

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Everett Transitional Care Services		STREET ADDRESS, CITY, STATE, ZIP CODE 916 Pacific Avenue Everett, WA 98201	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36787</p> <p>Based on observation, interview and record review, the facility failed to review and revise care plans for four of 14 residents (Residents 3, 11, 43 and 57) reviewed for care planning. The failure to review and revise care plans by the interdisciplinary team after each assessment placed the residents at risk for weight loss, dehydration, unmet care needs and a diminished quality of life.</p> <p>Findings included .</p> <p><RESIDENT 57></p> <p>Resident 57 admitted to the facility on [DATE] with diagnosis to include essential tremor and gait and mobility abnormalities.</p> <p>Review of the Minimum Data Set Assessment (MDS, an assessment tool) assessment dated [DATE] showed Resident 57 required supervision or touching assistance for eating.</p> <p>Review of Resident 57's care plan on 02/11/2025 at 1:09 PM, showed the resident had an activities of daily living (ADL) self-care performance deficit related to tremors in their upper extremities. The care plan directed staff to use a cup with lid for hot liquids. The care plan did not include the feeding assistance needed for Resident 57.</p> <p>In an observation on 02/10/2025 at 1:27 PM, Resident 57's lunch tray was delivered to their room.</p> <p>In an interview and observation on 02/10/2025 at 2:35 PM, Resident 57 was observed lying in bed then sat up with marked tremors all over their body. Their lunch tray was on their overbed table untouched. When asked if they were going to eat lunch, the resident stated they were waiting for an aide to come in because they needed assistance with eating. At 2:43 PM, Staff G, Registered Nurse (RN) went into Resident 57's room and began assisting them with eating.</p> <p>In an observation on 02/11/2025 at 9:06 AM, Resident 57's lunch tray was delivered to the resident. At 9:26 AM, Staff H, Nurse's Aide Certified (NAC) stated they needed to help feed Resident 57.</p> <p>In an interview on 02/14/2025 at 9:34 AM, Staff B, Director of Nursing Services was informed of the lack of directive on the care plan for Resident 57's meal assistance.</p> <p>(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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Everett Transitional Care Services		STREET ADDRESS, CITY, STATE, ZIP CODE 916 Pacific Avenue Everett, WA 98201	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>51551</p> <p><RESIDENT 43></p> <p>Resident 43 admitted to the facility on [DATE] with diagnoses to include dementia, depression and psychosis (a condition when people lost contact with reality).</p> <p>According to quarterly MDS, dated [DATE], Resident 43 showed severe cognitive impairment and took antidepressant and antipsychotic (A medication that affects mood, perception and thinking) medications.</p> <p>Review of Resident 43's February 2025's Medication Administration Record (MAR) showed Resident 43 was taking medications antidepressant since 12/19/2024 and antipsychotic since 06/14/2024.</p> <p>Review of Resident 43's care plan, copy date 02/11/2025 showed no focus, no goals or any intervention of antidepressant or antipsychotic medications. The care plan did not include monitoring of medication side effects or target behaviors for these medications.</p> <p>In a record review and interview on 02/12/2025 at 1:34 PM, Staff I, RN stated they get information of how to take care of resident from care plan. Staff I stated resident care manager was responsible to update and revise the plan of care. Staff I stated the care plan should include psychotropic medications with target behaviors and side effects monitoring. Staff I confirmed Resident 43's care plan did not include interventions for the antidepressant or antipsychotic medications, side effects or target behavior monitoring.</p> <p>In a record review and interview on 02/12/2025 at 3:15 PM, Staff F, Licensed Practice Nurse/Resident Care Manager, stated nurse obtain directive of resident care from the care plan. Staff F stated psychotropic medication side effects and target behavior monitoring should be included in the care plan but it had been missed for Resident 43. Staff F stated they should update and revise the care plan.</p> <p>44110</p> <p><RESIDENT 11></p> <p>Resident 11 admitted to the facility on [DATE], with diagnoses to include morbid obesity, muscle weakness, heart failure, and depression. The modified admission MDS dated [DATE], showed the resident had intact cognition. The MDS showed the resident had an active pressure ulcer, was a high risk for pressure ulcers, and at the time had one unstageable pressure wound (a full thickness wound where the base of the injury is obscured by dead tissue).