 hours. Staff I stated they had to check to make sure Resident 58 was wearing the splint every four hours. Staff I stated when they were not working the aides checked on Resident 58 to ensure they were wearing the splint. Staff I stated Resident 58 had always held their left hand in a fist and different splints were tried and stated the contracture was probably painful for them. When asked if Resident 58 was supposed to be wearing the splint last week Staff I stated Resident 58 was to wear it all the time or their contracture would worsen. In an interview on 11/24/2025 at 10:35 AM Staff G, Licensed Practical Nurse/Resident Care Manager, stated Resident 58 had developed a contracture a while ago, they were on hospice at the time and were documented on the care plan. Staff G stated that prior to Resident 58 development of contractures they received ROM and frequent repositioning. When asked what interventions were put in place after the contractures were identified, Staff G stated hospice OT assessed Resident 58 and a restorative program was implemented along with a splint. In a follow up interview on 11/24/2025 at 1:14 PM with Staff I, stated the OT from hospice had spoken to them about Resident 58's left side contractures and had brought them a therapy carrot for them to use. Staff I stated sometimes they were unable to locate the carrot and Staff B, Director of Nurses Services, had to purchase another one at one point. In an interview on 11/24/2025 at 1:14 PM with Staff B, when asked for details about the therapy carrot, its use, and how they ensured proper use of it, Staff B did not provide a response. Reference: (WAC) 388-97-1060(3)(d)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that dialysis communication documents were filled out before and after the resident had their dialysis appointments for 1 of 1 resident (Resident 8) reviewed for dialysis. This failure placed Resident 8 at risk of inadequate information given to the dialysis staff, a lack of assessment and documentation upon arrival back to the facility, undetected dialysis complications, and a decreased quality of life.Findings included .Resident 8 was admitted to the facility on [DATE] with diagnoses to include End Stage Renal Disease (ESRD) (final stage of kidney disease where kidneys can no longer function adequately requiring dialysis), malnutrition (body does not receive enough protein and calories to maintain proper health) and epilepsy (neurologic disorder characterized by recurrent seizures).In an interview on 11/18/2025 at 1:54 PM, Resident 8 stated they thought the facility and dialysis clinic should have better communication.Review of Resident 8's dialysis communication documents dated August, September and October of 2025 showed the following missing documentation:- 08/05/2025 showed no documentation related to vital signs, assessment of Resident 8's dialysis site, or if a bruit or thrill (sound heard over an artery and sensation felt over an artery) was detected, no nurse signature, upon returning to facility from dialysis- 08/29/2025 showed no documentation related to vital signs, assessment of Resident 8's dialysis site, or if a bruit or thrill was detected, no nurse signature, upon returning to facility from dialysis- 08/30/2025 showed no resident status, recent pain or anxiety medication or nurse signature were documented in the portion of the document that is sent with the resident to dialysis- 09/11/2025 showed no documentation related to vital signs, assessment of Resident 8's dialysis site, or if a bruit or thrill was detected, no nurse signature, upon returning to facility from dialysis- 09/13/2025 showed no documentation related to vital signs, assessment of Resident 8's dialysis site, or if a bruit or thrill was detected, no nurse signature, upon returning to facility from dialysis- 09/16/2025 showed no resident status, recent pain or anxiety medication or nurse signature were documented in the portion of the document that is sent with the resident to dialysis- 09/20/2025 showed no documentation related to vital signs, assessment of Resident 8's dialysis site, or if a bruit or thrill was detected, no nurse signature, upon returning to facility from dialysis- 09/23/2025 showed no documentation related to vital signs, assessment of Resident 8's dialysis site, or if a bruit or thrill was detected, no nurse signature, upon returning to facility from dialysis- 09/27/2025 showed no documentation related to vital signs, assessment of Resident 8's dialysis site, or if a bruit or thrill was detected, no nurse signature, upon returning to facility from dialysis- 10/09/2025 showed no documentation related to vital signs, assessment of Resident 8's dialysis site, or if a bruit or thrill was detected, no nurse signature, upon returning to facility from dialysis- 10/14/2025 showed no documentation related to vital signs, assessment of Resident 8's dialysis site, or if a bruit or thrill was detected, no nurse signature, upon returning to facility from dialysis- 10/18/2025 showed no resident status, recent pain or anxiety medication or nurse signature were documented in the portion of the document that is sent with the resident to dialysis and showed no documentation related to vital signs, assessment of Resident 8's dialysis site, or if a bruit or thrill was detected, no nurse signature, upon returning to facility from dialysis- 10/23/2025 showed no documentation related to vital signs, assessment of Resident 8's dialysis site, or if a bruit or thrill was detected, no nurse signature, upon returning to facility from dialysis In an interview on 11/20/2025 at 12:08 PM, Staff U, Licensed Practical Nurse/ admission nurse manager/ Resident Care Manager, stated nurses were to fill out the dialysis communication sheet and give it to the resident to take to the