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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505491 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/29/2025 |
| NAME OF PROVIDER OR SUPPLIER Everett Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1919 112th Street Southwest Everett, WA 98204 | |
| 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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide written bed hold notice to residents at the time of transfer to the hospital for 3 of 4 sampled residents (Residents 2, 11, 45) reviewed for hospitalization. This failure placed residents at risk for lacking knowledge regarding their right to hold their bed while in the hospital and diminished quality of life. Findings included .&lt;RESIDENT 2&gt;</p> <p>Resident 2 was admitted to the facility on [DATE].</p> <p>Review of a progress note dated 07/31/2025 at 11:40 PM, documented that the dialysis center called the facility and reported that Resident 2 had been sent to the emergency room. A subsequent progress note showed Resident 2 returned to the facility on [DATE] at 3:24 AM.</p> <p>Review of the bed hold notice showed it was signed by a staff member on 07/31/2025, but no time was documented. The space for the resident or representative section documented refused and was dated 07/31/2025. There was no documentation as to who had refused or the date and time the contact was made.</p> <p>Review of Resident 2&rsquo;s progress note documented that they were transferred to the hospital on [DATE] at 8:45 PM and was readmitted on [DATE].</p> <p>Review of the bed hold notice showed it was signed by a staff member on 08/05/2025, but no time was documented. The space for the resident or representative section documented refused and was dated 08/05/2025. There was no documentation as to who had refused or the date and time the contact was made.</p> <p>&lt;RESIDENT 45&gt;</p> <p>Resident 45 was admitted to the facility on [DATE]. According to the 5-day Minimum Data Set (MDS- an assessment tool), dated 08/20/2025, the resident was cognitively intact.</p> <p>Review of a progress note dated 08/02/2025 at 8:18 PM documented Resident 45 was transferred to the hospital.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: | Facility ID: 505491 |
| | | If continuation sheet Page 1 of 2 |

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| <p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Review of the bed hold notice showed it was signed by a staff member on 08/02/2025 but no time was documented. The space for the resident or representative section documented refused and was dated 08/02/2025. There was no documentation as to who had refused or the date and time the contact was made.</p> <p>In an interview on 08/27/2025 at 2:00 PM, Resident 45 denied being offered a bed hold when they were being transferred to the hospital on [DATE].</p> <p>In an interview on 08/28/2025 at 9:19 AM, Staff G, Registered Nurse, stated that they did not know what a bed hold was, and they had not offered that to residents when they transferred them to the hospital.</p> <p>In an interview on 08/28/2025 at 9:25 AM, Staff D, Director of Social Services, stated that they did not do bed holds and the business office staff were responsible.</p> <p>In an interview on 08/28/2025 at 9:30 AM, Staff E, Business Office Manager, stated that they offered the bed hold notice to the resident if they were being transferred to the hospital. Staff E stated the majority of their residents were not alert and oriented. Staff E stated when they called resident representatives, they frequently were unable to be reached so they would just write "refused" on the notice. Staff E stated that they did not document the time and date or the person they tried to reach on the notice or in the clinical record.</p> <p>In an email interview on 08/29/2025, Collateral Contact 1, Resident 45's family member, documented they had not received a call about a bed hold when the resident was sent to the hospital on [DATE].</p> <p>&lt;RESIDENT 11&gt;</p> <p>Resident 11 readmitted to the facility on [DATE]. According to the quarterly MDS, dated [DATE], Resident 11 was cognitively impaired.</p> <p>Review of Resident 11's progress notes from 05/01/2025 to 08/28/2025, documented Resident 11 was transferred to the hospital on [DATE], 06/01/2025, 06/06/2025, 06/08/2025 and 06/17/2025. There was no documentation whether Resident 11's representative was provided with written information about a bed hold policy or what their decisions were.</p> <p>Review of Resident 11's bed hold notices, dated 05/05/2025, 06/01/2025, 06/06/2025, 06/08/2025 and 06/17/2025, showed a bed hold was offered and the notice was signed by a staff member. On the portion where the resident or the representative should sign, was documented "Refused". There was no documentation as to who had Refused or the date and time the contact was made.</p> <p>In an interview on 08/29/2025 at 9:45 AM, Staff E, stated they called and offered the bed hold notices to residents or representatives after residents were transferred to the hospital. Staff E stated they documented "Refused" because they could not reach Resident 11's representative. Staff E stated they did not document when and who they attempted to contact. Staff E stated they should have documented they could not contact the representative instead of documenting "Refused".</p> <p>Refer to WAC 388-97-0120 (4)</p> | | |