</p> <p>Review of Resident 11's physician orders showed an active order dated 02/01/2025 for wound care to the resident's sacrum that read; to cleanse the area with normal saline, pat dry, apply a skin prep to inside of the wound, apply collagen (a protein that provides structural support and promotes the formation of new tissue growth) to wound bed and cover with a hydrocolloid (a self-adhesive, waterproof bandage that was used to protect and heal wounds) dressing. The orders instructed the licensed nurse to change the dressing every three days and as needed in the event of accidental removal and soiling.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Everett Transitional Care Services		STREET ADDRESS, CITY, STATE, ZIP CODE 916 Pacific Avenue Everett, WA 98201	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 11's wound care notes dated 02/07/2025 showed the wound to the sacrum was classified as a Stage 4 (full-thickness tissue loss exposing underlying muscle, tendon, or bone) that measured 2.5 centimeters (cm) in width, 5 cm in length, and 0.2 cm in depth.</p> <p>In an observation and interview on 02/10/2025 at 2:00 PM, Resident 11 stated they had admitted to the facility with a wound to their sacrum. The resident stated they felt the facility was doing a great job managing the wound, and that it had improved. The resident was observed to be lying on an air mattress, and had a trapeze grab bar above their bed to assist in self-repositioning.</p> <p>Review of Resident 11's care plan on 02/11/2025 had no reference that the resident admitted with an unstageable pressure wound, the wound had been classified at a Stage 4. The care plan did not address any individualized goals of care for the active stage 4 wound or list any resident-centered interventions to prevent worsening or aid in improvement of the wound. The air mattress and trapeze bar were not on the plan of care for the resident.</p> <p><RESIDENT 3></p> <p>Resident 3 admitted to the facility on [DATE] with diagnosis to include urinary retention, obstructive uropathy (a condition where urine flow was blocked or hindered, leading to backup of urine in the urinary tract), and benign prostatic hyperplasia (BPH) (enlargement of the prostate gland which can cause urinary retention). The quarterly MDS dated [DATE] showed the resident had a urinary catheter (tube inserted into the bladder to drain urine) and had occasional incontinence (loss of control of bladder elimination).</p> <p>Resident 3 was hospitalized on [DATE] and readmitted to the facility on [DATE] after diagnosis of septic shock (life-threatening condition that occurs when an infection spreads throughout the body) related to urinary infection caused by urinary retention. The significant change in condition MDS dated [DATE] showed the resident readmitted with a urinary catheter.</p> <p>Review of Resident 3's physician orders dated 12/03/2024 showed an order for Finasteride a medication which treats BPH and reduce risk for urinary retention.</p> <p>Review of Resident 3's hospital discharge summary dated 12/02/2024, showed there was difficulty placing a urinary catheter, and unable to place at bedside, and that surgical guidance was required to place the catheter. Recommendations included keeping the catheter in place after discharge, with urology follow-up.</p> <p>Review of Resident 3's care plan on 02/11/2025 showed no reference to the resident's urinary retention, or their enlarged prostate that could cause urinary retention. There was no individualized goals of care or interventions to prevent or treat the resident's urinary retention.</p> <p>In an interview on 02/13/2025 at 9:13 AM, Staff C, NAC stated that they rely on the electronic medical record to access the care plan to determine what level of care to provide to residents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Everett Transitional Care Services		STREET ADDRESS, CITY, STATE, ZIP CODE 916 Pacific Avenue Everett, WA 98201	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 02/13/2025 at 10:38 AM, Staff D, NAC stated they determine what level of care to provide to the residents by reviewing the residents care plan. Staff D stated that Resident 11 required assistance for repositioning, and that they had a bandage on their sacrum but was not aware of any interventions for care of the wound, as it was managed by the nurse. Staff D stated that Resident 3 used a urinal and was not aware the resident had any issues with urinary retention.