STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505453	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kin on Health Care Center	4416 South Brandon Street Seattle, WA 98118

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review, the facility failed to ensure wheelchairs were cleaned for 13 of 16 residents (Residents 81, 73, 71, 70, 12, 37, 45, 47, 41, 22, 9, 76 & 27), reviewed for comfortable/safe equipment use. This failure placed the residents at risk for unsafe equipment and a diminished quality of life.Findings included . Review of the facility's policy titled, Cleaning and Disinfection of Resident-Care Equipment, reviewed on 02/20/2026, showed, Resident care equipment can be a source of indirect transmission of pathogens. Reusable resident-care equipment will be cleaned and disinfected in accordance with current CDC [Centers for Disease Control and Prevention] recommendations in order to break the chain of infection . Direct staff are responsible for cleaning single-resident equipment when visibly soiled, and according to routine schedule (where applicable) . most equipment may be cleaned/disinfected in the areas in which the equipment is used . RESIDENT 81Observations on 05/21/2026 at 12:51 PM and on 05/22/2026 at 12:29 PM, showed Resident 81's wheelchair had multiple drop-like/patches of white dry matter on the footrests, right and left armrests, right and left frames of the front wheels, and on the right headrest and right backrest cushioned area. In an interview on 05/22/2026 at 3:05 PM, Staff D, Resident Care Manager (RCM), stated that residents' wheelchairs would be cleaned when filthy. Staff D further stated that nursing staff would clean wheelchairs with sanitizing wipes and that if soiled material was not removed, the facility would ask maintenance staff to clean wheelchairs by using pressure water. A joint observation and interview on 05/22/2026 at 3:38 PM with Staff D, showed Resident 81 had multiple drop-like/patches of white dry matter on the footrests, right and left armrests, right and left frames of the front wheels, and on the right headrest area and right backrest cushioned area. Staff D stated, it is dry milk. RESIDENT 73Multiple observations on 05/19/2026 at 2:38 PM, on 05/21/2026 at 12:30 PM, and on 05/22/2026 at 12:29 PM, showed Resident 73's left side wheelchair seat had a piece of white-yellowish dry matter. A joint observation and interview on 05/22/2026 at 3:22 PM with Staff D showed Resident 73's wheelchair had a white/yellowish dry matter on the left front seat. Staff D stated, it is probably dry food. RESIDENT 71Observations on 05/21/2026 at 1:10 PM and on 05/22/2026 at 12:30 PM, showed Resident 71's wheelchair had multiple spots/patches of yellowish white dry matter on the right and (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505453	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kin on Health Care Center	4416 South Brandon Street Seattle, WA 98118

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	left armrests and on the right side of the wheelchair cushion seat. A joint observation and interview on 05/22/2026 at 3:31 PM with Staff D showed Resident 71's wheelchair had multiple spots/patches of yellowish white dry matter on the right armrest, left armrest, and on the right side of the wheelchair cushion seat. Staff D stated, it is probably dry food. RESIDENT 70Observation on 05/22/2026 at 12:49 PM, showed Resident 70's wheelchair had multiple spots/patches of white dry matter on the left armrest and two round spots/patches of dry red matter on the wheelchair cushion seat. A joint observation and interview on 05/22/2026 at 3:32 PM with Staff D showed multiple spots/patches of white dry matter on the left armrest and two round spots/patches of dry red matter on the wheelchair cushion seat. Staff D stated, it is dry food. RESIDENT 12Observations on 05/21/2026 at 1:21 PM and on 05/22/2026 at 12:21 PM, showed Resident 12's wheelchair had multiple spots/patches of dry white matter on the right armrest, and two linear streaks of white matter on the left armrest. A joint observation and interview on 05/22/2026 at 3:35 PM with Staff D showed Resident 12's wheelchair had multiple two linear streaks of white dry matter on the left armrest area and spots/patches of white dry matter on the right armrest. Staff D stated, it is probably dry milk or dry food. RESIDENT 37Observation on 05/22/2026 at 12:41 PM, showed Resident 37's wheelchair had multiple spots/patches of white dry matter on the left armrest. A joint observation and interview on 05/22/2026 at 3:42 PM with Staff D, showed Resident 37's wheelchair had multiple spots/patches of white dry matter on the left armrest. Staff D stated, it is dry food. RESIDENT 45Observations on 05/21/2026 at 1:24 PM and on 05/22/2026 at 12:18 PM, showed Resident 45's wheelchair had multiple spots/patches of white/yellowish dry matter on the right and left armrest, left backrest, and left headrest cushion. A joint observation and interview on 05/22/2026 at 3:16 PM with Staff D showed Resident 45's wheelchair had multiple spots/patches of yellowish white dry matter on the right and left armrest, left backrest, and left headrest. Staff D stated, it is dry milk. In a follow up interview on 05/22/2026 at 3:47 PM, Staff D stated that the wheelchairs for Residents 81, 73, 71, 70, 12, 37 and 45 were dirty and should have been cleaned. Staff D further stated that the wheelchair cushions should have been washed. RESIDENT 47Observation on 05/22/2026 at 12:57 PM showed Resident 47's wheelchair had multiple spots/patches of white dry matter on the right and left armrest, and on the right and left wheelchair cushion seat. RESIDENT 41Observation on 05/22/2026 at 2:59 PM showed Resident 41's wheelchair had multiple spots/patches of white dry matter on the left armrest. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505453	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kin on Health Care Center	4416 South Brandon Street Seattle, WA 98118

