

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505488	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2026
NAME OF PROVIDER OR SUPPLIER Richmond Beach Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 19235 - 15th Avenue Northwest Shoreline, WA 98177	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure infection control practices were followed by 4 of 12 staff (Staff W, K, O & P) and for 2 of 2 residents (Residents 29 & 44), reviewed for infection control. The failure to properly transport clean clothes, use Personal Protective Equipment (PPE-face shield/goggles, gowns) before entering a droplet precaution (measure taken to prevent spread of germs transmitted when a person coughs, sneezes, talks or breaths) room and during wound care, disinfect a glucometer (a device used to measure blood sugar level) and pen injector (device used to inject Liraglutide [medication that helps regulate blood sugar levels]), and ensure a urine-filled urinal was not placed next to a resident's meal tray, placed the residents, visitors, and staff at risk for infection and related complications. Findings included.</p> <p>Review of the facility's policy titled, Infection Prevention and Control Program, dated October 2025, showed, An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The policy showed that prevention of infection included implementation of appropriate Enhanced Barrier Precautions (EBPs-precaution to protect residents from multidrug-resistant organism [MDRO -a germ that is resistant to medications that treat infections]) and Transmission Based Precaution (a specialized infection control measure used to prevent the spread of specific infections) and following established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC-a public health agency). The policy further showed, Those with potential direct exposure are trained in and required to use appropriate precautions and personal protective equipment.</p> <p>According to Centers for Disease Control and Prevention online publication titled, Appendix D-Linen and laundry management, dated 03/19/2024, showed, Sort, package, transport, and store clean linens in a manner that prevents risk of contamination by dust, debris, soiled linens or other soiled items.</p> <p>Review of the facility's policy titled, Enhanced Barrier Precautions, revised in April 2025, showed the use of gown for high-contact resident care activities that included wound care (any skin opening requiring a dressing).</p> <p>TRANSPORTING CLEAN CLOTHES</p> <p>STAFF W</p> <p>Observation on 02/19/2026 at 2:03 PM showed Staff W, Laundry Aide, was transporting clean clothes and delivering them to the residents' room. Further observation showed the clean clothes on the</p> <p>(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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>rolling clothing rack were not fully covered while being transported by Staff W.</p> <p>Observation on 02/19/2026 at 2:17 PM, showed Staff W was transporting the rolling clothing rack when the white linen covering the cart fell to the floor. Staff W picked up the white linen and placed it back on top of the rolling clothing cart containing clean clothes.</p> <p>In an interview on 02/19/2026 at 2:20 PM, Staff W stated that they were expected to fully cover clean clothes with a clean linen when transporting them to the units. When asked about their recent transport, Staff W stated that the clean clothes were not fully covered and that the white linen covering should not have been placed back on the clothing rack.</p> <p>In an interview on 02/25/2026 at 10:53 AM, Staff X, Laundry Manager, stated that their process was to transport clean linens/clothes on a covered cart. Staff X stated, I expect the clothes are fully covered. When asked about the linen that fell on the floor, Staff X further stated, I want them [the staff] to put it in the dirty laundry and not put it back on the rack.</p> <p>In an interview on 02/25/2026 at 11:25 AM, Staff C, Infection Preventionist, stated that they expected staff to fully cover linens/clothes when transporting them to the unit. Staff C further stated, Once it [the linen] is on the floor, it is considered soiled. I expect them [the staff] to have it placed in the dirty laundry.</p> <p>USE OF PPE-DROPLET PRECAUTION</p> <p>STAFF K</p> <p>Observation on 02/19/2026 at 9:25 AM, showed Staff K, Licensed Practical Nurse, was putting on a gown, gloves, and entered room [ROOM NUMBER] (a droplet precaution room). Staff K was wearing a dark-rimmed eyeglasses and was not using eye protection (face shield or goggles) when they entered room [ROOM NUMBER].