

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505416	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/12/2025
NAME OF PROVIDER OR SUPPLIER The Broadview Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13023 Greenwood Avenue North Seattle, WA 98133	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35787</p> <p>Based on interview and record review, the facility failed to provide timely and necessary assistance with Activities of Daily Living (ADL) for 2 of 3 residents (Residents 1 & 2), reviewed for ADLs. The failure to provide the residents who were dependent on staff with assistance with toileting, changing soiled clothing, and bed linens placed the residents at risk for skin impairments, low self-esteem, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the undated facility's policy titled, ADL, showed, Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.</p> <p>RESIDENT 1</p> <p>Review of the admission Minimum Data Set assessment (MDS-a required assessment) dated 04/01/2025 showed Resident 1 admitted to the facility on [DATE], had impaired thinking/memory, and was dependent on staff for all care.</p> <p>Review of Resident 1's care plan dated 03/27/2025, showed Resident is dependent on staff for all toileting needs. Resident is incontinent of bowel and bladder (involuntarily loss of urine and bowel).</p> <p>Review of the investigative summary form dated 04/01/2025 showed Resident 1 was found in a wet environment, that someone just changed their brief and left their whole bed wet of urine.</p> <p>In an interview on 05/12/2025 at 12:48 PM, Staff E, Therapist, stated it looked like they had not been changed for a while, they were soaked through to the layers of the bed linens.</p> <p>RESIDENT 2</p> <p>Review of the admission MDS dated [DATE] showed Resident 2 admitted to the facility on [DATE], had moderately impaired thinking, and was dependent on staff for all ADL's.</p> <p>Review of Resident 2's care plan dated 03/12/2025 showed the resident required assistance with ADL's.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the investigative summary form dated 04/01/2025 showed Resident 2 had vomited on their clothing and bed linen and had not been changed for a significant amount of time.</p> <p>In an interview on 05/07/2025 at 12:51 PM, Staff C, Certified Nursing Assistant, stated I do rounds frequently on the residents to see if they need anything. It just depends on the residents and how much help they need, if they need a lot of help, I am always checking them.</p> <p>In an interview on 05/07/2025 at 12:22 PM, Staff D, Licensed Practical Nurse, stated the nursing staff should check on the residents frequently to provide and assist them with all their care needs.</p> <p>In an interview on 05/12/2025 at 4:56 PM Staff B, Director of Nursing Services, stated their expectation was for the nursing assistants to meet the needs of all the residents. Staff B further stated the nursing staff did not meet the needs of Resident 1 and Resident 2 and should have assisted them to meet their needs.</p> <p>Reference: (WAC) 388-97-1060 (2)(c)</p>