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	06/09/2026

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on interview and record review, the facility failed to notify the physician of abnormal vital signs (measurements of the body's most basic functions [temperature, blood pressure]) for 1 of 3 residents (Resident 1), reviewed for quality of care. This failure placed the resident at risk for unrecognized medical complications, unmet care needs and a diminished quality of life.Findings included.Review of the facility's policy titled, Acute Condition Changes - Clinical Protocol, revised in March 2018 showed, The physician will help identify individuals with a significant risk for having acute changes of condition during their stay; for example.someone with unstable vital signs. The policy further showed, Direct care staff, including nursing assistants will be trained in recognizing subtle but significant changes in the resident.and how to communicate these changes to the Nurse.Review of Resident 1's May 2026 temperature log showed the following temperatures, which indicated hypothermia (a condition that occurs when the body temperature drops below 95.0 Fahrenheit [F -temperature scale]):-On 05/02/2026, temperature was 94.7 F and 94.9 F.-On 05/5/2026, temperature was 86.8 F.-On 05/06/2026, temperature was 86.5 F.-On 05/10/2026, temperature was 86.4 F.-On 05/17/2026, temperature was 94.6 F.-On 05/21/2026, temperature was 86.8 F.-On 5/22/2026, temperature was 86.9 F.-On 05/23/2026, temperature was 86.4 F.-On 05/24/2026, temperature was 85.7 F.-On 05/25/2026, temperature was 94.6 F.-On 05/26/2026, temperature was 94.5 F.-On 05/27/2026, temperature was 86.6 F.Review of Resident 1's May 2026 blood pressure (BP) log showed the following, which indicated hypotension (low BP with a reading that is less than 90/60 millimeters of mercury [mmHg-a unit of pressure]):-On 05/03/2026, BP was 85/48 mmHg.-On 05/04/2026, BP was 88/54 mmHg.-On 05/08/2026, BP was 87/53 mmHg.-On 05/13/2026, BP was 87/63 mmHg.-On 05/17/2026, BP was 84/52 mmHg.-On 05/24/2026, BP was 88/65 mmHg and 86/57 mmHg.-On 05/25/2026, BP was 79/51 mmHg and 75/48 mmHg.-On 05/26/2026, BP was 86/55 mmHg.-On 05/27/2026, BP was 73/47 mmHg.Review of a physician progress note dated 05/21/2026, showed Staff D, Medical Director, documented that Resident 1's temperature was 86.8 F on 05/21/2026 at 9:25 AM.Review of a nursing progress note dated 05/27/2026 showed that Resident 1 was sent to the hospital from the emergency room from their appointment due to altered mental status and low BP.Review of Resident 1's hospital note dated 05/27/2026 showed that they were at the clinic where they were noted to be altered from their baseline and sent to the emergency department for further evaluation. The hospital notes further showed that Resident 1 was found to be hypothermic to 82.4 F by EMS [Emergency Medical Services] and that they were admitted to the MICU [Medical Intensive Care Unit- a specialized unit for patients with severe, lifeˆthreatening medical conditions that require continuous monitoring and nonˆsurgical critical care] for further evaluation and management.Review of Resident 1's physician orders printed on 06/01/2026 showed no interventions to manage their low temperature and low BP.In an interview and joint record review on 06/03/2026 at 11:06 AM, Staff A, Certified Nursing Assistant (CNA), stated that they received training on how to take vital signs and that they took residents' vital signs in the morning and as needed. Staff A stated that the normal range for vital signs were a temperature of 98.6 F, BP of 120/80 mmHg, pulse (heart rate) of 60 to 100 beats per minute, and a respiratory rate of 16 to 20 breaths per minute. Staff A stated that if the resident's vital signs were (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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 1's temperature because nobody alerted them. Staff D stated, If there's [there is] low vitals [signs], [the] patient would not be stable at all. In a joint record review of Resident 1's vital signs on 05/27/2026 showed a temperature of 86.6 F and BP of 73/47 mmHg. Staff D stated that they were not notified. Staff D stated that Resident 1's temperature definitely is abnormal and that staff should have notified them. Staff D stated that it's [it is] hypothermia by definition and that if they were notified, they would have sent Resident 1 out [to the hospital]. Staff D further stated that Resident 1 had a change in condition and that staff should have notified them about it.In an interview and joint record review on 06/04/2026 at 11:52 AM, Staff E, Director of Nursing, stated that if a resident had an abnormal vital sign, they would expect the CNA to notify their nurse on the floor and the nurse would recheck to verify the vital signs were accurate, and if they were accurate, the nurse should notify the provider ASAP [as soon as possible]. In a joint record review of Resident 1's May 2026 temperature and BP log showed temperatures below 95.0 F and BPs below 90/60 mmHg. Staff E stated that Resident 1's abnormal vital signs should have been reported immediately. When asked if they were aware that Resident 1 had temperatures as low as in the 80's and BPs as low as 73/47 mmHg, Staff E stated that they did know until they got the word that Resident 1 had been sent out to the hospital from their appointment. When asked if there were any interventions to address their low temperatures and BP, Staff E stated that the provider was aware of Resident 1's low BP and that Resident 1 had been hypotensive. Staff E stated that they were not aware of Resident 1's vital signs on 05/27/2026 and how low it was. Staff E stated that there were no interventions in place to manage it and that there should have been. Staff E stated that they expected the CNA to recheck Resident 1's vital signs and notify the nurse. Staff E stated that they expected the nurse to recheck Resident 1's vital signs manually and if they were out of parameters, they would have expected the nurse to notify the physician and follow their orders. Staff E further stated that they were sure that Staff D would have sent her out 911 [emergency number]. Reference: (WAC) 388-97-1060 (1).