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview and joint observation on 05/22/2026 at 3:54 PM, Staff E, RCM, stated that residents' wheelchairs were supposed to have a [cleaning] schedule and that wheelchairs were cleaned by maintenance staff. A joint observation showed that Resident 47's wheelchair had multiple spots/patches of white matter on the right and left armrest, and the right and left wheelchair cushion seat. Staff E stated, it [the wheelchair] needs to be cleaned. A joint observation showed Resident 41's wheelchair had multiple spots/patches of white dry matter on the left armrest. Staff E stated that the wheelchairs for Residents 47 and 41 should have been cleaned. RESIDENT 22 Observations on 05/21/2026 at 1:13 PM and on 05/22/2026 at 2:57 PM showed Resident 22's wheelchair had multiple dried circular whitish matter over the metal frame that holds the two small front wheels, on the wheelchair frame, hand rims (ring metal attached to the rear wheels), and the front and side of the seat cushion. RESIDENT 9 Observations on 05/21/2026 at 1:53 PM and on 05/22/2026 at 9:31 AM, showed Resident 9's wheelchair had dust-like particles all over its metal frame underneath the seat and multiple visible dried, circular whitish matter all over the wheelchair's frame. RESIDENT 76 Observations on 05/21/2026 at 8:39 AM and on 05/22/2026 at 9:36 AM, showed Resident 76 had multiple dried circular whitish matter over the seat cushion and on the left armrest, and had dust-like particles all over the wheelchair frame. RESIDENT 27 Observations on 05/21/2026 at 1:55 PM and on 05/22/2026 at 12:58 PM showed Resident 27's wheelchair had multiple dried whitish and brownish matter all over its left and right hand rims. In an interview on 05/22/2026 at 3:05 PM, Staff D stated that staff were responsible to clean and sanitize the residents' wheelchairs using sanitizing wipes. Staff D stated that if staff could not remove the dirt then they would inform maintenance about it. Staff D stated, there is no regular schedule to clean-we just let them [maintenance] know. Staff D further stated that they would consider a wheelchair filthy as anything that can't [cannot] be removed using a sanitizing wipe and there is a need to wash them down with water. In a joint observation and interview on 05/22/2026 at 3:25 PM with Staff D showed Resident 22's wheelchair had multiple visible dried, circular whitish matter over the seat cushion, caster fork and metal frames. When asked to describe, Staff D stated, Very dirty, those are food particles, dried milk. Staff D stated, it should be cleaned by staff. A joint observation at 3:26 PM with Staff D, showed Resident 27's wheelchair and was asked to describe what they had observed. Staff D stated, .dried milk over the seat cushion.wheel handle [hand rims] had dried food particles, those brownish spot, dried particles. I really don't know what it is, but they need to be cleaned. A joint observation at 3:28 PM with Staff D, showed Resident 76's wheelchair. Staff D stated, Those are dried milk [on] the seat cushion and [on] the left armrest. There are also dust on the railings [metal frames]. I expect them to have been cleaned. I will tell maintenance. A joint observation at 3:31 PM with Staff D showed (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505453	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kin on Health Care Center	4416 South Brandon Street Seattle, WA 98118

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident 9's wheelchair parked in the bathroom. When asked to describe what they were seeing, Staff D stated, Looks like dried milk and food particles on the seat cushion and dust on the wheelchair frames. Staff D further stated that they expected Resident 9's wheelchair to have been cleaned. In a follow up interview on 05/22/2026 at 3:49 PM, Staff D stated that they expected staff to have cleaned Residents 22, 9, 76 and 27 wheelchairs and that they informed maintenance to pressure wash the wheelchairs. On 05/27/2026 at 1:45 PM, Staff B, Interim Director of Nursing Services, stated that they expected residents' wheelchairs to be cleaned when visibly soiled. Staff B further stated that the wheelchairs for Residents 81, 73, 71, 70, 12, 37, 45, 47, 41, 22, 9, 76 and 27 should have been cleaned. On 05/27/2026 at 2:04 PM, Staff A, Administrator, stated that the soiled wheelchairs for Residents 81, 73, 71, 70, 12, 37, 45, 47, 41, 22, 9, 76 and 27 should have been cleaned. Reference: (WAC) 388-97-0880 (1) .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505453	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kin on Health Care Center	4416 South Brandon Street Seattle, WA 98118

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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure Activities of Daily Living (ADL) assistance were consistently provided for 5 of 9 residents (Residents 12, 15, 35, 37 & 81), reviewed for dining. The failure to provide residents who were dependent on staff for assistance with meals placed the residents at risk for unmet care needs, poor nutrition, and a diminished quality of life.Findings included. Review of the facility's policy titled, Activities of Daily Living (ADLs), revised on 03/20/2026 showed, Care and services will be provided for the following activities of daily living .eating to include meals . The policy further showed, A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition . RESIDENT 12Review of the quarterly Minimum Data Set (MDS-an assessment tool) dated 05/07/2026 showed Resident 12 had impaired cognition and was dependent with eating. Review of the ADL/self-care deficit care plan printed on 05/22/2026 showed Resident 12 required 1[one]-person dependent assistance in feeding (1:1 [one-to-one] feeding). RESIDENT 15Review of the quarterly MDS dated [DATE] showed Resident 15 had impaired cognition and was dependent with eating. Review of the self-care deficit care plan printed on 05/22/2026 showed Resident 15 required 1-person dependent assistance in feeding. RESIDENT 35Review of the quarterly MDS dated [DATE] showed Resident 35 had impaired cognition and was dependent with eating. Review of the self-care deficit care plan printed on 05/22/2026 showed Resident 35 required 1-person dependent assistance in feeding. RESIDENT 37Review of the annual MDS dated [DATE] showed Resident 37 had impaired cognition and was dependent with eating. Review of the self-care deficit plan printed on 05/22/2026 showed Resident 37 required 1-person dependent assistance in feeding. RESIDENT 81Review of the quarterly MDS dated [DATE] showed Resident 81 had impaired cognition and was dependent with eating. Review of the self-care deficit care plan printed on 05/22/2026 showed Resident 81 required 1-person dependent assistance in feeding. Observation on 05/19/2026 at 12:11 PM, showed Residents 12, 15, 37 and 81 were seated together and were waiting to be assisted with their meals. Observation showed Residents 12, 15, 37 and 81 had their eyes closed and they responded to voice and touch. Further observation showed that no staff were providing them assistance with their meals. A concurrent observation showed Resident 35 was seated in another table with three unknown residents who were assisted by staff with their meals. Observation showed Resident 35 had their meal tray and staff were not seen assisting them. Observations on 05/21/2026 at 12:28 PM, showed Residents 12, 15, 35, 37 and 81 had their meal trays on the table and staff were not seen assisting them with their meals. At 12:42 PM, a resident representative came and assisted Resident 37 with their meals. From 12:43 PM to 12:58 PM, four unknown staff approached and assisted Residents 12, 15, 35 and 81 approached and assisted the residents with their meals. There was a delay in assisting the residents with their meals. In an interview on 05/22/2026 at 1:15 PM, Staff H, Certified Nursing Assistant (CNA), stated that there were many residents that need assistance with their meals and that they had a seating arrangement for residents that were dependent with their meals. Staff H stated, that sometimes some nurses help but it depends when they are busy [they were not able to help]. Staff H stated that they had to wait for the resident they were helping with eating to finish their meal before they would start assisting another dependent resident with their meals. In an interview on 05/22/2026 at 1:35 PM, Staff U, CNA, stated that they used to have nurses who would help with dining. Staff U stated, there are staff available, but we had to ask for their help. Once we are done [finished with dining assistance] with a resident, we go to the other resident to help them [with their meals]. Staff U stated that residents who were dependent with eating had to wait for staff assistance. In an interview on 05/26/2026 at 1:13 PM, Staff V, Licensed Practical Nurse, stated that they were aware that Residents 12, 15, 35, 37 and 81 needed assistance with their meals. Staff V stated that they too had observed Residents 12, 15, 35, 37 and 81 and other dependent residents (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505453	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kin on Health Care Center	4416 South Brandon Street Seattle, WA 98118

