STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505507	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shelton Health and Rehabilitation	153 Johns Court Shelton, WA 98584

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to ensure discharge planning included providing recent information related to an abuse allegation and recent fall for 1 of 3 (Resident 1) reviewed for admission, transfer and discharge. This failure placed residents at risk for unmet care needs and decreased quality of care. Findings included . Review of the facility policy titled, Transfer and Discharge, updated 06/2025, documented, .When the facility transfers or discharges a resident.the facility documents the transfer or discharge in the medical record and appropriate information is communicated to the receiving care institution or provider. At minimum the following information is provided. Special instructions or precautions for ongoing care.other necessary information including a copy of the discharge summary.Resident 1Resident 1 was admitted to the facility on [DATE] with diagnoses including obesity, T-11 - T-12 spinal cord injury (affecting the mid and lower back), multiple fractured ribs and dislocation of the right ulnohumeral (hinge joint of the elbow) joint. The admission Minimum Data Set (MDS), an assessment, dated 06/08/2026 documented the resident was cognitively intact, had no behaviors, was dependent on staff for bathing and transfers and was frequently incontinent of bladder and bowel.Review of a Social Services progress note dated 06/11/2026 documented had received a call from the accepting facility. Discharge is for 06/15/2026.Review of Resident 1's progress note dated 06/14/2026 at 3:17 PM, documented the resident had a non-injury fall in the activity room.Review of Resident 1's progress noted dated 06/14/2026 at 4:15 PM, documented the resident had inappropriate sexual behavior towards female residents, exposing his genitalia and inappropriate unwanted sexual propositions. The resident was placed on 1:1 observation to keep himself and other residents safe.Review of a progress note dated 06/15/2026 at 12:05 PM, documented Resident 1 was discharged to another skilled nursing facility.During a telephone interview on 06/25/2026 at 4:25 PM, Staff D, Registered Nurse said she was aware of the sexual abuse allegation related to Resident 1. She was asked if she had contacted the accepting facility to provide a verbal report. Staff D said she had not contacted the accepting facility to provide a report for Resident 1 prior to the discharge. During a telephone interview on 06/25/2026 at 2:05 PM, Collateral Contact 1 was asked if she received Resident 1 from this facility. She stated well yes and no.we did get a referral for Resident 1 from this facility pending authorization.we reviewed the referral and we left a voice mail on Friday that we would accept him after authorization . CC 1 said at approximately 9 am on Monday the resident arrived by a transportation service without authorization, without a report or orders. CC 1 said they cannot accept a resident without prior authorization. She stated we thought he was going back to the facility but the transporter took him to the hospital, he was having pain. CC 1 said we wouldn't have known where he went but the resident's son called and told us. She stated the resident will be transferred to this accepting facility after the hospital stay. During an interview on 06/25/2026 at 2:45 PM, Staff C, Social Services Director said she contacted the accepting facility and Resident 1 was discharged on 06/14/2026. She said she received a call from the accepting facility when the resident had arrived and they could not accept the resident without prior authorization. She said the resident complained (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505507	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shelton Health and Rehabilitation	153 Johns Court Shelton, WA 98584

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	of pain to the transporter and Resident 1 was transferred to the hospital. Staff C was asked if the accepting facility had been notified of the resident's fall or of the allegation of sexual abuse prior to the discharge. Staff C said they were unsure if the accepting facility had been notified.During an interview on 07/01/2026 at 2:20 PM, Staff B, Director of Nursing acknowledged Resident 1, was transferred to a SNF on 06/15/2026 and the accepting facility did not accept the resident. Staff B stated the resident complained of pain and Resident 1 was transported to the hospital. Staff B acknowledged staff are to provide a report and update on any changes in the residents' functional status to the accepting facility prior to discharge.