

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/24/2025
NAME OF PROVIDER OR SUPPLIER Madison Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 2520 Madison Everett, WA 98203	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure 3 of 5 residents reviewed for pre-admission screening and resident review (PASRR) received the required screening for mental health needs prior to admission for (Resident 1) and screenings were updated as required for (Residents 2 and 3). This failure placed the residents at risk of not receiving timely and necessary services to meet their mental health needs. Findings included. Review of a facility policy titled, Pre-admission Screening and Resident Review revised date 09/2025, documented any resident with a positive Level 1 screen must have a Level 2 evaluation conducted prior to admission. <RESIDENT 1>Resident 1 admitted to the facility on [DATE] with diagnosis of anxiety. Review of the PASSR level 1 screen, dated 09/26/2025, documented Resident 1 required a Level 2 evaluation for treatment of anxiety and depression. Review of a social services note, dated 09/29/2025, showed the state PASSR coordinator was contacted as resident required a level 2 evaluation. Review of Resident 1's electronic health record (EHR) showed no evidence of a level 2 PASSR being completed. During an interview on 11/24/2025 at 12:43 PM, Staff C, Social Services, reported they were not aware that a positive PASSR Level 1 screen required a level 2 evaluation prior to admission. During an interview on 11/24/2025 at 1:13 PM, Staff B, Director of Nursing Services, stated if a PASSR level 2 evaluation was required based on the Level 1 screen, the admission staff were to ensure it was done prior to admitting. <RESIDENT 2>Resident 2 was admitted to the facility on [DATE]. Review of the PASSR Level 1 screen for Resident 2 showed they would be admitted to a different skilled nursing facility and was dated 06/29/2025. The form showed Resident 2 had indicators of Serious Mental Illness. The form documented that Resident 2 did not require a Level 2 evaluation as they were expected to remain at the facility less than 30 days. The form documented if the scheduled discharge did not occur, a Level 2 evaluation must be done. Review of a social service note dated 08/27/2025 at 12:27 PM, documented resident had a 30-day exemption level 1 PASSR, and it would need to be updated if they stayed longer than 30 days. Review of Resident 2's EHR showed no evidence that a more recent PASSR Level 1 screen had been completed nor was there evidence that a PASSR level 2 evaluation was done. <RESIDENT 3>Resident 3 was admitted to the facility on [DATE] and was readmitted on [DATE]. Review of the PASSR Level 1 screen for Resident 3 was dated 09/23/2025, which was just prior to their initial admission to the facility. The form showed Resident 3 had indicators of Serious Mental Illness. The form documented that Resident 3 did not require a Level 2 evaluation as they were expected to remain at the facility less than 30 days. The form documented if the scheduled discharge did not occur, a Level 2 evaluation must be done. Review of Resident 3's EHR showed no evidence that a more recent PASSR Level 1 screen had been completed nor was there evidence that a PASSR level 2 evaluation was done. During an interview on 11/24/2025 at 12:43 PM, Staff C stated if a resident admits to the facility and the PASSR level 1 screen documented a 30-day exemption, the facility would have to submit a PASSR Level 2 evaluation request to the state PASSR coordinator when the residents stay reached 30 days. Staff C reported they had not sent a PASSR level 2 evaluation request to the state PASSR coordinator for Resident 2 or Resident 3. Reference WAC 388-97-1915 (1)(2) (a-c)</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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