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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	waited to be assisted with their meals and that they expected dependent residents to be assisted with their meals timely. In an interview on 05/26/2026 at 2:29 PM, Staff D, Resident Care Manager, stated that residents in the dining room were seated according to their planned seating arrangement. When asked, Staff D stated that Residents 12, 15, 35, 37 and 81 were all dependent with eating and required assistance with their meals. Staff D stated that they expected staff to assist dependent residents with eating in a timely manner. In an interview on 05/27/2026 at 1:19 PM, Staff B, Interim Director of Nursing Services, stated that they expected staff to provide meal assistance for dependent residents and that dependent residents did not have to wait for assistance after their meals were served. Reference: (WAC) 388-97-1060 (1)(2)(c).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505453	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kin on Health Care Center	4416 South Brandon Street Seattle, WA 98118

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to maintain the sanitizing solution concentration within the manufacturerˆrecommended parts per million (ppm) for 1 of 2 kitchen's sanitizing buckets (Red Bucket for the Threeˆ Compartment Sink), reviewed for food services. This failure placed residents at risk for foodborne illness (caused by the ingestion of contaminated food or beverages), crossˆcontamination, and a diminished quality of life.Findings included.Review of the facility's policy titled, Manual Warewashing-3 [three] Compartment Sink, revised on 12/15/2025, showed, To prevent the spread of bacteria [tiny germs] that may cause food borne illness, this facility washes, rinses and sanitizes pots, pans and other utensils using a 3 compartment sink in accordance with current standards for food safety. The policy further showed, Sanitizing solutions shall be tested by a test kit or other device that accurately measures the concentration in MG/L [milligrams per liter [unit of measurement].Review of the facility's policy titled, Dishwasher Temperature, revised on 12/22/2025, showed, Chemical solutions shall be maintained at the correct concentration, based on periodic testing at least once per shift and for the effective contact time according to manufacturer's guidelines.Review of the undated facility's kitchen signage titled, Sanitizing Bucket Procedures, showed instructions for preparing a sanitizing bucket, including testing the solution with test strips for proper ppm and maintaining a required concentration of 200 to 400 ppm.Review of the facility's provided document titled, Service Report, dated 05/26/2026 at 2:19 PM, showed, Customer [facility] called due to Barrier II [the second layer of protection used to stop germs from spreading] not testing properly.In a joint observation and interview on 05/26/2026 at 11:09 AM, Staff J, Dietary Coordinator, used a Hydrion (a brand name) test strip to check the sanitizer concentration in the sanitizing bucket (red bucket for the three-compartment sink). Staff J dipped the test strip into the solution for 10 seconds. A joint observation of the test strip showed, 0 ppm (no color change from the strip's original color). Staff J repeated the process with a second test strip, which again showed 0 ppm. Staff J stated, It was working this morning, and it was logged. In a follow up interview on 05/26/2026 at 11:59 AM, Staff J stated that they had been using the sanitizing bucket for the three-compartment sink. Staff J stated that the threeˆcompartment sink sanitizing solution was okay when I checked it this morning. Staff J stated, The correct ppm is 200 to 400, but this is not in that range. If the concentration is right, the color should have been changed to green. In an interview on 05/26/2026 at 1:45 PM, Staff A, Administrator, stated it was their expectation that kitchen staff would test the concentration of the sanitizing solution according to facility's policy. Staff A stated that if the sanitizing solution testing did not work, they would expect the staff to contact the service provider to fix it. Staff A further stated that Staff J informed them the sanitizing solution testing was not working and that the service provider had been called to address the issue.Reference: (WAC) 388-97-1100 (3).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505453	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kin on Health Care Center	4416 South Brandon Street Seattle, WA 98118