</p> <p>In an interview on 02/13/2025 at 12:12 PM, Staff E, RN stated they had worked at the facility since October of 2024 through an agency service. Staff E stated that the care plan was how they obtained the residents care directives. Staff E stated they review the care plan every shift to familiarize themselves with what level of care each resident required. Staff E stated that the nurse managers were usually responsible for updating and revising the plan of care. Staff E stated that Resident 11 was repositioned, and used a trapeze for reposition in bed. Staff E confirmed that there were no interventions for the Stage 4 pressure wound to their sacrum on the care plan. Staff E stated they were not aware that Resident 3 had urinary retention concerns or that the resident had difficulty with catheter placement due to their BPH. Staff E confirmed that information should be in the care plan.</p> <p>In an interview on 02/13/2025 at 2:10 PM, Staff F stated all the staff used the care plan to direct their care for residents. Staff F stated the licensed staff and themselves were responsible for updating and revising the care plan. Staff F confirmed that Resident 11 had a Stage 4 pressure ulcer to their sacrum. Staff F confirmed that the care plan should reflect resident centered goals and interventions for staff to implement to reduce and assist in healing of Resident 11's stage 4 pressure ulcer. Staff F was asked to look at Resident 11's care plan and was unable to locate any information for their pressure ulcer on their sacrum or any goals or interventions. Staff F confirmed that Resident 3 had urinary retention, and that placing a catheter was difficult for the resident. Staff F confirmed that the urinary retention for the resident and monitoring for retention should be on the care plan and confirmed that it was not.</p> <p>In an interview on 02/13/2025 at 10:53 AM, Staff K, LPN stated the nurse managers and Director of Nursing Services (DNS) update the care plans.</p> <p>In an interview on 02/13/2025 at 3:04 PM, Staff O, MDS nurse stated they worked with the care managers to make sure the care plan matched the data collected.</p> <p>In an interview on 02/14/2025 at 10:09 AM, Staff B, DNS, stated they had been at the facility now for about 90 days, and had become aware recently that updates and revisions to the resident's care plans had not been getting completed timely. They were working with the nurse managers on educating the staff more on care plan revisions.</p> <p>Reference WAC 388-97-1020(2)(a)(5)(b)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Everett Transitional Care Services		STREET ADDRESS, CITY, STATE, ZIP CODE 916 Pacific Avenue Everett, WA 98201	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36787</p> <p>Based on observation, interview and record review, the facility failed to provide the necessary assistance for eating, and drinking, for 2 of 2 residents (Residents 16 and 57) dependent on staff to ensure their needs were met. The failed practice placed residents at increased risk for medical complications, poor quality of life and psychosocial harm.</p> <p>Findings included .</p> <p><RESIDENT 57></p> <p>Resident 57 admitted [DATE] with diagnoses to include essential tremors, muscle weakness and lack of coordination.</p> <p>Review of the Minimum Data Set Assessment (MDS) dated [DATE] showed the resident required supervision or touching assistance for eating.</p> <p>Review of the care plan on 02/11/2025 at 1:09 PM, showed the resident had an ADL self-care performance deficit related to tremors in their upper extremities. The care plan directed staff to use a cup with lid for hot liquids. The care plan did not include the feeding assistance needed for Resident 57.</p> <p>In an observation on 02/10/2025 at 1:27 PM, Resident 57's lunch tray was delivered to their room.</p> <p>In an interview and observation on 02/10/2025 at 2:35 PM, Resident 57 was lying in bed then sat up with marked tremors all over. Their lunch tray was on their overbed table untouched. When asked if they were going to eat lunch, the resident stated they were waiting for an aide to come in because they needed to be fed. At 2:43 PM, Staff G, Registered Nurse went into Resident 57's room and began assisting them with eating.</p> <p>In an observation on 02/11/2025 at 9:06 AM, Resident 57's lunch tray was delivered to Resident 57. At 9:26 AM, Staff H, Nurse's Aide Certified (NAC) said they needed to help feed Resident 57.