</p> <p>In an interview and joint record review on 02/19/2026 at 10:05 AM, Staff K stated that they were expected to wear PPE when providing care for residents on droplet precautions. A joint record review of the signage posted outside room [ROOM NUMBER] showed staff must wear eye protection. When asked, Staff K stated that they were wearing their prescription eyeglasses and was not sure whether it [eyeglasses] is counted [as PPE] or not.</p> <p>In an interview on 02/25/2026 at 10:02 AM, Staff C stated that they expected staff to wear proper PPE for residents on droplet precautions. Staff C stated that prescription eyeglasses were not considered PPE and that Staff K was expected to wear a face shield or goggles upon entering room [ROOM NUMBER].</p> <p>In an interview on 02/25/2026 at 11:32 AM, Staff B, Director of Nursing Services, stated that they expected staff to follow droplet precautions which included use of face shield or goggles. Staff B further stated that they expected staff to fully cover clean linens/clothes during transportation to the unit and that the linen on the floor is considered soiled and it should have been placed to [the dirty] laundry.</p> <p>WOUND CARE-EBPSTAFF O AND STAFF PRecord review of the wound evaluation dated 02/12/2026 showed Resident 20 had a bed sore on their sacrum (between the lower back and the tailbone) that required a</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>dressing change three times a week.</p> <p>Observation on 02/19/2026 at 8:29 AM, showed Staff O, Nurse Practitioner, and Staff P, Registered Nurse, were providing wound care for Resident 20. Staff O and Staff P provided wound care to Resident 20 wearing gloves and were not wearing gown.</p> <p>In an interview on 02/19/2026 at 8:51 AM, Staff O and Staff P were asked regarding PPE requirements for wound care, they stated that residents on precautions were identified by signage and a PPE cart outside their room and that there was no signage or PPE cart outside Resident 20's room. Staff O and Staff P stated that they were aware that wound care required EBP, and a gown should have been worn during Resident 20's wound treatment.</p> <p>In an interview on 02/23/2026 at 8:52 AM, Staff C stated that wound care should be on EBP and gloves and gown should be worn during wound treatment. Staff C further stated that Staff O and Staff P should have worn gowns during wound treatment.</p> <p>In an interview on 02/24/2026 at 2:28 PM, Staff B stated that their expectation was for staff to wear gloves and gown during wound care treatment.</p> <p>GLUCOMETER DISINFECTIONRESIDENT 29Review of the facility's policy titled, Obtaining a Fingerstick Glucose Level, revised in October 2011, showed, Always ensure that blood glucose meters intended for reuse are cleaned and disinfected between resident uses .clean and disinfect reusable equipment between uses according to the manufacturer's instructions and current infection control standards of practice.</p> <p>Review of the February 2026 physician orders showed Resident 29 had an order to check their blood sugar levels before meals and at bedtime prior to administration of insulin (a medication that helps regulate blood sugar level).</p> <p>During an observation and interview on 02/23/2026 at 8:44 AM, Staff K was using a glucometer to check Resident 29's blood sugar level. Staff K then used an alcohol wipe to clean the glucometer. Staff K stated it was their practice to clean glucometers with alcohol wipes after every use. Staff K stated they had two glucometers in their medication cart that they used interchangeably to check the blood sugar level of eight residents. Staff K further stated that they were told not to use the Sani-cloth [brand name- sanitizing wipes] because it was too harsh on the glucometers.</p> <p>In an interview on 02/25/2026 at 1:01 PM, Staff C stated they expected glucometers to be disinfected with Sani-cloth wipes or bleach-based wipe wipes after every use. Staff C stated that Staff K should have cleaned the glucometer with a Sani-cloth wipe after it was used for Resident 29.</p> <p>In an interview on 02/25/2026 at 2:44 PM, Staff B stated that Staff K should have used Sani-cloth wipes to clean the glucometer after it was used to check Resident 29's blood sugar level.</p> <p>CLEANING OF LIRAGLUTIDE PEN INJECTORReview of the facility's policy titled, Medication Administration, revised in April 2019, showed, Staff follows established facility infection control procedures (. antiseptic technique [procedure to prevent spread of germs] .) for the administration of medications.