

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505417	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/21/2026
NAME OF PROVIDER OR SUPPLIER Cascades of St Anne		STREET ADDRESS, CITY, STATE, ZIP CODE 3540 Northeast 110th Street Seattle, WA 98125	

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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the pneumococcal vaccine (used to prevent pneumonia [a lung infection]) were up to date and offered to 2 of 5 residents (Residents 2 & 36), reviewed for pneumococcal immunizations. This failure placed the residents at risk for acquiring, transmitting, and/or experiencing potentially avoidable complications from pneumococcal disease. Findings included. Review of the facility's policy titled, Pneumococcal Vaccine, revised in March 2022, showed, All residents are offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections. Prior to or upon admission, residents are assessed for eligibility to receive the pneumococcal vaccine series and when indicated, are offered the vaccine series within thirty (30) days of admission to the facility. The policy further showed that Administration of the pneumococcal vaccines is made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations. According to CDC's official website publication titled, Adult Immunization Schedule Notes, dated 10/07/2025, showed an adult who had previously received both PCV [Pneumococcal Conjugate Vaccine- a type of vaccine]13 and PPSV [Pneumococcal Polysaccharide Vaccine- a type of vaccine]23 but NO PPSV23 was received at age [AGE] years or older will have one dose PCV20 or one dose PCV21 at least 5 [five] years after the last pneumococcal vaccine dose. RESIDENT 2 Review of a face sheet printed on 01/20/2026 showed Resident 2 was admitted to the facility on [DATE]. Review of Resident 2's Electronic Health Record (EHR) did not show immunization record for pneumococcal vaccine. Further review of the EHR did not show Resident 2 was offered the pneumococcal vaccine. RESIDENT 36 Review of Resident 36's face sheet printed on 01/20/2026 showed their birthdate of 04/20/1950. Review of Resident 36's immunization record showed they received their PPV23 on 10/19/2004 when they were [AGE] years old and their PCV13 on 02/19/2019. Further review of the immunization record did not show Resident 36 was offered or received the recommended one dose PCV20 or one dose PCV21 at least 5 years after their last pneumococcal vaccine dose in 2019. In a joint phone interview and record review on 01/21/2026 at 1:03 PM with Staff B, Director of Nursing Services, and Staff C, Regional [NAME] President for Operations, Staff B stated that they offered pneumococcal vaccines to their residents annually and that they followed the CDC immunization guidelines. A joint record review of Resident 2's EHR did not show immunization record for pneumococcal vaccine or if the pneumococcal vaccine was offered to Resident 2. Further joint record review of the EHR did not show Resident 36 was offered or received the recommended dose of PCV20 or one dose PCV21 at least 5 years after their last pneumococcal vaccine dose in 2019. Staff B stated that Resident 36's pneumococcal immunization was not up to date. Staff C stated that they did not see Resident 2's pneumococcal immunization record and Resident 36's PCV20 or PCV21 record in the EHR. Reference: (WAC) 388-97-1340 (2).</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 505417
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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>Based on interview and record review, the facility failed to provide documentation about COVID-19 (a viral illness that causes fever, difficulty breathing or possibly death) vaccination status for 1 of 1 staff (Staff H), reviewed for COVID-19 immunizations. This failure placed staff and residents at risk of exposure to illness from COVID-19. Findings included. Review of the facility's policy titled, Coronavirus Disease (COVID-19)-Vaccination of Staff, revised in May 2023, showed that staff would provide documentation of their vaccination and that the infection preventionist maintains a tracking worksheet of staff members and their vaccination status. The policy further showed that the facility would maintain documentation related to staff COVID-19 vaccination status. Review of the facility's staff list showed Staff H, Certified Nursing Assistant, was hired on 11/03/2025. In an interview on 01/16/2026 at 9:27 AM, Staff H stated that they received their COVID-19 vaccination in another state. Staff H further stated that they provided a copy of their vaccination status to the facility. In a phone interview on 01/21/2026 at 1:03 PM with Staff B, Director of Nursing Services and Staff C, Regional [NAME] President for Operations, Staff B stated that they would keep COVID-19 vaccination records for their staff. When asked about Staff H's COVID-19 vaccination status, Staff B stated that they were not in the facility at the moment, and that the Human Resources (HR) had Staff H's vaccination record. Staff C stated that the HR staff was not in the building and that they would look into HR office for Staff H's vaccination record. On 01/21/2026 at 4:48 PM, no information or documentation regarding Staff H's COVID-19 vaccination status was provided. Reference: (WAC) 388-97-1620(2)(b)(i)(ii).</p>		