</p> <p>In an observation on 02/12/2025 at 8:38 AM, Resident 57's breakfast tray was placed on the nurse's station counter. At 9:09 AM, Resident 57 walked to their doorway independently and tremors were noted. The resident asked, Where is (Staff H)? I am hungry and I need someone to help feed me. Can you get (Staff H) for me At 9:12 AM, Staff C, NAC went into assist the resident.</p> <p>In an observation on 02/12/2025 at 1:20 PM, Resident 57's lunch tray was dropped off in their room.</p> <p>In an observation on 02/13/2025 at 8:35 AM, Resident 57's tray was delivered to their room. At 8:49 AM, the tray remained covered in their room. At 8:56 AM, Resident 57 received eating assistance from Staff H. At 11:02 AM, the resident stated they got help with breakfast earlier and they often have to wait to get help to eat long after their meal had been delivered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Everett Transitional Care Services		STREET ADDRESS, CITY, STATE, ZIP CODE 916 Pacific Avenue Everett, WA 98201	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an observation on 02/14/2025 at 9:03 AM, the breakfast tray was delivered to Resident 57. Resident 57 asked Staff K, NAC if they were going to help him eat now. Staff J said, Not yet, I have to get the other trays passed first. Resident 57 stated their tremors were really bad today. Staff M, NAC commented that sometimes other staff will help them pass trays. At 9:20 AM, Staff J, NAC knocked on the resident's door and said they were there to help them eat. The phone rang seconds later, and Staff J left to answer the phone. At 9:27 AM, Resident 57 came out of their room and stood up against the wall and stated their tremors were real bad today and they were waiting for their aide to help them eat. Staff J, returned to assist Resident 57 at 9:31 AM.</p> <p><RESIDENT 16></p> <p>Resident 16 admitted to the facility 06/07/2024 with diagnoses to include stroke, dementia and need for assistance with personal care.</p> <p>According to the most recent quarterly MDS assessment dated [DATE], the resident had severe cognitive impairment. The resident required extensive assistance of one to two staff members for all activities of daily living (ADL) including eating. The resident had vision impairment and limited range of motion both upper extremities.</p> <p>Review of Resident 16's Kardex (tool to alert nursing assistants how to provide care) revealed Resident 16 was totally dependent on staff for eating requiring one to one feeding assistance.</p> <p>The care plan for Resident 16 showed the resident was totally dependent on staff for eating.</p> <p>In an observation on 02/11/2025 at 1:11 PM, Resident 16's lunch tray was delivered. Meal assistance was provided at 1:33 PM.</p> <p>In an observation on 02/12/2025 at 8:34 AM, Resident 16's breakfast tray was delivered. Staff H, Nurse's Aide Certified (NAC) went to assist the resident with their meal at 9:12 AM.</p> <p>In an observation on 02/12/2025 at 1:11 PM, Resident 16's lunch tray was delivered to them. Staff H, NAC went to assist Resident 57 with their meal at 1:30 PM.</p> <p>In an observation on 02/13/2025 at 8:37 AM, Resident 16's breakfast tray was delivered. Staff H, NAC went to assist Resident 57 with their meal at 8:53 AM.</p> <p>In an interview was done on 02/14/2025 at 9:34 AM with Staff B, Director of Nursing Services (DNS) were made aware the facility failed to provide timely ADL services to Resident's 16 and 57. The DNS stated Resident 57 needed weighted utensils, and they were getting an Occupational Therapy evaluation for that. Staff B stated they would address the eating assistance concerns for Resident 16 and 57.</p> <p>No additional information was provided.</p> <p>Reference: WAC 388-97-1060(2)(c)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Everett Transitional Care Services		STREET ADDRESS, CITY, STATE, ZIP CODE 916 Pacific Avenue Everett, WA 98201	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36787</p> <p>Based on interview and record review, the facility failed to ensure 1 of 5 residents (Resident 21) reviewed received care and treatment in accordance with professional standards of practice and received the necessary care and services to attain or maintain their highest practicable level of well-being. The facility failed to assess and alert the physician of elevated blood sugar levels and hold medications as directed for abnormal vital signs. This placed the residents at increased risk of unmet care needs.</p> <p>Findings included .