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)
F 0646 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the appropriate authorities when residents with MD or ID services has a significant change in condition. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to complete a new Level I PASARR (or PASRR-an assessment used to identify people [residents] with Serious Mental Illness [SMI], intellectual disabilities, or related conditions) after a significant change in status and failed to notify the PASARR Coordinator for 3 of 6 residents (Residents 10, 47 & 8), reviewed for PASARR. These failures placed the residents at risk for unmet care needs and a diminished quality of life. Findings included. Review of the Level I PASRR form revised in June 2025 showed, In the event the resident experiences a significant change in condition.the NF [Nursing Facility] must complete a new PASRR Level 1 and make referrals to the appropriate entities. RESIDENT 10 Review of the Minimum Data Set (MDS-an assessment tool) look up page showed Resident 10 had a Significant Change Assessment (SCSA) dated 04/02/2026. Review of the Hospice Notification of admission dated 03/26/2026 showed Resident 10 had metastatic (spread to other parts of the body) bladder (body organ that stores urine) cancer (abnormal cells growth) and was admitted to hospice. Review of the Electronic Health Record (EHR-miscellaneous) showed no new PASARR Level I completed related to Resident 10's significant change for hospice care. In an interview on 05/22/2026 at 2:13 PM, Staff L, Director of Social Services , stated, If there is a significant change, we are expected to complete a new Level I PASARR. When asked if a new Level I PASARR was completed for Resident 10 who had a significant change related to hospice admission, Staff L stated that they would need to review Resident 10's EHR. In a follow-up interview on 05/22/2026 at 3:38 PM, Staff L stated, Definitely, we don't [do not] have anything sent for [Resident 10]. When asked to clarify, Staff L stated that they had not completed a new Level I PASARR and had not notified the PASARR Coordinator about Resident 10's significant change. RESIDENT 47Review of the admission record printed on 05/27/2026 showed that Resident 47 was admitted to the facility on [DATE]. Review of a SCSA MDS dated [DATE] showed that Resident 47's MDS was completed due to a decline in activities of daily living and a fall that occurred on 05/18/2025. Review of Resident 47's EHR showed no documentation of a completed Level I PASARR evaluation following their significant change in status and/or documentation that the PASARR Coordinator had been notified of Resident 47's significant change. RESIDENT 8Review of the admission record printed on 05/19/2026 showed that Resident 8 was (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505453	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kin on Health Care Center	4416 South Brandon Street Seattle, WA 98118

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)
F 0646 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	admitted to the facility on [DATE]. Review of a SCSA MDS dated [DATE] showed Resident 8's MDS was completed due to exhibiting behavioral symptoms and having severely impaired decisionˆmaking abilities. Review of Resident 8's EHR showed no documentation of a completed Level I PASARR evaluation following their significant change in status and/or documentation that the PASARR Coordinator had been notified of Resident 8's significant change. A joint record review and interview on 05/22/2026 at 2:13 PM with Staff L showed that Resident 47 had a SCSA completed on 05/29/2025 and Resident 8 had a SCSA completed on 04/24/2026. A joint record review further showed that no documentation of a completed Level I PASARR evaluation or the PASARR Coordinator had been notified of Resident 47's and Resident 8's significant change in status. Staff L stated that residents who had a significant change in status were required to have an updated Level I PASARR completed, and a Level II evaluation referral as needed. In a followˆup interview on 05/22/2026 at 3:38 PM, Staff L stated that Level I PASARR evaluations for Resident 47 and Resident 8 were not completed, and the PASARR Coordinator had not been notified of their significant changes in status. In an interview on 05/27/2026 at 11:34 AM, Staff A, Administrator, stated that they expected a new Level I PASARR to be completed for Residents 10, 47 and 8 and that the PASARR Coordinator should have been notified of their significant change in status. Reference: (WAC) 388-97-1975 (7) .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505453	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kin on Health Care Center	4416 South Brandon Street Seattle, WA 98118

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop a comprehensive person-centered care plan for 2 of 7 residents (Residents 47 & 10), reviewed for comprehensive care plans. The failure to develop a care plan for diabetes mellitus (a disease where the body cannot properly regulate blood sugar levels), use of insulin (a hormone that helps regulate blood sugar levels) and hospice care (comfort care for individuals with terminal illness or with six months or less life expectancy) placed residents at risk for unmet care needs and a diminished quality of life. Findings included . Review of the facility's policy titled, Comprehensive Care Plans, revised on 04/24/2026, showed, It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs and ALL services that are identified in the resident's comprehensive assessment and meet professional standards of quality. The policy further showed, The comprehensive care plan will be developed within 7 [seven] days after the completion of the comprehensive MDS [Minimum Data Set, assessment tool] assessment. All Care Assessment Areas (CAAs) triggered by the MDS will be considered in developing the plan of care. Other factors identified by the interdisciplinary team, or in accordance with the resident's preferences, will also be addressed in the plan of care. RESIDENT 47 Review of the admission record printed on 05/27/2026 showed that Resident 47 was admitted to the facility on [DATE] with diagnoses that included diabetes mellitus. Review of the comprehensive care plan, printed on 05/21/2026, showed no care plan had been developed to address Resident 47's diagnosis of diabetes mellitus or use of insulin. In an interview and joint record review on 05/22/2026 at 8:44 AM, Staff E, Resident Care Manager (RCM), stated that Resident 47 had been receiving insulin for diabetes mellitus since 05/29/2025. A joint record review showed that Resident 47 did not have a care plan addressing insulin use or diabetes mellitus. Staff E stated that they would expect a care plan to be developed for Resident 47's insulin use. Staff E further stated that no care plan had been developed for Resident 47's insulin use and that there should have been one. In an interview on 05/27/2026 at 10:16 AM, Staff B, Interim Director of Nursing Services, stated they would expect a care plan to be developed for residents with diabetes mellitus or who use insulin. Staff B further stated that a care plan addressing Resident 47's diabetes mellitus and insulin use should have been developed. RESIDENT 10 Review of the Hospice Notification of admission dated 03/26/2026 showed Resident 10 had metastatic (spread to other parts of the body) bladder (serves as a storage of urine) cancer (abnormal cell growth) and was admitted to hospice. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505453	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kin on Health Care Center	4416 South Brandon Street Seattle, WA 98118

