STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505403	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethany at Silver Lake	2235 Lake Heights Drive Everett, WA 98208

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide or get specialized rehabilitative services as required for a resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure skilled rehab services were delivered in accordance with resident evaluations and treatment plans for 3 of 4 residents (8,91,119) reviewed for rehab and restorative services. This failure placed residents at risk for delay in recovery and/or discharge and decreased quality of life. Findings included .In an interview on 03/19/2026 at 10:52 AM, Staff J, Director of Rehabilitation Services, stated the new therapy company started on 03/01/2026. Staff J stated they were provided transitional evaluations from the outgoing therapy company. Staff J stated the transitional evaluations provided a baseline for them to work from and then updated goals as they began treating residents. Staff J stated residents were all set up to be seen at the maximum frequency and at least 5 times per week. <RESIDENT 119> Resident 119 admitted [DATE] with diagnoses which included gait impairment and a fractured right arm which did not require surgery. The resident was transferred to the facility for skilled therapy to return to their prior level of function. In an interview and observation on 03/16/2026 at 12:19 PM, Resident 119 was in bed with a sling on the right arm. Resident 119 stated they were here because of their arm. Resident 119 stated they did not think they were getting as much therapy as they were supposed to be getting, stating they didn't know exactly, but just felt like they weren't getting very much. Review of Resident 119's transitional therapy evaluation dated 02/26/2026 showed therapy frequency: Physical Therapy (PT) 3-5 times per week. Occupational Therapy (OT) 3-5 times per week. Review of the therapy service logs for the month of March 1-18, 2026 showed:March 1-18, 2026 the resident received skilled PT a total of 5 visits and OT a total of 7 visits. The week of 3/11-3/17, the resident received OT only twice. The week of 3/11-3/17, the resident received PT only twice. <RESIDENT 8> Resident 8 admitted [DATE] with diagnoses which included a left upper leg fracture from a fall. In an interview on 03/16/2026 at 8:24 AM, Resident 8 stated they thought some of the therapists were inexperienced, and stated they saw a lot of the OT people, but not much of the PT and stated they thought they needed to do more strength training. In an observation on 03/18/2026 at 9:06 AM, Resident 8 was observed in the therapy gym with OT staff using a resistance band while seated in the wheelchair. Review of a therapy evaluation dated 02/17/2026 showed recommendations for: Physical Therapy 3-5 times per week. Occupational Therapy 3-5 times per week Review of the therapy service logs for the month of March 1-18,2026 showedNo PT the first 5 days of the month. A total of 4 PT visits. The week of 03/04-03/10, the resident received PT only twice The week of 03/11-03/17, the resident received PT only twice with 03/13/2026 marked as OTH which was listed as a missed therapy code, not further defined. <RESIDENT 91>Resident 91 re-admitted on [DATE] with diagnoses which included toe amputations due to infection. In an interview on 03/16/2026 at 9:32 AM, Resident 91 stated it had been at least 4 days since they had therapy. Resident 91 stated they knew it was a new therapy company, but wanted more therapy and didn't understand why there were big gaps in receiving treatments. Review of a transitional therapy evaluation dated 02/05/2026 showed recommendations for: Physical Therapy 3-5 times per week. Occupational Therapy 3-5 times per week Review of the therapy service logs for the month of March 1-18, 2026 showed:A total of 5 PT visits. No PT visits from 03/11- 03/18/2026 (print date/time of report was 03/18/2026 at 3:12PM.) In (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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F 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a follow-up interview with Staff J on 03/19/2026 2:16 PM, Staff J confirmed the therapy week was defined as Sunday-Saturday and after review of Resident 119, 8 and 91 therapy logs, Staff J stated there had been a physical therapist assistant out and confirmed there had been missed PT visits for residents related to lack of PT staff. Staff J stated they had been utilizing OT to attempt to fill in gaps in the PT staffing. Staff J stated they were attempting to utilize on call or per diem staff. In an interview on 03/20/2026 at 09:20 AM, Staff C, Director of Clinical Operations, and Staff B, Director of Nursing Services, stated the new therapy company had taken over on 03/01/2026 and they had not been aware of any therapy staffing issues or aware that residents had concerns about not receiving their ordered therapy. Refer to WAC 388-97-1280 (1)(a)(b)(4)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure resident grievances were filed and addressed for 1 of 5 residents (Resident 29) reviewed for grievances. This failure to address and resolve resident grievances placed residents at risk for diminished dignity, unresolved missing