</p> <p>Review of the manufacturer's recommendations titled, Liraglutide Injection, revised in February</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2025, showed, .Pull off pen cap.Wipe the rubber stopper with an alcohol swab. Remove protective tab from outer needed cap. Push outer needle cap containing the needle straight onto the pen, then screw needle on until secure.</p> <p>Observation on 02/23/2026 at 8:46 AM, showed Staff K was preparing Resident 29's Liraglutide dose. Staff K removed the cap from Resident 29's Liraglutide pen, placed a new pen needle in and administered it to Resident 29. Staff K did not clean the Liraglutide pen rubber seal [with alcohol wipes] before placing the new needle onto the pen. Staff K stated they should have cleaned the Liraglutide rubber seal with an alcohol wipe prior to connecting the pen needle.</p> <p>In an interview on 02/25/2026 at 1:10 PM, Staff C, stated they expected nurses to clean the pen injector rubber seal with alcohol wipes prior to connecting pen needles. Staff C further stated that Staff K should have cleaned Resident 29's Liraglutide rubber seal with an alcohol wipe before connecting the pen needle.</p> <p>In an interview on 02/25/2026 at 2:47 PM, Staff B stated that Staff K should have cleaned Resident 29's Liraglutide pen rubber seal with alcohol wipe prior to connecting the pen needle.</p> <p>URINAL NEXT TO MEAL TRAYRESIDENT 44Observation on 02/19/2026 at 2:45 PM, showed a urine-filled urinal on Resident 44's side table next to their meal tray.</p> <p>A joint observation and interview on 02/19/2026 at 2:54 PM with Staff L, Certified Nursing Assistant, showed Resident 44's urinal filled with urine was on their bedside table next to their meal tray. Staff L stated that Resident 44's urinal should not have been on the table next to their meal tray and that it should have been emptied.</p> <p>In an interview on 02/25/2026 at 1:02 PM, Staff C stated they did not expect urinal filled with urine to be placed next to their meal tray. Staff C further stated that Resident 44's urinal should have been emptied and placed away from their bedside table.</p> <p>In an interview on 02/25/2026 at 2:40 PM, Staff B stated they did not expect Resident 44's urinal to be on their bedside table next to their meal tray.</p> <p>Reference: (WAC) 388-97- 1320 (1)(a)(3)(5)(c).</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the pneumococcal vaccine (used to prevent pneumonia [a lung infection]) was up to date for 1 of 5 residents (Resident 3), reviewed for pneumococcal immunizations. This failure placed the resident at risk for acquiring, transmitting, and/or experiencing potential complications from pneumococcal disease. Findings included. Review of the facility's policy titled, Pneumococcal Vaccine, dated October 2025, showed that all residents would be offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections. The policy further showed, Administration of the pneumococcal vaccines are made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination. According to CDC's official website publication titled, Adult Immunization Schedule Notes, dated 10/07/2025, showed an adult who had previously received both PCV [Pneumococcal Conjugate Vaccine-a type of vaccine]13 and PPSV [Pneumococcal Polysaccharide Vaccine- a type of vaccine]23 but NO PPSV23 was received at age [AGE] years or older will have one dose PCV20 or one dose PCV21 at least 5 [five] years after the last pneumococcal vaccine dose. Review of the admission record printed on 02/25/2026 showed Resident 3 was admitted to the facility on [DATE]. Review of the immunization record showed Resident 3 had received PPSV23 on 02/14/2001 and PCV13 on 11/12/2018. Review of the Vaccination History and Consent dated 03/10/2024 showed Resident 3 had agreed to Prevnar 20 (or PCV20) administration. Review of the Electronic Health Record (EHR) did not show Resident 3 had received Prevnar 20. In an interview and joint record review on 02/25/2026 at 8:30 AM, Staff C, Infection Preventionist, stated that they followed the CDC guidelines for pneumococcal vaccination schedule for residents. Staff C stated that Resident 3 had signed a consent dated 03/10/2024 to receive Prevnar 20. A joint record review of the EHR did not show Resident 3 was provided the Prevnar 20. Staff C stated, No, there is no documentation that it [Prevnar 20] was administered. Staff C further stated that they expected Resident 3 to have received Prevnar 20. In an interview on 02/25/2026 at 11:44 AM, Staff B, Director of Nursing Services, stated that they expected Resident 3 to have received their pneumococcal vaccination per CDC guidelines. Reference: (WAC) 388-97-1340(2).</p>		