

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  04/17/2026
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>Based on interview and record review, the facility failed to ensure bathing/showers were consistently provided for 1 of 3 residents (Resident 1), reviewed for activities of daily living (ADL). This failure placed the residents at risk for poor hygiene, unmet care needs, and a diminished quality of life. Findings included .Review of the facility's policy titled, Activities of Daily Living (ADLs), dated 10/01/2021, 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. The policy showed if a resident refused care the resident and/or representative would be informed of the risks and benefits, offered an alternative intervention to minimize further decline, and the refusal and information would be documented in the resident's clinical record. The policy further showed each resident would receive a tub or shower baths as often as needed, but not less than twice weekly or as required by law. Review of the annual Minimum Data Set (MDS-a required assessment tool) dated 02/11/2026 showed Resident 1 did not have impaired memory or thinking and was dependent on staff for assistance with showers/baths. Review of Resident 1's care plan for rehabilitation initiated on 02/12/2025 showed Resident 1 had been admitted to the facility and required assistance with their activities of daily living. The care plan was revised on 06/30/2025 and showed Resident 1 was dependent on staff for bathing. Review of Resident 1's Electronic Health Record (EHR), under task- ADL Bath/Shower, showed Resident 1 was scheduled for a shower/bath every Tuesday evening and as needed. The 30-day look back period from 03/25/2026 to 04/08/2026 showed bed baths were documented as provided on 03/25/2026 and 04/08/2026, which reflected two bed baths in a 30-day period. Review of Resident 1's EHR under nursing progress notes dated 03/25/2026 to 04/16/2026 showed no documented refusal of showers/baths. In an interview on 04/08/2026 at 12:16 PM, Resident 1 stated, I would love to have two showers a week, I would be happy just to get one shower a week, sometimes I get a bed bath. It has even been a while since I had one of them. But that is nothing like getting a shower, I feel so much cleaner with a shower. I need help to take my showers; I can't take them by myself. I can't even get out of bed by myself. In an interview on 04/17/2026 at 1:37 PM, Staff B, Certified Nursing Assistant, stated the nurse would tell the assigned aide which resident was scheduled to be showered that day, if there was no shower aid scheduled for work, the assigned nursing assistant would give the resident the shower. Staff B stated that they help residents that could not do it by themselves and that they document under ADL Bath/Shower task after the resident received the shower/bed bath. Staff B further stated that if the resident refused, they would let the nurse know. In an interview on 04/17/2026 at 2:01 PM, Staff C, Resident Care Manager, stated that most of the residents were scheduled for showers/baths at least once a week, but most were scheduled twice a week and would receive the required assistance from staff to complete the shower/bed bath. A joint record review and interview on 04/17/2026 at 2:44 PM with Staff A, Director of Nursing Services, showed Resident 1's care plan in the EHR for rehabilitation, initiated on 02/12/2025, and revised on 06/30/2025, showed Resident 1 was dependent on staff for bathing. Staff A stated their expectation was for the residents to receive their showers/bed baths as scheduled and for staff to assist residents with showers/baths if the resident's required assistance. Staff A further stated that Resident 1 did not receive showers/bed (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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(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	baths as scheduled and was dependent on staff for showers/baths.Reference: (WAC) 388-97-1060 (2)(c).		