property and diminished quality of life.Findings included .Review of the facility's policy titled Grievance Policy and Procedure for Residents, revision date 10/2022, documented any employee that is informed of a grievance by a resident will immediately initiate the procedures for resolution of a grievance. Upon learning of grievance, prompt action will be taken to resolve and provide timely response of concern.Resident 29 was admitted on [DATE]. According to the quarterly Minimum Data Set (an assessment tool) assessment dated [DATE], the resident was cognitively intact.In an interview on 03/16/2026 at 10:02 AM, Resident 29 stated they had a Samsung tablet that's been missing for two to three months. They added that the staff were aware of this but had not heard of any follow-up regarding the missing tablet. In a review of the grievances since April of 2025, Resident 29's missing tablet was not found listed.In an interview on 03/17/2026 at 2:42 PM, Resident 29 stated they reported the missing tablet to Staff K in Social Services. In an interview on 03/17/2026 at 2:57 PM, Staff K, Social Services Assistant, stated they were aware of Resident 29's missing tablet. Staff K was unable to remember when the resident reported the missing tablet. Staff K stated that they had been trying to reach resident's family members to verify if they took the tablet but had not received any call back from relatives at this time. Staff K stated when a resident reports a personal item missing, they fill out a grievance form. Requested a copy of the grievance form and investigation regarding the missing tablet. In an interview on 03/19/2026 at 9:54 AM, Staff K, stated they could not find the grievance form related to the missing tablet. They will fill out a grievance form today and investigate the missing tablet.Refer to WAC 388-97-0460(1)(2).

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to accurately complete the Minimum Data Set, (MDS, an assessment tool that was used to develop the resident centered care plan) for 1 of 2 residents (Resident 2) reviewed for communication and 2 of 3 residents (Resident 22 and 86) reviewed for insulin (a hormone that body secretes to regulate the amount of sugar in the blood) use. Failure to accurately complete the MDS placed residents at risk for inappropriate medical care and decreased quality of life.Findings included. <RESIDENT 2> Resident 2 was admitted to the facility on [DATE]. According to the 12/26/2025 MDS, the resident's primary language was not English. On 03/16/2025 at 9:53 AM, Staff U, Licensed Practical Nurse (LPN), reported Resident 2 had dementia (disease affecting cognitive function and memory). Staff U reported the staff communicated with Resident 2 by family translating for resident or used staff that spoke the same language. On 03/16/2026 at 12:57 PM, during an interview with Resident 2 and the use of an interpreter, resident was noted to have difficulty communicating. The interpreter stated that Resident 2 was having difficulty understanding the questions even if the interpreter repeated the question. The answers Resident 2 provided were not always related to the question asked. Resident 2 could not elaborate on their concerns regarding food or missing clothing. During an observation and interview on 03/18/2026 at 10:47 AM, Staff V, Nursing Assistant Certified, reported they used gestures and simple English phrases to communicate with Resident 2. During an observation of care, Staff V used gestures to cue Resident 2 to turn in bed and held up choices of clothing for Resident 2 to point at what they wanted to wear. Review of Resident 2's Care plan showed a Focus statement that documented resident had a communication problem related to a language barrier and their primary language was not English, dated 11/07/2024. There was another Focus statement that documented resident had moderately impaired cognition, dated 04/21/2025. Review of the MDS, dated [DATE], showed Resident 2 was understood and understands in Section B and they were rarely or never understood in Section C. On 03/18/2026 at 3:13 PM, Staff D, Social Service Assistant, stated they had coded Rarely Understood under section C as Resident 2's family had reported the resident was not making sense in their language. Staff D reported Resident 2 can understand gestures and can make simple needs known. On 03/19/2026 at 8:30 AM, Staff G, MDS coordinator/LPN, stated Resident 2 can make basic needs known by gestures or using family to translate. Staff G did report Resident 2 had some confusion. Staff G reported that the coding between Section 2 and Section 3 was conflicting. On 03/19/2026 at 8:45 AM, Staff B, Director of Nursing Services (DNS), reported Resident 2's ability to communicate was hit and miss depending on their mood. Staff B reviewed sections B and C of the (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	MDS and reported there appeared to be a discrepancy for Resident 2's communication and cognition. <RESIDENT 22> Review of Resident 22's MDS, dated [DATE], documented the resident had received one insulin injection in the prior seven days. Review of Resident 22's February 2026 Medication Administration Records (MAR) showed no documentation of the resident receiving an insulin injection. <RESIDENT 86> Review of