STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505500	A. Building B. Wing	01/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bellevue Post Acute	2424 156th Avenue Northeast Bellevue, WA 98007

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 0825 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or get specialized rehabilitative services as required for a resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide the required specialized rehabilitative services for 1 of 2 residents (Resident 15), reviewed for rehabilitation services. This failure placed the resident at risk for decline in function, unmet care needs and a diminished quality of life.Findings included .Review of the facility's policy titled, Scheduling Therapy Services, revised in July 2013, showed, Therapy Services shall be scheduled in accordance with the resident's treatment plan.Review of the admission Minimum Data Set (an assessment tool) dated 10/24/2025, showed that Resident 15 was admitted to the facility on [DATE] and that they were cognitively intact.On 01/06/2026 at 12:25 PM, Resident 15 stated that the last time they received Physical Therapy (PT) was two weeks ago.Review of Resident 15's physician's orders showed an order PT/OT [Occupational Therapy] to eval [evaluate] and treat. Partial WBAT [partial weight bearing as tolerated] with an order date of 12/04/2025.Review of Resident 15's PT Evaluation & [and] Plan of Treatment dated 12/11/2025, showed, frequency: 2 [two] time(s)/[a] week and that the certification period was from 12/11/2025 through 02/23/2026.Review of Resident 15's PT notes showed no documentation that they received PT services from 12/19/2025 through 01/05/2026 (18 days).In an interview and joint record review on 01/09/2026 at 10:00 AM, Staff R, Physical Therapist, stated that residents would be seen however times it was stated on their plan of treatment. If the resident refused, they would re-attempt at least three times and would put in a missed visit and reason why the treatment was missed. A joint record review of Resident 15's PT Evaluation & Plan of Treatment showed that Resident 15's plan of treatment frequency was two times a week. Staff R stated that they could not find any documents as to why Resident 15 did not receive PT services from 12/19/2025 through 01/05/2026 and stated to talk to Staff Q, Director of Rehab.In an interview on 01/09/2026 at 10:39 AM, Staff Q stated that Resident 15 did not receive PT services for two weeks due to staffing shortage and that they were not able to schedule them. Staff Q further stated that if they did not have a staffing shortage, they would have expected Resident 15 to receive PT services two times a week.In an interview on 01/10/2026 at 8:54 AM, Staff A, Administrator, stated that they expected residents to receive therapy services per their treatment plan. When asked if they expected Resident 15 to receive therapy two times a week per their treatment plan, Staff A stated, yes, if that's [that is] what's [what is] ordered.Reference: (WAC) 388-97-1280 (1)(a).

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