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the comprehensive care plan, printed on 05/21/2026 showed no hospice care plan was developed for Resident 10. In an interview and joint record review on 05/22/2026 at 10:12 AM, Staff F, Registered Nurse, stated that Resident 10 was admitted to hospice due to metastatic bladder cancer and continued to receive hospice services in the facility. A joint record review of the comprehensive care plan showed no hospice care plan was developed for Resident 10. When asked if Resident 10's comprehensive care plan showed their end-of-life status, contact or coordination with hospice and/or hospice services being received, Staff F stated, No. A joint record review and interview on 05/22/2026 at 11:14 AM with Staff D, RCM, showed Resident 10's hospice notification of admission dated 03/26/2026 was due to metastatic bladder cancer. Staff D stated that they communicated and coordinated with the hospice team regarding Resident 10's care. Staff D stated that Resident 10's comprehensive care plan did not include Resident 10's prognosis, hospice care and/or coordination with hospice services. In an interview on 05/27/2026 at 1:19 PM, Staff B stated that they expected a hospice care plan to have been developed for Resident 10 when they were admitted to hospice. Reference: (WAC) 388-97-1020(1) .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505453	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kin on Health Care Center	4416 South Brandon Street Seattle, WA 98118

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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to review and revise comprehensive care plans for 2 of 6 residents (Residents 61 & 10), reviewed for care planning. The failure to review and revise care plans for nutrition and discontinuation of psychotropic (mind-altering) medications placed the residents at risk for unmet care needs and a diminished quality of life. Findings included. Review of the facility's policy titled, Comprehensive Care Plans, revised on 04/24/2026, showed, The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS [Minimum Data Set-an assessment tool]. RESIDENT 61Review of Resident 61's nutrition care plan, revised on 01/15/2025, showed interventions for dysphagia (difficulty swallowing)-aspiration (something entering the airway or lungs) precautions, which included sit in upright position during eating; feed in small sips/bite; Stop for awhile and report to LN [Licensed Nurse] if cough during eating; use small spoon. Sit up for at least 30 min [minutes] before lying down. Review of the Speech Therapy Evaluation and Plan of Treatment, dated 10/27/2025, showed that Resident 61 required 1:1 (one to one) feeding assistance. Further review of the Speech Therapy Discharge summary, dated [DATE], showed that the requirement for 1:1 was no longer recommended. In an interview on 05/22/2026 at 12:52 PM, Staff M, Certified Nursing Assistant (CNA) stated that they looked at the care plans/Kardex (a care guide for CNAs) for residents every day. Staff M stated that Resident 61 required set-up help with eating. A joint record review and interview on 05/26/2026 at 12:35 PM with Staff N, CNA, showed that Resident 61's Kardex had interventions, which included sit in upright position during eating; feed in small sips/bite; Stop for awhile and report to LN if cough during eating; use small spoon. Sit up for at least 30 min before lying down. Staff N stated, she [Resident 61] doesn't [does not] want to have help and stated that the Kardex showed to feed in small bites, but she doesn't want [that]. A joint record review and interview on 05/26/2026 at 12:39 PM with Staff P, Registered Nurse (RN), showed Resident 61's nutrition care plan had interventions for dysphagia-aspiration precautions, which included sit in upright position during eating; feed in small sips/bite; Stop for awhile and report to LN if cough during eating; use small spoon. Sit up for at least 30 min before lying down. When asked if Resident 61 should be assisted during their meals, Staff P stated, I think we need to clarify with the RCM [Resident Care Mangager]. In an interview and joint record review on 05/26/2026 at 12:49 PM, Staff E, RCM, stated that they updated care plans depending on needs of the residents. Staff E stated that Resident 61 was able to eat by herself. A joint record review of Resident 61's nutrition care plan, revised on 01/15/2025, showed interventions for dysphagia-aspiration precautions, which included sit in upright position during eating; feed in small sips/bite; Stop for awhile and report to LN if cough during eating; use small spoon. Sit up for at least 30 min before lying down. Staff E stated that Resident 61's care plan needs to be updated. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505453	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kin on Health Care Center	4416 South Brandon Street Seattle, WA 98118

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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview and joint record review on 05/26/2026 at 1:04 PM, Staff Q, Speech Language Pathologist, stated that Resident 61 was discharged from speech therapy in December 2025. Staff Q stated that Resident 61 was able to feed herself. A joint record review of the Speech Therapy Discharge summary, dated [DATE], showed that the requirement for 1:1 feeding assistance was no longer recommended for Resident 61. A joint record review of Resident 61's nutrition care plan showed that it was revised on 01/15/2025 and included the interventions to feed in small sips/bite; Stop for awhile and report to LN if cough during eating; use small spoon. Staff Q stated that Resident 61's nutrition care plan was not updated with the December 2025 [Speech Therapy] recommendations. In a follow-up interview on 05/27/2026 at 11:57 AM, Staff E stated that they had clarified with therapy [Speech therapy] and that Resident 61 did not need assistance with eating and needed set up assistance with meals. Staff E stated that Resident 61's nutrition care plan needed to be revised due to the therapy recommendations from December 2025 and that she's [she is] able to feed herself. In an interview on 05/27/2026 at 12:49 PM, Staff B, Interim Director of Nursing Services, stated that comprehensive care plans should be updated/revised when there were new orders or a new focus [area of concern/problem] for a resident. Staff B further stated that if speech therapy made recommendations, they expected that a resident's care plan to be updated/revised within twenty-four hours. RESIDENT 10 Review of the order summary report printed on 05/21/2026 did not show Resident 10 had orders for Lorazepam (a psychotropic medication for anxiety [persistent worry]) and Mirtazapine (a psychotropic medication for depression [persistent sadness and loss of interest] and for poor appetite when given on low dose). Review of Resident 10's March 2026 Medication Administration Record (MAR) printed on 05/21/2026 showed Lorazepam was discontinued on 03/26/2026. Review of Resident 10's April 2026 MAR printed on 05/21/2026 showed Mirtazapine was discontinued on 04/28/2026. Review of Resident 10's comprehensive care plan printed on 05/21/2026 showed, [Resident 10] is on Mirtazapine for poor appetite.on PRN [as needed] Lorazepam for anxiety. In an interview and joint record review on 05/22/2026 at 10:12 AM, Staff F, RN, stated that they would revise or update a resident's care plan when there is a change in condition or medications. A joint record review of Resident 10's active physician order showed they were not taking Lorazepam and Mirtazapine. Staff F stated that those medications were discontinued. A joint record review of the comprehensive care plan showed Resident 10 was on Mirtazapine for poor appetite.on PRN Lorazepam for anxiety. Staff F stated that Resident 10's comprehensive care plan was not updated. In an interview and joint record review on 05/22/2026 at 11:14 AM, Staff D, RCM, stated that they would revise or update a resident's comprehensive care plan quarterly, annually, [when there is a] significant change or as needed. A joint record review of Resident 10's active physician order showed they were not taking Lorazepam and Mirtazapine. Staff D stated that Resident 10 was not anymore on psychotropic medications and that they were aware that Resident 10's comprehensive care plan was (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505453	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kin on Health Care Center	4416 South Brandon Street Seattle, WA 98118