Resident 86's MDS, dated [DATE], documented the resident had received one insulin injection in the prior seven days. Review of Resident 86s February 2026 Medication Administration Records (MAR) showed no documentation of the resident receiving an insulin injection During an interview on 03/19/2026 at 8:37 AM, Staff G reported they had coded the MDS for insulin injections as resident had received an injection of tirzepatide (GLP-1 medication, a medication that enhances the body's ability to secrete insulin). Staff G reported they were aware the medication was used for diabetes (disease where body cannot adequately control the sugar in the blood), but was not aware it was not an insulin product. During an interview on 03/19/2026 at 8:45 AM, Staff B stated they expected the MDS to be coded for insulin if the resident received insulin injections and not for receiving a GLP medication. Refer to WAC 388-97-1000 (1)(d), (4)(a)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure 1 of 1 resident (Resident 11) reviewed for activities had an accurate assessment of recreational care needs and received an ongoing program of activities to meet the individual resident's physical and mental needs. Based on the reasonable person concept, not having adequate recreation and/or sensory stimulation placed the resident at risk for social isolation, lack of stimulation and diminished quality of life.Findings included .Resident 11 was admitted to the facility on [DATE]. According to the quarterly Minimum Data Set (an assessment tool) assessment dated [DATE], the resident had severely impaired cognition.In a telephone interview on 03/16/2026 at 1:29 PM, Resident 11's Collateral Contact 1 stated that the resident was being left on their own for many hours without any stimulation or activities.During observations on 03/18/2026 at 8:12 AM, 10:10 AM and 2:00 PM, Resident 11 was in bed with no lights on and TV was off. During observations on 03/19/2026 at 8:21 AM and 9:07 AM, Resident 11 was in bed, TV was off and roommate's light was on.In an interview on 03/19/2026 at 8:32 AM, Staff N, Certified Nursing Assistant (CNA) stated that Resident 11 does not get out of bed. Staff N did not know what activities the resident did or attended but they sometimes turned the TV on for them.In an interview on 03/19/2026 at 9:40 AM, Staff L, Activity Director, stated they review residents' activities quarterly and update their preferences if there were any changes. For residents that don't get out of bed they provide room visits, talk to them, and offer daily reading if they request that. Staff L stated Resident 11 used to attend activities but has not attended any lately and has been in bed most of the time. They visit Resident 11 in their room, but they were asleep most of the time, so they don't provide activities for them. Staff L was made aware of multiple observations of the resident in bed with no lights on, no TV on, and no other stimulation. The resident was able to respond when talking to them. Staff L stated they can go and check on the resident and can play light music for them to listen to.In an interview on 03/20/2026 at 10:15 AM, Staff L, Activity Director stated that they usually spend 15 minutes on average with each resident they visit. Staff L did not think that 15 minutes a day was enough time to provide activity and stimulation for a resident in a 24-hour period. Staff L stated they will work on offering more activities and stimulations for Resident 11.Refer to WAC 388-97-0940(1)(2

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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 ensure that 1 of 2 residents (Resident 24) reviewed for limited Range of Motion (ROM) received necessary care and services. The facility failed to ensure residents received appropriate services to prevent further decrease in range of motion and hand contracture (a permanent tightening of the muscles, tendons, skin and nearby tissues that causes the joints to shorten and become very stiff). This failure placed residents at risk for decline in mobility and function, increased dependence on staff, and a decreased quality of life.Findings included. Review of the facility policy titled, Restorative Nursing Documentation, reviewed 01/12/2026 stated the facility maintains documentation of treatments and responses to those treatments.if an unusual event occurs during a treatment (i.e. pain, swelling, skin breakdown) document in the narrative note and report to the charge nurse.evaluation will be documented quarterly and as needed if a change to the program or new service was started. care plan will be updated on routine intervals and as indicated. Resident 24 readmitted to the facility on [DATE] with diagnosis that included history of stroke, generalized osteoarthritis (joint condition, can cause pain, and stiffness) and rheumatoid arthritis (autoimmune disease that affects joints causing pain and swelling). The Annual Minimum Data Set Assessment (MDS - assessment tool) dated 06/09/2025 documented the resident had severe impaired cognition. Review of Resident 24's care plan focus dated 07/22/2023, documented the resident had limited physical mobility related to chronic pain, and advanced dementia with cognitive and physical decline. The goal of care was to tolerate