

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505532	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/20/2026
NAME OF PROVIDER OR SUPPLIER  Cedar River Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  17420 106th PI SE Renton, WA 98055	

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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to ensure specialized rehabilitative services were provided as determined by the physician's order and the residents' plan of care for 2 of 3 residents (Residents 1 &amp; 2) reviewed for Occupational Therapy (OT) services. This failure placed residents at risk of not attaining, maintaining, or restoring their highest practicable level of physical, mental, functional, and psychosocial well-being. Findings included . &lt;Facility Assessment&gt;Review of the updated February 2026 Facility Assessment showed the facility would conduct, document, and review their facility-wide assessment to consider their resident population and the resources needed to care for these residents. The assessment showed OT services were provided seven days per week, and the hours provided per day varied depending on the facility census. The assessment showed the facility resources needed to provide competent support and care for their resident population during day-to-day operations was based on a staffing plan and that the facility would take steps to ensure they had sufficient staff to meet the needs of their residents at any given time. &lt;Facility Policy&gt;The undated facility policy titled, Specialized Rehabilitative Services, showed the facility would provide rehabilitative services to patients as indicated by the Minimum Data Set (MDS - an assessment tool). The policy showed specialized rehabilitative services included OT and was provided upon the written order of the attending physician.&lt;Resident 1&gt;According to the 02/03/2026 admission MDS, Resident 1 admitted to the facility on [DATE], was alert and oriented, with clear speech, had medical conditions including fractures on their right shoulder and leg, and was assessed to require extensive staff assistance with Activities of Daily Living (ADLs). The MDS showed Resident 1 required therapy services and OT was provided during the assessment period. On 04/02/2026 at 10:38 AM, Resident 1's representative reported the resident was not provided OT services as indicated in the plan of care. The representative stated OT was supposed to come three times a week but only came two or three times since the resident admitted . In an observation and interview on 04/14/2026 at 1:55 PM, Resident 1 was observed lying in bed with limited range of motion/movement on both their right arm and right leg. Resident 1's right shoulder was observed supported by a pillow and they had a right leg brace on. Resident 1 stated they felt the rehabilitation services provided to them was not enough to get them back to their prior level of function. Review of Resident 1's physician orders showed a 01/31/2026 order for skilled OT services- evaluation and treatment. Review of Resident 1's skilled therapy documentation showed a 02/03/2026 OT evaluation indicating the resident's plan of care was to provide OT treatment sessions three times a week. Review of Resident 1's OT treatment session notes showed: Resident 1 was only seen once on 02/15/2026 during the week of 02/10/2026 - 02/16/202; and twice on 02/20/2026 and 02/21/2026 during the week of 02/17/2026 - 02/23/2026. In an interview on 04/20/2026 at 12:16 PM, Staff D (Director of Rehabilitation) stated it was important to provide skilled therapy services to residents according to the assessed plan of care to follow and meet treatment goals, increase resident strength and mobility, promote resident independence in doing their ADLs, and to prepare the residents for a safe discharge wherever the next level of care would be. Staff D stated they expected the therapy staff to follow the plan of care that was determined during assessment based on resident needs. (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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Staff D reviewed Resident 1's OT treatment sessions and stated the resident was scheduled for OT on 02/16/2026 and 02/23/2026 but the visits were missed. Staff D stated there was no documentation found in Resident 1's therapy records to show why the OT visits were missed besides the remark: Others. Staff D stated Resident 1's OT plan of care was not followed and the resident did not receive the therapy services required as assessed because of OT staffing issues. ,staffing for our OT needs is a struggle. In an interview on 04/20/2026 at 1:29 PM, Staff A (Administrator) stated they were aware of the facility's OT staffing issues. &lt;Resident 2&gt;According to the 03/10/2026 admission MDS, Resident 2 was alert and oriented, with clear speech, had medical conditions including a left arm fracture with muscle injury, and was assessed to require staff assistance with ADLs. The MDS showed Resident 2 required therapy services and OT was provided during the assessment period. In an observation and interview on 04/14/2026 at 2:18 PM, Resident 2 was observed sitting up in their wheelchair and was unable to fully extend their left arm. Resident 2 stated they were receiving therapy and exercises to regain their arm function. Review of Resident 2's physician orders showed a 03/04/2026 order for skilled OT services- evaluation and treatment. Review of Resident 2's skilled therapy documentation showed a 03/06/2026 OT evaluation indicating the resident's plan of care was to provide OT treatment sessions three times a week. Review of Resident 2's OT treatment session notes showed Resident 2 was only seen twice on 03/27/2026 and 03/31/2026 during the week of 03/27/2026 - 04/02/2026. In a phone interview on 04/21/2026 at 10:42 AM, Staff D stated Resident 2 was scheduled for OT on 04/02/2026 but it was missed. Staff D stated there was no documentation found in Resident 2's therapy records to show why the OT visit was missed. REFERENCE: WAC 388-97-1280(1)(a-b), (3)(a-b)</p>		