

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505404	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER Bethany at Pacific		STREET ADDRESS, CITY, STATE, ZIP CODE 916 Pacific Avenue 3rd-5th Floors Everett, WA 98201	
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)		
<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to coordinate Home Health (HH) services, provide a medication list, and complete discharge instructions for 1 of 3 sampled residents (Resident 1) reviewed for discharges. Failure to arrange HH services and provide a medication list placed residents at risk of unmet care needs, and diminished quality of life.</p> <p>Findings included .</p> <p>Review of a facility policy titled DISCHARGE OF A RESIDENT, last reviewed on January 25th, 2025, showed:</p> <p>Discharge to lesser level of care (home/ALF/AFH)</p> <p>3. Nurse manager and social services will complete Discharge Instruction Form in PCC to include: any follow up appointments, pharmacy to pick up prescriptions, DME ordered, HH services ordered, any special instructions for the patient after discharge and a summary of their stay. Additionally, a complete list of their medications will be provided.</p> <p>-On the day of the patient's discharge:</p> <p>a. Discharge Instruction Form and completed medication list will be reviewed by a licensed nurse with the patient and family representative (if present) and signed by patient or representative accompanying the patient.</p> <p>c. A copy of the signed discharge instruction and medication list is kept with their medical record.</p> <p>&lt;RESIDENT 1&gt;</p> <p>Resident 1 admitted to the facility on [DATE] with diagnoses including subluxation (partial dislocation) of left shoulder, history of falling, difficulty walking, and chronic pain.</p> <p>Review of Resident 1's medical record showed they required set up for showers and supervision for walking.</p> <p>(continued on next page)</p>		

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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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the medical provider Discharge summary dated [DATE], documented Resident 1 would discharge home with HH services for physical and occupational therapies and Registered Nurse (RN) services.</p> <p>Review of an assessment titled Discharge Instructions Form dated 04/25/2025, documented Resident 1 would have HH services for physical therapy and nursing but did not include any HH agency or contact information.</p> <p>Review of Resident 1's medical record did not show a physician signed medication list.</p> <p>In an interview on 06/09/2025 at 12:55 PM, Staff C, RN, stated Social Services (SS) was responsible for arranging HH services. Staff C stated that the floor nurse on duty will review the discharge instruction form and ensure that the HH information is documented to include name of the HH company, phone number, and what services were ordered and if that information is missing SS would be notified. Staff C stated the nurse would review medications with the resident or resident representative at the time of discharge and send the medication list with the resident, and copies would be scanned into the resident's medical record.</p> <p>In an interview and record review on 06/09/2025 at 1:27 PM, Staff D, Licensed Practical Nurse, nurse manager, stated SS arranges HH services. Staff D stated the day before a resident is scheduled to discharge, they would review the discharge form and make sure it was completed and on the day of discharge the floor nurse would review the discharge form to make sure it was complete. Staff D stated that there was no documentation of an HH company or contact information listed for Resident 1's discharge.</p> <p>In an interview on 06/09/2025 at 1:39 PM, Staff E, SS Assistant, stated SS would send information to the HH company to coordinate care after discharge. Staff E stated HH information would be documented on the Discharge Instruction Form. Staff E stated they were not working at the facility at the time of Resident 1's discharge.</p> <p>In an interview and record review on 06/09/2025 at 2:50 PM, Staff B, RN, Director of Nursing, stated when a resident discharges from the facility, the Discharge Instruction Form would be completed. Staff B acknowledged the Discharge Instruction Form for Resident 1 was incomplete, and the HH agency information was not documented. Staff B stated they would attempt to find documentation of a signed medication list and documentation that HH services had been arranged for Resident 1. Staff B was unable to provide any further information or documentation.</p> <p>Reference WAC 388-97-0120(3)(a)</p>		