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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	not updated. In an interview on 05/27/2026 at 1:19 PM, Staff B stated that they expected residents' care plan to be revised or updated if there is a new focus, [change in] order . Staff B further stated that they expected Resident 10's comprehensive care plan to have been updated when their psychotropic medications were discontinued. Reference:(WAC) 388-97-1020(5)(b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505453	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kin on Health Care Center	4416 South Brandon Street Seattle, WA 98118

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review, the facility failed to provide adequate supervision for 1 of 4 residents (Resident 61), reviewed for accident/hazards. The failure to ensure aspiration precautions (safety measures designed to prevent food, liquids, or saliva from entering the airway and lungs) were implemented, placed the resident at risk for accidents, injury, and other negative outcomes.Findings included.Review of the facility's policy titled, Accidents and Supervision, revised on 03/20/2026, showed, Each resident will receive adequate supervision and assistive devices to prevent accidents, which includes Implementing interventions to reduce hazard(s) and risk(s).Review of Resident 61's quarterly Minimum Data Set (an assessment tool), dated 04/16/2026, showed that Resident 61 had a diagnosis of dysphagia (difficulty swallowing).Review of Resident 61's nutrition care plan, revised on 01/15/2025, showed interventions for dysphagia aspiration (something entering the airway or lungs) precautions, which included sit in upright position during eating; feed in small sips/bite; Stop for awhile and report to LN [Licensed Nurse] if cough during eating; use small spoon. Sit up for at least 30 min [minutes] before lying down.Review of the physician orders printed on 05/22/2026, showed Resident 61 had an order for Aspiration precautions-bolt upright positioning, assist with meals, small sips with fluids for safety.Observation on 05/22/2026 at 8:56 AM, showed Resident 61 independently eating breakfast in their bed. It showed the head of the bed at less than 90 degrees and Resident 61 was slouched and not sitting upright in bed. An additional observation at 12:38 PM showed Resident 61 independently eating lunch in their bed. It showed the head of the bed at less than 90 degrees and Resident 61 was slouched and not sitting upright in bed.In a joint record review and interview on 05/22/2026 at 1:02 PM with Staff R, Certified Nursing Assistant, showed Resident 61's nutrition care plan revealed interventions for Dysphagia-Aspiration precautions, which included sit in upright position during eating; feed in small sips/bite; Stop for awhile and report to LN if cough during eating; use small spoon. Sit up for at least 30 min before lying down. Staff R stated that Resident 61 was on aspiration precautions and needs to sit straight up while eating. A joint observation showed Resident 61 with their head of the bed at less than 90 degrees, and the resident was slouched and not sitting upright in bed. Staff R stated that the head of the bed was not upright and it should be straight up.A joint record review and interview on 05/26/2026 at 12:39 PM with Staff P, Registered Nurse, showed that Resident 61 had an order for Aspiration precautions-bolt upright positioning, assist with meals, small sips with fluids for safety. Staff P stated that they followed physician orders and that if a resident was on aspiration precautions, they would not expect the head of bed to be less than upright while eating.In an interview and joint record review on 05/26/2026 at 12:49 PM, Staff E, Resident Care Manager, stated that they expected staff to follow physician orders. A joint record review of Resident 61's diagnoses showed that Resident 61 had dysphagia. A joint record review of the physician orders printed on 05/22/2026 showed that Resident 61 had an order for Aspiration precautions-bolt upright positioning, assist with meals, small sips with fluids for safety. Staff E stated that Resident 61 should be sitting upright while eating. When asked if they expected Resident 61 to be slouched down in their bed with the head of the bed less than 90 degrees during two meals, Staff E stated, I expect her to be safe.In an interview and joint record review on 05/27/2026 at 12:49 PM, Staff B, Interim Director of Nursing Services, stated that if a physician order showed that a resident should be sitting upright during meals, then the head of the bed should be at 90 degrees. Staff B stated that if a resident was on aspiration precautions and was not sitting upright, the resident would be at risk for choking. A joint record review of the physician orders printed on 05/22/2026 showed that Resident 61 had an order for Aspiration precautions-bolt upright positioning, assist with meals, small sips with fluids for safety. Staff B stated that they expected staff to follow the physician orders and would not expect Resident 61 to be slouching in bed with the head of the bed at less than 90 degrees. Staff B stated that the sitting position was important for preventing (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505453	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kin on Health Care Center	4416 South Brandon Street Seattle, WA 98118

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	aspiration. Staff B further stated that Resident 61's bed shouldn't [should not] have been at less than 90 degrees while eating.Reference: (WAC) 388-97-1060(3)(g).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505453	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kin on Health Care Center	4416 South Brandon Street Seattle, WA 98118

