STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505529	A. Building B. Wing	03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avamere Transitional Care of Puget Sound	630 South Pearl Street Tacoma, WA 98465

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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39501 Based on interview and record review, the facility failed to ensure that the correct texture of food was served to a resident with a prescribed therapeutic diet for 1 of 1 residents (Resident 1) reviewed for prescribed therapeutic diets. This failure placed the resident at risk for choking, aspiration pneumonia (a lung infection that occurs when food, liquids, or other substances are inhaled into the lungs instead of being swallowed), hospitalization , and a decreased quality of life. The facility had corrected the above deficiency prior to the complaint survey, and it is constituted as past non-compliance (the facility was not in compliance at the time the incident occurred; however, there was sufficient evidence the facility corrected the non-compliance after it was identified) and is no longer outstanding. Findings included . Review of the admission minimum data set (MDS, a required assessment tool), dated 03/09/2025 showed Resident 1 admitted to the facility on [DATE] and had a diagnosis of dysphagia (difficulty swallowing). The MDS further showed that Resident 1 was moderately cognitively impaired (had difficulty with thinking and memory), required hands-on assistance with daily activities, dressing, moving from place to place, and hygiene, and required set-up assistance for eating meals and snacks. Review of the electronic health record (EHR) showed that Resident 1 had been in the hospital 02/24/2025 to 03/03/2025 for a change in condition which included a diagnosis of aspiration pneumonia. Review of a physician's order, dated 03/03/2025, showed Resident 1 was to receive a minced & moist texture diet (Foods that are easy to swallow because they are minced, soft, and moist and can be scooped and shaped. Food pieces should be no larger than 4 millimeters [mm] width by 15mm length). Review of a facility incident report and investigation, dated 03/06/2025, showed that on 03/06/2025 at 6:30 PM, Resident 1 had been served dinner, but requested a hamburger as an alternative to what had been served. The incident report showed that the facility staff served Resident 1 a regular texture hamburger in place of the original meal. Resident 1 began to eat the hamburger, started coughing, and staff realized that the wrong texture had been served. The hamburger was removed, and Resident 1 was assessed and sent to the hospital for further evaluation, with no negative outcome. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 03/13/2025 at 9:30 AM, Staff B, Director of Nursing Services (DNS), stated that when staff removed Resident 1's dinner tray, and took it to the kitchen to get a hamburger as an alternate meal, the kitchen staff nor the nursing staff checked to ensure that the prescribed therapeutic diet was being served. Staff B, DNS, stated that this did not meet the expectations, and that both kitchen and nursing staff should have checked Resident 1's orders and care plan to ensure that the correct diet was being served. During an interview on 03/13/2025 at 11:15 AM, Staff A, Administrator, stated that after the incident was reported to them they immediately began working on and developed an internal plan of correction which included audits of all residents' diet orders, dietary slips and care plans; in-servicing (education) of staff on dietary orders and process for ensuring correct diet is being served; ongoing audits of meals being served to residents; and referral to the Quality Assurance and Performance Improvement program for ongoing monitoring. Staff A, Administrator, stated they had achieved compliance as of 03/07/2025. Review of documentation and review of current facility resident EHR showed facility had achieved compliance as of 03/07/2025. Past noncompliance - no plan of correction required. Reference WAC 388-97-1200 (1)