</p> <p>Review of the facility's Medication Administration General Guidelines, dated January 2025, directed nurses to administer medications in accordance with written orders of the prescriber. The guidelines directed staff to obtain and record any vital signs as necessary prior to medication administration.</p> <p>The American Heart Association, dated April 21, 2017, considered a blood pressure to be within the normal range when both systolic and diastolic numbers were in these ranges: a normal reading would be any blood pressure below 120/80 mm Hg (millimeters of mercury) and above 90/60 mm Hg. Additionally, hypotension was the medical term for low blood pressure (less than 90/60).</p> <p><RESIDENT 21></p> <p>Resident 21 was admitted to the facility on [DATE] with cardiac diagnoses to include congestive heart failure, hypertension and diabetes.</p> <p>Review of Resident 21's current physician's orders showed directives for the nurses to give Hydralazine (medication to treat hypertension) twice daily and hold the medication if the heart rate (HR) was less than 60 beats a minute or hold for systolic blood pressure (SBP- the first number, called systolic blood pressure, measures the pressure in your blood vessels when your heart beats) less than 110 or diastolic (DBP)-the second number) was less than 60. The physician's order showed the provider was to be notified of blood sugars less than 60 or over 400.</p> <p>Review of Resident 21's December 2024 Medication Administration Record (MAR) showed Hydralazine was not held on 12/19/2024 at 9:00 AM when the DBP was 58 and on 12/20/2024 at 6:00 PM, when the DBP was 48. On 12/04/2024 at 6:00 PM, Resident 21's blood sugar level was 429 and at 9:00 PM, the blood sugar was 412.</p> <p>Review of Resident 21's December 2024 progress notes showed the provider was not notified of the elevated blood sugar levels.</p> <p>Review of Resident 21's January 2025 MARs showed their blood sugar on 01/07/2025 at 6:00 PM was 430, on 01/18/2025 at 9:00 PM it was 431 and on 01/26/2025 at 1:00 PM it was 412.</p> <p>Review of Resident 21's January 2025 progress notes showed the provider was not notified of the elevated blood sugars.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Everett Transitional Care Services		STREET ADDRESS, CITY, STATE, ZIP CODE 916 Pacific Avenue Everett, WA 98201	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 21's February 2025 MARs showed their blood sugar on 02/02/2025 at 1:00 PM was 580 and at 9:00 PM it was 420. Further review showed that the medication Hydralazine had not been held on 02/01/2025 for a DBP of 54. On 02/08/2025 Hydralazine was administered when the SBP was 108 and DBP was 50.</p> <p>Review of Resident 21's February 2025 progress notes showed the provider was not notified of the elevated blood sugars.</p> <p>In an interview on 02/14/2025 at 9:56 AM, Staff B, Director of Nursing Services stated the nurses may not have documented notifying the providers of the elevated blood sugars and should have followed physician orders and document these in the medical record.</p> <p>In an interview on 02/14/2025 at 10:04 AM, Staff I, Registered Nurse stated medications are to be held per physician's order. Staff I stated they were to notify the provider and document when blood sugars are below 60 or over 400.</p> <p>Reference WAC: 388-97-1060 (1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Everett Transitional Care Services		STREET ADDRESS, CITY, STATE, ZIP CODE 916 Pacific Avenue Everett, WA 98201	

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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36787</p> <p>Based on observation, interview and record review, the facility failed to ensure 1 of 1 resident (Resident 21) reviewed for dialysis services received consistent, ongoing communication and collaboration with the dialysis facility regarding care and services for dialysis residents. These failures failure had the potential to cause unmet care needs, medical complications, inadequate quality of care, and a diminished quality of life.</p> <p>Findings included .</p> <p>A review of the facility's policy, titled Hemodialysis dated August 2024, showed that the facility will assure that each resident received care and services for the provision of hemodialysis consistent with professional standards of practice to including the ongoing assessment of the resident's condition and monitoring for complications before or after dialysis treatments.</p> <p><RESIDENT 21></p> <p>Resident 21 was admitted to the facility on [DATE] with a diagnosis of end stage renal (kidney) disease (stage of renal impairment that is irreversible and permanent), dependent on dialysis (a procedure that substitutes for the functions of the kidneys).