

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/09/2026
NAME OF PROVIDER OR SUPPLIER Bothell Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 707 - 228th Southwest Bothell, WA 98021	

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** Based on interview and record review, the facility failed to provide necessary services to maintain personal hygiene for 1 of 4 residents (Resident 1), reviewed for Activities of Daily Living (ADL). The failure to provide bath/shower for a resident who was dependent on staff for assistance placed the resident 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 , revised in September 2025, showed, Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in ADLs do not diminish unless circumstances of the individual's clinical condition demonstrates that such diminution was unavoidable. Review of the admission record printed on 03/03/2026 showed that Resident 1 was admitted to the facility on [DATE] with diagnosis that included generalized muscle weakness. Review of the ADL care plan initiated on 11/28/2025 showed that Resident 1 had a self-care performance deficit related weakness, pain, and impaired mobility. Further review of the care plan showed that Resident 1 was scheduled to receive two baths/showers per week. Review of the quarterly Minimum Data Set (an assessment tool) dated 12/04/2025 showed Resident 1 had moderately impaired cognition and was dependent on staff for shower/bathing. Further review of the assessment showed that Resident 1's shower/bathing was very important for them. Review of facility provided document titled, Task Schedule, showed that Resident 1's bathing was scheduled for Tuesdays and Saturdays. In an interview on 03/03/2026 at 11:55 AM, Resident 1 stated that they were not receiving bath/shower consistently. Resident 1 stated that they went with no bath/shower for the last three weeks. Resident 1 stated that it had been three weeks since the last time they took a shower. Review of Resident 1's Kardex (care guide) showed that between 12/02/2025 and 03/09/2026, the resident did not receive shower on 12/06/2025, 12/12/2025, 12/16/2025, 12/23/2025, 12/27/2025, 12/30/2025, 01/03/2026, 01/10/2026, 01/13/2026, 01/17/2026, 01/24/2026, 01/27/2026, 01/31/2026, 02/14/2026, 02/17/2026, 02/21/2026, 02/24/2026, and 03/03/2026. Review of the Kardex further showed that Resident 1 refused showers on 02/26/2026 and 03/03/2026. In an interview on 03/09/2026 at 12:32 PM, Staff B, Residents Care Manager, stated that Resident 1 was supposed to receive bath/shower twice a week. Staff B stated that if a resident refused shower/bath it was the facility's process to offer at another time, document refusal and report it. Staff B further stated that they would expect Resident 1's shower/bath schedule and care plan to be followed as planned. In an interview and joint record review on 03/09/2026 at 1:30 PM with Staff A, Director of Nursing Services, stated that staff were expected to provide shower/bath for residents as scheduled. A joint record review of Resident 1's facility provided Electronic Health Record (Follow Up Question Report) showed that the Resident did not receive shower on 12/06/2025, 12/12/2025, 12/16/2025, 12/23/2025, 12/27/2025, 12/30/2025, 01/03/2026, 01/10/2026, 01/13/2026, 01/17/2026, 01/24/2026, 01/27/2026, 01/31/2026, 02/14/2026, 02/17/2026, 02/21/2026, 02/24/2026, and 03/03/2026. A joint record review further showed that Resident 1 had refused shower on 02/26/2026 and 03/03/2026. Staff A stated Resident 1 refused bath/shower multiple times, but it was not documented. Staff A stated that when residents refuse care, they would (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>expect staff to document and report it. Staff A further stated that Resident 1 should have received bath/shower as outlined in their bath/shower schedule and care plan. Reference: (WAC) 388-97-1060 (2)(c).</p>		