restorative passive exercises without pain or discomfort, maintain current level of function, and remain free of complications such as contractures. Interventions included passive range of motion (PROM) to upper and lower extremities five to six days a week, and therapy referrals as needed. Review of Resident 24's therapy restorative nursing program (RNP) referral form dated 10/04/2023 documented the resident was to receive PROM to upper and lower extremities to maintain range of motion, and strength, six times a week as tolerated. Review of Resident 24's provider notes 03/18/2025 - 03/19/2026, documented on 12/16/2025 and 01/30/2026 the resident had severe extremity contractures. No documentation of contractures was found prior to 12/16/2025. Review of Resident 24's MDS progress notes dated 05/28/2025, 08/26/2025, 11/20/2025, and 02/12/2026 showed no changes to the current RNP were required, as Resident 24 remained a high risk for contractures. In observations on 03/16/2026 at 8:01 AM, 10:25 AM, 1:01 PM, Resident 24 was observed to have rolled washcloths to both hands, fingers were clenched around the washcloths. In observations on 03/17/2026 at 9:05 AM, and 11:58 AM, Resident 24 was observed to have rolled washcloths to both hands, fingers were clenched around the washcloths. In an observation on 03/18/2026 at 8:20 AM, Resident 24 was observed to have rolled washcloths to both hands, fingers were clenched around the washcloths. In a review of Resident 24's care plan and physician orders on 03/18/2026, no documentation was found related to Resident 24's contracted hands, or that they required washcloths to both hands. In an interview on 03/18/2026 at 1:30 PM, Staff N, Nursing Assistant Certified (NAC) stated Resident 24 was dependent on staff for all activities of daily living. Staff N stated they thought the resident had to have washcloths to prevent their nails from digging into the palm of their hands due to their clenched fingers. Staff N stated they thought the restorative aids (RA) were responsible for maintaining the washcloths, but they would assist if needed. In an interview on 03/18/2026 at 3:07 PM, Staff O, NAC/RA stated they perform PROM on Resident 24 to upper and lower extremities. Staff O stated they remembered the washcloths were started awhile ago. Staff O stated the resident was able to partially open their hands and would try to scratch their nose, but we (facility) noticed they were having more swelling and pain to their hands, so the washcloths were started to assist the resident. Staff O was asked who was responsible for implementing the washcloths daily and stated it (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was mostly the floor staff, but they would assist as needed. In an interview on 03/18/2026 at 3:50 PM, Staff C, Director of Clinical Services (DCS) stated they were unable to locate any occupational therapy evaluations or notes for Resident 24, and the resident had not been seen by skilled therapy services since 2023. In an observation on 03/19/2026 at 8:56 AM and 12:46 PM, Resident 24 was observed to have rolled washcloths to both hands, fingers were clenched around the washcloths. In an interview on 03/19/2026 at 9:10 AM, Staff P, NAC/RA stated they could not recall how long they have been placing washcloths to Resident 24's hands, stated sometime in the last year. Staff P stated their hands are tight, and their fingernails will poke into their skin. In an interview on 03/19/2026 at 9:16 AM, Staff T, NAC stated they were the assigned staff for Resident 24 on that day. Staff T stated they were not familiar with Resident 24's routine care and stated they noticed the washcloths on both of their hands but were unaware they needed to do anything with them. In an interview on 03/19/2026 at 11:03 AM, Staff Q, NAC stated they Resident 24 used to be able to open and close their hands, until recently their hands had been tight and their nails were poking into their skin. Staff Q stated that was why they used the washcloths. Staff Q stated within the last year the facility was placing the washcloths in Resident 24's hands. In an interview on 03/19/2026 at 11:30 AM, Staff R, Registered Nurse (RN) stated Resident 24's hands were very contracted, and their fingernails will dig into their skin, so they apply the washcloths for that prevention. Staff R stated the floor staff, and RAs are usually the ones that applied them. Staff R stated they have worked with Resident 24 since they started in September/2025, and their hands had been that way. Staff R was asked what the process was when a resident presented with a decline or had shown signs of a contracture. Staff R stated they would assess them, notify the provider and then go from there. Staff R was asked if the provider or therapy were notified of Resident 24's contractures, and Staff R stated they were not aware. In an interview on 03/19/2026 at 1:14 PM, Staff G, Licensed Practical Nurse (LPN)/MDS stated they were the licensed nurse who was responsible for overseeing the restorative nursing program at the facility. Staff G stated Resident 24 had been on a PROM RA program for some time. Staff G stated the washcloths were implemented by nursing not through the Restorative program. Staff G was asked if there was a referral or conversation about