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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview and record review, the facility failed to ensure controlled medications had a record of receipt with sufficient detail to allow for reconciliation and/or have disposal methods that involved a secure and safe method for 1 of 3 medication carts (Station 1 Medication Cart 3), reviewed for medication storage. This failure placed the facility at risk for potential loss/misappropriation, drug diversion, and negative outcomes.Findings included.Review of the facility's policy titled, Controlled Substance Administration & Accountability, revised on 02/26/2026, showed Two licensed staff must witness any disposal or destruction of a controlled substance and document on the Drug Disposition Record, Controlled Drug Record, or via the automated dispensing system.Review of a narcotic book page showed an area to be filled out when a controlled medication was transferred, the quantity remaining at the time of transfer, the book, page, staff initials, and date the transfer occurred. The page showed another area for Disposition [removal or transfer] of Unused Medication, and an area for the nurse/authorized staff receiving medication to sign, an area to write where the medication was transferred from if applicable and the quantity received.Record review of Station 1's Medication Cart 3 Narcotic Book page 9 showed, an order for Pregabalin (controlled substance- used to treat nerve pain) 50 milligrams (mg- unit of measurement) for Resident 100. Further review showed a quantity of 30 capsules remained, the page did not show where the medication was transferred to or disposed of, and the medication was no longer in the narcotic drawer. The narcotic book further showed page 12 had an order for Pregabalin 50 mg capsule, dated 12/29/2025 with the first entry having a quantity of 29 capsules remaining. The narcotic book showed it was transferred from Page #9, however, it did not show that staff filled out where the medication was transferred to, what narcotic book, page, initials, and date sections on page 9.Further review of Station 1's Medication Cart 3 Narcotic Book page 24 showed an order for oxycodone (controlled substance- used to treat pain) 5 mg tablet to take one to two tablets for Resident 101. The page showed an entry, dated 03/13/2026 and 03/15/2026 where a 7.5 mg dose was given and 1/2 tab [tablet]=2.5 mg wasted was wasted on each day (with 20 tablets remaining). The documentation did not show a second witness nurse signature. The page further showed no documentation to indicate what happened to the remaining 20 tablets. Review of page 28 showed an order for oxycodone 5 mg for Resident 101 and an entry, dated 03/16/2026 [at 1:42 PM] where a 7.5 mg dose was given and 1/2 tab [2.5 mg] tablet was wasted. There was no documentation to show a second nurse witness signature.In a joint record review and interview on 05/19/2026 at 12:14 PM, with Staff K, Registered Nurse, showed Station 1's Medication Cart 3 Narcotic Book page 9 and page 12 had the same order for Resident 100. The pages did not show sufficient detail was filled out when the medication was transferred from page 9 to page 12. In addition, the narcotic book page 24 and page 28 showed entries of oxycodone 1/2 tablet was wasted and had no second nurse witness signature. Staff K stated that when destroying a controlled substance, they needed a second nurse witness and document with their signature. Staff K stated that there was no documentation to show a second nurse witness signature when the oxycodone 1/2 tablet was destroyed on page 24 and page 28. Staff K further stated that they should have filled out the appropriate information in detail when transferring the controlled substance from page 9 to page 12.On 05/19/2026 at 1:49 PM, Staff D, Resident Care Manager, stated that when destroying controlled substances, two licensed nurses would need to be present and document in the narcotic book with their signatures. Staff D stated when transferring a controlled substance from one page to another or other narcotic book, staff would have to completely fill out the information on the page to show where the medication came from and where it was transferring to. Staff D stated there was no documentation to show a second nurse witness on the oxycodone that was destroyed on page 24 and page 28. Staff D further stated that staff did not completely fill out the information section when transferring medication from page 9 to page 12.On 05/19/2026 at 2:20 PM, Staff B, Interim Director of (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505453	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kin on Health Care Center	4416 South Brandon Street Seattle, WA 98118

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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nursing Services, stated that they expected two nurse witnesses to destroy controlled substances and document their signatures in the narcotic book.Reference: (WAC) 388-97-1300 (b)(ii).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505453	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kin on Health Care Center	4416 South Brandon Street Seattle, WA 98118

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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on interview and record review, the facility failed to ensure adverse side effects of an antidepressant (medication to treat depression [persistent feeling of sadness and loss of interest]) were monitored for 1 of 5 residents (Resident 63), reviewed for unnecessary medications. This failure placed the resident at risk for negative outcomes, related complications, and a diminished quality of life.Findings included. Review of the facility's policy titled, High Risk Medications, revised on 04/09/2026, showed, .high risk medications can include.psychotropics [mind-altering medications].that can bear a heightened risk. The policy further showed, The resident's plan of care shall alert staff to monitor for adverse consequences of any high-risk medications given.Residents and/or representatives will be educated on the use and risks/benefits of high-risk medications, including adverse effects. Review of the facility's policy titled, Use of Psychotropic Medication(s), revised on 04/21/2026, showed, Psychotropic medications are to be used only.to treat a resident's specific, diagnosed and documented condition and the medication(s) is beneficial to the resident,.by monitoring and documentation of the resident's response to the medication(s). Review of the physician order summary printed on 05/20/2026 showed Resident 63 had been prescribed sertraline (antidepressant). Further review of the physician order summary did not show monitoring for adverse side effects related to antidepressant use. Review of the May 2026 Medication Administration Record (MAR) printed on 05/27/2026 showed Resident 63 had been on antidepressant and was not monitored for potential adverse side effects. In an interview and joint record review on 05/27/2026 at 10:30 AM, Staff S, Registered Nurse, stated that they monitored residents for psychotropic's adverse side effects. Staff S stated that they would monitor every day and that there is an order and. shows what side effects to monitor. A joint record review of Resident 63's MAR showed they were taking sertraline. When asked if Resident 63 was being monitored for the antidepressant's adverse side effects, Staff S stated, Not in the record [or] in the MAR at this time. I will have to ask my supervisor. In an interview and joint record review on 05/27/2026 at 11:06 AM, Staff E, Resident Care Manager, stated that residents on psychotropics were monitored for adverse side effects and that they would put it [monitor of adverse side effects] on the MAR. Staff E stated that Resident 63 had been prescribed with an antidepressant and that there was no monitoring for its adverse side effects. In an interview on 05/27/2026 at 1:19 PM, Staff B, Interim Director of Nursing Services, stated that residents on psychotropics should have had an order to monitor for adverse side effects and that they expected staff to monitor Resident 63's use of antidepressant. Reference: (WAC) 388-97-1060(4).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505453	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kin on Health Care Center	4416 South Brandon Street Seattle, WA 98118

