STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505469	A. Building B. Wing	05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Terraces at Skyline	715 9th Avenue Seattle, WA 98104

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that a shower chair was securely latched during bath assistance causing an avoidable fall for 1 of 3 residents (Resident 1), reviewed for accident hazard. This failure placed residents at risk for injury, adverse outcomes, and a diminished quality of life.Findings included.Review of the facility's policy titled, Fall Management, revised on 01/01/2026, showed preventative interventions included the identification of proper equipment used for resident care and identification of environmental factors that place residents at risk for falls.Review of the facility's policy titled, Accident and Hazards Prevention, revised on 01/01/2026, showed that the facility will identify, evaluate and mitigate environmental risks while ensuring residents receive appropriate supervision and assistive support in accordance with their assessed needs. It showed that hazards included malfunctioning equipment, and that Any staff member identifying a hazard must take immediate action to reduce risk. It further showed that Staff will receive initial and ongoing training on.fall prevention strategies and safe equipment use.All resident care equipment must be maintained in safe working order and inspected regularly.Review of the facility's policy titled, Bathing and Shower, revised in 01/01/2026, showed Residents will receive bathing and personal hygiene care in a manner that promotes dignity, comfort, and safety. It further showed that the purpose of the policy was to ensure consistent, safe bathing practices that reduce injury to residents.Review of a hospital Discharge summary, dated [DATE], showed Resident 1 admitted to the facility with diagnosis that included a fracture (broken bone) of shaft of right clavicle (the long middle part of the right collarbone).Review of a Minimum Data Set (An assessment tool), dated 04/01/2026, showed documentation that Resident 1 was assessed as cognitively intact (a person's thinking, memory, and understanding are normal and working well).Review of a facility document titled, Incident Report. [Resident 1], dated 04/18/2026, showed that Resident 1 was assisted by Staff D, Certified Nursing Assistant, with bathing and that The seat of the shower chair was not properly latched and that [Resident 1] fell into the well of the shower chair. It further showed that Resident 1 stated in an interview on 04/19/2026 that [Resident 1] described the fall reporting that the seat did not feel stable, and it felt rickety. It further showed that the facility educated staff on 04/19/2026 about ensuring that all shower chairs, toilet raises are latched, locked and secure.and what to do if you find a piece of equipment that is not in good working condition.Review of the document titled, Pain Assessment dated 04/20/2026 showed that Resident 1 reported experiencing pain or discomfort almost constantly over the previous five days. The document also indicated that Resident 1's pain interfered with her ability to sleep at night and limited her day-to-day activities. Additionally, the pain assessment showed that Resident 1 rated her pain as severe on the verbal descriptor scale (A pain assessment tool that uses words instead of numbers to describe how intense a person's pain feels).Review of a nursing progress note dated 04/29/2026 showed, Staff C, Medical Provider, documented that Since [Resident 1's] fall, she has been using oxycodone (a prescription opioid - strong pain-relief medication used to treat moderate to severe pain) routinely, even though she wants to minimize her use of opiates.Prior to her fall in the bathroom, (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

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	[Resident 1] had weaned herself down to just Tylenol (brand name of a pain medication that can be bought over the counter). It further showed that Staff C, Medical Provider, was the author.Review of Resident 1's April 2026 Medication Administration Record showed no documentation that oxycodone was administered to Resident 1 from 04/13/2026 through 04/17/2026 (five days before the 04/18/2026 incident). Further review showed documented administration of oxycodone on the following dates, along with Resident 1's corresponding recorded pain-level ratings:-04/18/2026 at 3:09 PM, pain level score of 10 out of 10 (Pain as bad as it could be/Most intense pain imaginable)-04/18/2026 at 9:51 PM, pain level score of 7 out of 10 (Severe Pain-Very intense)-04/19/2026 at 12:55 PM, pain level score of 7 out of 10-04/19/2026 at 8:52 PM, pain level score of 6 out of 10 (Moderate-Intense pain)-04/20/2026 at 8:40 AM, pain level score of 6 out of 10-04/20/2026 at 4:50 PM, pain level score of 9 out of 10 (Severe Pain-Excruciating/Unbearable)-04/21/2026 at 7:14 AM, pain level score of 7 out of 10-04/21/2026 at 6:36 PM, pain level score of 6 out of 10-04/22/2026 at 8:15 AM, pain level score of 6 out of 10-04/23/2026 at 10:36 AM, pain level score of 7 out of 10-04/24/2026 at 7:30 AM, pain level score of 6 out of 10-04/28/2026 at 8:22 PM, pain level score of 5 out of 10 (Moderate Pain-Very Distressing)-04/29/2026 at 4:37 PM, pain level score of 8 out of 10 (Severe Pain-Utterly Horrible Pain)-04/30/2026 at 11:30 PM, pain level score of 8 out of 10An observation and interview on 05/04/2026 at 11:25 AM, showed Resident 1 had a cloth sling (supportive fabric device used to hold and immobilize an injured arm or shoulder). Resident 1 stated that they used the sling to help keep their right clavicle from moving and to control pain to her right arm. In an interview on 05/04/2026 at 11:27 AM, Resident 1 stated that she admitted to the facility for rehab [physical and occupational therapy] and need for assistance with daily activities. Resident 1 stated, I need a lot of help, I can't do it by myself, which is why I'm here, despite the fact that I'd rather be home, I can't do anything with the broken clavicle. Resident 1 stated I had a setback, I was in the shower chair, and the shower chair broke, they tried to pick me up by the right side, I was in such horrible pain. Resident 1 stated, The shower chair was unstable, I mentioned it to my aid [Staff D], she was busy bringing in [bathing] supplies, once I was in the [shower] chair, she had to push me in the shower, I told her it was unstable, I said it kept moving, but she pushed me into shower anyway, the [shower] chair started to move again and it [shower chair] just collapsed under me, it fell after, it crumbled under me, in a panic [Staff D] she called other staff, two other people came and they took a while to help me up.that was too late, it already hurt, I had to take stronger pain medication. When asked if she required hospitalization following the fall, Resident 1 stated, They [facility staff] wanted me to go to the hospital, but I was in so much pain, I couldn't move, they brought in someone to take an X-ray [bone imaging], they said no additional breaks were seen, but it was hurting more. It hurt more then than from the original break [right clavicle fracture]. Resident 1 further stated that she managed her pain with ibuprofen (pain medication that can be bought over the counter) and that After the fall there was no way that would manage the pain, so now I am taking gabapentin (medication to manage nerve pain), oxycodone, and ibuprofen. Resident 1 stated, I was very upset by the incident, and that being seen naked by other staff during the incident caused an additional emotional impact, in addition to the pain. Resident 1 further stated, [Staff D] could have listened to me when I told her it [shower chair] was loose and was moving.In an interview on 05/04/2026 at 1:20 PM, Staff C was asked if Resident 1 experienced increased pain in her right shoulder following the 04/18/2026 incident and Staff C stated, [Resident 1] did for a few days.she was someone who never wanted to take opiates, she told me clearly she was taking more opiates more often. When asked if the increase in pain set Resident 1 back from progressing with her discharge plan to return home, Staff C stated, It did, it set her back for a few days. Staff C further stated that Resident 1 was alert and oriented was cognitively intact.In an interview on 05/04/2026 at 1:29 PM, Staff B, Director of Nursing, was asked to describe the 04/18/2026 incident involving Resident 1, Staff B stated, [Staff D] was helping [Resident 1].[Resident 1] told [Staff D] that she felt it [shower chair] was wobbly, the staff did acknowledge (continued on next page)

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