Resident 24's contracted hands, Staff G stated they did not remember or know of any right now. In an interview on 03/19/2026 at 1:30 PM, Staff S, LPN/Resident Care Manager (RCM) stated they recently took over the RCM role about two weeks ago, however, have known Resident 24 for about two years. Staff S stated Resident 24's hands have been contracted for a while, and the use of the washcloths was to prevent more contracture and prevent their nails from poking into their skin. Staff S was not aware of any assessment, referral for occupational therapy related to Resident 24's contracted hands. In a joint interview on 03/19/2026 at 2:48 PM, Staff B, Director of Nursing Services, and Staff C, DCS. Staff B stated they were not aware Resident 24 had washcloths on both hands until this week. Staff B stated they were unclear on the rationale and documentation to support why it was started. Staff C stated they were reviewing the medical record to determine when the decline occurred. Staff C stated again there had been no skilled therapy services provided to Resident 24 since 2023. Staff B and Staff C were unable to provide any further information. Refer to WAC 388-97-1060(3)(d)

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. Based on interview and record review the facility failed to ensure one of five staff reviewed, (Staff H) received timely annual performance evaluations. Failure to complete timely evaluations of nursing staff performance, conduct education and in-services based on those evaluations had the potential to result in decreased quality of resident care. Findings included .Staff H was hired 02/18/2020 and was a certified nursing assistant. Review of requested employee evaluations on 03/18/2026 showed the most recent employee evaluation provided for Staff H was dated 08/13/2024. In an interview on 03/18/2026 at 3:00 PM, Staff I, Administrative Assistant, stated there were no more recent evaluations found for Staff H. In an interview on 03/20/2026 at 09:20 AM, Staff B, Director of Nursing Services, acknowledged late evaluation for Staff H and stated the expectation was that evaluations were done yearly. Refer to WAC 388-97-1680(1)(2)(a)-(c)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, interview and record review, the facility failed to ensure a medication error rate of less than 5%. Two medication errors were identified for 2 of 4 residents (Resident 97 and 39) observed during 25 medication opportunities which resulted in an error rate of 8%. Failure to provide medications on an empty stomach as ordered and failure to prime the needle prior to administration of insulin (synthetic hormone that allows sugar to enter cells and regulates the amount of sugar in the blood) placed residents at risk of decreased medication efficacy.Findings included.Review of a facility policy titled, Medication Administration, dated 06/18/2020, documented medications were to be administered 60 minutes prior to or after the scheduled time unless otherwise ordered by the physician. Review of a facility policy titled, Procedure for Insulin Pen Administration, dated 08/2018, documented the insulin flow was to be checked prior to each injection. Dial two to three units and slowly depress the button to check that a drop of insulin appeared at the end of the needle. <RESIDENT 97> Review of Resident 97's Order Summary Report documented a physician order for lispro (fast acting) insulin 5 units three times a day since 01/08/2026. During an observation on 03/17/2026 at 7:45 AM, Staff E, Registered Nurse (RN), attached a disposable needle onto the lispro pen (multidose container of insulin in shape of a pen). Staff E set the dial of the pen to 5 units. Staff E injected the insulin into Resident 97. Staff E did not prime the needle prior to injection. During an interview on 03/17/2026 at 7:46 AM, Staff E stated that they were not aware of how to prime the insulin needle prior to use. During an interview on 03/18/2026 at 12:08 PM, Staff B, Director of Nursing Services (DNS), reported they were aware of Staff E not priming the needle prior to insulin administration and that it was their expectation nurses primed the needle prior to each insulin administration. <RESIDENT 39> Review of Resident 39's Order Summary Report documented a physician order for omeprazole (medication to decrease stomach acid) one time a day before breakfast since 10/29/2024. Review of Resident 39's March 2026 Medication Administration record revealed omeprazole was scheduled to be given at 7:30 AM. During an observation on 03/17/2026 at 8:20 AM, Staff F, RN, provided omeprazole to Resident 39. Resident 39 had already had breakfast. During an interview on 03/17/2026 at 8:35 AM, Staff F stated it was always an issue getting the medications scheduled before breakfast, done before breakfast. During an interview on 03/18/2026 at 12:08 PM, Staff B stated if a medication order documented the medication was to be administered before breakfast, they expected the nurse to provide the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505403	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethany at Silver Lake	2235 Lake Heights Drive Everett, WA 98208

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	medication before breakfast arrived. Refer to WAC 388-97-1060 (3)(k)(ii)