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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to ensure medications were secured for 1 of 4 medication carts (Station 2 Medication Cart 1), reviewed for medication administration. This failure placed residents at risk for unintended access to medications and biologicals, and negative outcomes.Findings included.Review of the facility's policy titled, Medication Storage, revised on 02/26/2026, showed, All drugs and biologicals will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature controls. The policy showed, Only authorized personnel will have access to the keys to locked compartments. The policy further showed, During medication pass, medications must be under the direct observation of the person administering medications or locked in the medication storage area/cart.Observation on 05/21/2026 at 8:27 AM showed Staff I, Registered Nurse, opened Station 2 Medication Cart 1 without a key. An additional observation at 8:43 AM showed Staff I opened Station 2 Medication Cart 1 without a key. The medication cart was not locked all the way and/or secured.In an interview and joint observation on 05/21/2026 at 8:45 AM, Staff I stated that they were not supervising Station 2 Medication Cart 1 while they were in a resident room. A joint observation showed the Station 2 Medication Cart 1 was able to be opened without a key. Staff I stated that the medication cart was not secured and that they would have expected it to have been locked completely.On 05/21/2026 at 8:48 AM, Staff E, Resident Care Manager, stated that they would expect nursing staff to secure the medication cart by locking the cart and using the keys to open it.On 05/21/2026 at 8:51 AM, Staff B, Interim Director of Nursing Services, stated that staff should lock the medication cart. Staff B further stated that staff [Staff I] should have locked the medication cart completely to secure medications.Reference: (WAC) 388-97-1300 (2).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505453	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kin on Health Care Center	4416 South Brandon Street Seattle, WA 98118

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure Transmission Based Precautions (TBP- measures put in place to prevent spread of infection by staff wearing Personal Protective Equipment [PPE-use of gown, gloves, mask and/or face shield/goggles] before entering a resident's room or environment) practices were followed for 1 of 1 resident (Resident 99), and failed to follow Enhanced Barrier Precautions (EBP- protocols to protect residents from multidrug-resistant organisms [a germ that is resistant to medications that treat infections]) practices were followed by 1 of 3 staff (Staff T), reviewed for infection control. These failures placed the residents, visitors, and staff at an increased risk for infection, related complications and a diminished quality of life. Findings included. Review of the facility's policy titled, Transmission-Based (Isolation) Precautions, revised on 02/20/2026, showed, The facility will use standard approaches, as defined by the CDC [Centers for Disease Control and Prevention], for transmission-based precautions: airborne [wear N95 mask/respirator, gown, gloves and eye protection (goggles/face shield)], contact [wear gown and gloves], and droplet precautions [wear face mask and eye protection]. The category of transmission-based precautions will determine the type of personal protective equipment (PPE) to be used. Review of the undated CDC signage titled, Droplet Precautions, showed that everyone entering the room must make sure their eyes, nose and mouth are fully covered before room entry and showed that eye protection included a face shield or goggles. TBPRESIDENT 99Review of the physician orders printed on 05/22/2026, showed that Resident 99 was on Contact and Droplet Precautions every shift for HMPV [Human Metapneumovirus-a respiratory illness]. Observation on 05/21/2026 at 10:24 AM, showed signage at Resident 99's door for Contact and Droplet Precautions. Further observation at 12:22 PM, showed Staff O, Certified Nursing Assistant, entered Resident 99's room wearing a gown, gloves and surgical mask to deliver Resident 99's meal tray and was not wearing a face shield or goggles. In an interview and joint observation on 05/21/2026 at 12:30 PM, Staff O, stated that they followed the sign by the room if a resident was on isolation precautions. A joint observation of the signage showed that Resident 99 was on Droplet and Contact Precautions. Staff O stated that droplet precautions included wearing a face shield or goggles prior to entering Resident 99's room. Staff O further stated that they did not use a face shield or goggles when they entered Resident 99's room. In an interview on 05/27/2026 at 10:12 AM, Staff C, Infection Preventionist, stated that they expected staff to read and follow the signage by residents' doors to know what PPE they needed to use. Staff C stated that they expected staff to use a face shield or goggles prior to entering a droplet precautions room. Staff C further stated that Staff O should have worn a face shield or googles prior to entering Resident 99's room. In an interview on 05/27/2026 at 12:49 PM, Staff B, Interim Director of Nursing Services, stated that they expected staff to wear appropriate PPE when a resident was on droplet precautions. Staff B further stated that Staff O should have worn a face shield or googles prior to entering Resident 99's (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505453	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kin on Health Care Center	4416 South Brandon Street Seattle, WA 98118

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	room. EBP STAFF T Review of the facility's policy titled, Enhanced Barrier Precautions, revised on 02/20/2026, showed, Therapists should use gown and gloves when working with resident on EBP in the therapy gym or in the resident's room if they anticipate prolonged close physical contact where MDRO transmission is possible. Review of an undated CDC signage titled, Enhanced Barrier Precautions, showed, Staff must wear gloves and a gown for high-contact resident care activities that included care or use of feeding tube (a flexible tubing used to deliver nourishment through an opening on the abdomen [stomach]). Observation on 05/22/2026 at 9:00 AM, showed Staff T, Physical Therapist, inside Resident 19's room. Resident 19 was on EBP due to their feeding tube. Further observation showed Staff T was not using PPE (gown) while providing physical therapy to Resident 19. In an interview on 05/22/2026 at 9:22 AM, Staff T stated that they provided physical therapy to Resident 19, helping [them] with mobility. I got [Resident 19] up. Staff T stated that they were in direct contact with Resident 19 who required moderate assistance with bed mobility. When asked if they were aware that Resident 19 was on EBP, Staff T stated, I was not. Now I know and I was told to wear a gown. I did not wear a gown the first time I went in [Resident 19's room]. In an interview on 05/27/2026 at 9:24 AM, Staff C stated that they expected staff to wear their PPE when in direct contact with residents on EBP and follow EBP guidelines. Staff C stated that they considered providing bed mobility and transfers to Resident 19 as direct contact activities and would expect staff to have worn their gown. In an interview on 05/27/2026 at 1:19 PM, Staff B stated that they expected staff to follow precautions in front of the door, should wear PPE, everything that should be done for EBP patients [residents]. [Staff] should follow the EBP protocols. Reference: (WAC) 388-97-1320(1)(a) .