dialysis appointment. Staff U stated any change in status or medication changes should be documented and signed by the nurse. Staff U stated the nurse was to document on the communication sheet upon return, assess the resident's dialysis site, obtain vital signs and document on the return portion of the dialysis communication sheet.In an interview on 11/24/2025 at 11:53 AM, Staff B, Registered Nurse (RN), (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Director of Nursing Services (DNS) stated it was their expectation that the nurse complete and document recent vital signs, any change in resident status, and recent medications. Staff B stated there was documentation after the resident returns from dialysis that should also be completed by the nurse, after everything was documented, the document was uploaded into the resident's electronic Health Record. Staff B stated their expectation was all portions of the dialysis communication document were filled out.Reference WAC: 388-97-1900(1) (6)(a-c)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure the medical records reflected the accurate weight for 1 of 4 residents (Resident 81) reviewed for weights and 1 of 2 residents (Resident 58) and for complete records to include hospice communication/documentation. These failures placed residents at risk for inaccurate medication dosage calculation, unmet care needs and possible medical complications.Findings included.<RESIDENT 81> Resident 81 was admitted to the facility on [DATE]. According to the admission Minimum Date Set (MDS-an assessment tool) assessment, dated 10/21/2025, the resident was cognitively intact, and the weight entered in Section K was 179 pounds (lbs.). In an interview on 11/20/2025 at 8:19 AM, Resident 81 stated they were just weighed and it was 248 lbs. The resident added they had gained three lbs. Resident 81 stated they used to weigh more than 300 lbs. and was working on losing more weight. The resident stated they have not weighed less than 200 lbs. Record review of Resident 81's weight showed the weights entered into the electronic medical record (EMR) for the month of October 2025 were all struck out with a note Incorrect Documentation, dated 11/14/2025. November weights entered were: 11/07/2025 250 lbs., 11/10/2025 251.8 lbs., 11/13/2025 248.2 lbs., 11/14/2025 248.6 lbs., 11/15/2025 246.6 lbs., and on 11/17/2025 250 lbs. Record review of Resident 81 progress notes since admission did not show any notes regarding why October 2025 weights were struck out. Record review of Resident 81's assessment under Nutrition at Risk Assessment, dated 11/06/2024, documented the resident's weights were: 10/15/2025 170.4 lbs., 10/18/2025 179.2 lbs., and 10/23/2025 179.4 lbs. Record review of Resident 81's provider progress note, dated 10/20/2025, 11/05/2025, and 11/10/2025, showed the resident's weight was 179.4 lbs. Then on 11/13/2025 and 11/18/2025 the weight documented on the provider's progress note was 250 lbs. There was no mention about the weight difference. Record review of Resident 81's hospital Discharge summary, dated [DATE], showed the resident's weighed 279.4 lbs. There was a 109 lbs. difference from the weight taken by the facility on admit which was 170.4 lbs., and 100.4 lbs. difference from the weight documented in the MDS. In an interview on 11/24/2025 at 8:45 AM, Staff L, Nursing Assistant Certified (NAC), stated when a resident was admitted they were weighed daily for the first three days, and then whenever the nurse requested them. The resident weights were documented in the residents' EMR. In an interview on 11/24/2025 at 9:35 AM, Staff G, Licensed Practical Nurse/Resident Care Manager (RCM), stated newly admitted residents were weighed daily for the first three days, then weekly for a month, then monthly after to establish the resident's baseline weight. They reviewed residents' weights in their weekly Nutrition at Risk (NAR) meeting with the dietitian. Staff G reviewed Resident 81's weight, stated they were not sure why the weights were struck out and could not find any notes (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505362	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
View Ridge Care Center	5129 Hilltop Road Everett, WA 98203

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	in the resident's EMR why there were huge differences in the weights that were documented. Staff G was unable to provide documents explaining the weight differences. In an interview on 11/24/2025 at 12:05 PM, Staff B, Director of Nursing Services, stated they saw the weight discrepancy during their NAR meeting and documented the corrected weight. Staff B stated they had placed a note in the progress note this morning regarding the weight discrepancy. Staff B was unable to explain the weight discrepancy. <RESIDENT 58> Resident 58 was admitted to the facility on [DATE] with diagnoses to include transient cerebral ischemic attack (TIA- A short-term block in blood flow to the brain that causes symptoms similar to a stroke.), dementia, muscle weakness and lack of coordination. Resident 58 admitted to hospice services on 10/23/2024. Review of Resident 58's EMR on 11/19/2025 showed inconsistent documentation from hospice services and was not all inclusive of dates when the resident was seen by hospice. In an interview on 11/24/2025 at 2:27 PM, Staff B stated hospice documentation was kept in an EMR not linked with the facility's EMR. Staff B stated all of Resident 58's hospice documentation was being uploaded into their EMR at the facility. Staff B stated the hospice records should have been in Resident 58's EMR at the facility. On 11/24/2025 at 2:30 PM, Resident 58's EMR showed an additional six hospice records were added with dates ranging from October 2024 through March 2025. WAC 388-97-1720(1)(a)(i-iv)(b)