</p> <p>Record review of Resident 21's care plan, revised on 04/26/2024, revealed the care plan lacked resident centered interventions and collaboration of dialysis care by the nursing home and dialysis staff. The care plan did not indicate what care or medications the facility would provide, nor what care the dialysis center would provide.</p> <p>Review of the form titled ECTS Dialysis Communication Form dated from 10/01/2024 through 02/11/2025 showed Resident 21 had twenty missing communication forms and five incomplete assessment information, excluding their refusals:</p> <ul style="list-style-type: none"> - 10/01/2024 absent from medical record - 10/03/2024 absent from medical record - 10/05/2024 absent from medical record - 10/07/2024 absent from medical record - 10/12/2024 incomplete with no kidney center information - 11/12/2024 absent from medical record - 12/03/2024 absent from medical record - 12/04/2024 vital signs only post treatment <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Everett Transitional Care Services		STREET ADDRESS, CITY, STATE, ZIP CODE 916 Pacific Avenue Everett, WA 98201	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - 12/06/2024 missing condition post dialysis - 12/10/2024 absent from medical record - 12/12/2024 absent from medical record - 12/19/2024 no post treatment assessment - 12/21/2024 absent from medical record - 12/24/2024 absent from medical record - 12/28/2024 absent from medical record - 12/31/2024 absent from medical record - 01/02/2025 absent from medical record - 01/04/2024 absent from medical record - 01/09/2025 no post treatment assessment - 01/11/2025 absent from medical record - 01/14/2025 absent from medical record - 01/16/2025 absent from medical record - 01/18/2025 absent from medical record - 01/28/2025 absent from medical record - 01/30/2025 vital signs only post treatment - 02/01/2025 absent from medical record <p>In an interview on 02/14/2025 at 9:49 AM, Staff B, Director of Nursing stated the facility had a communication form that the nurses fill out their portion of the sheet, and then the kidney center fills out their portion. Residents on dialysis were to be assessed pre and post dialysis. Staff B was informed there was missing or inconsistent documentation from either kidney center or facility for Resident 21. Staff B stated the kidney center did not always send the form back and they should fax the report to us due to Resident 21's impaired vision.</p> <p>Reference: WAC 388-97-1900 (1),(6)(a-c)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Everett Transitional Care Services		STREET ADDRESS, CITY, STATE, ZIP CODE 916 Pacific Avenue Everett, WA 98201	

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 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>47047</p> <p>Based on interview and record review, the facility failed to ensure annual Nurse Aide Certified (NAC) performance reviews were completed for five of five employees (J, P, Q, R, and S) reviewed, who had been employed longer than 1 year. This failed practice had the potential to negatively affect the competency of these NACs, and the quality of care provided to residents.</p> <p>Findings included .</p> <p>Review of the staff roster provided on 02/13/2025, showed Staff J was hired on 02/25/2022, Staff P was hired on 06/13/2022, Staff Q was hired on 02/02/2022, Staff R was hired on 06/28/2021 and Staff S was hired on 07/11/2023.</p> <p>In an interview on 02/13/2024 at 3:28 PM, Staff T, Registered Nurse/Staff Development, stated they were new to the position, and they were in the process of putting in structures to ensure evaluations were completed for NAC's. There were no evaluations provided by Staff T for the NAC's identified.</p> <p>In an interview on 02/14/2025 at 10:09 AM, Staff A, stated they were aware of annual evaluations had not been completed as required. Staff A stated they had recently begun to develop a new system to ensure education would be completed as required.</p> <p>Refer to WAC 388-97-1680 (2) (a-c)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Everett Transitional Care Services		STREET ADDRESS, CITY, STATE, ZIP CODE 916 Pacific Avenue Everett, WA 98201	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51551</p> <p>Based on interview and record review, the facility failed to act on the consultant pharmacist's medication regimen review (MRR) recommendations and/or to have clearly documented rationale for not following the recommendation for 1 of 5 sampled residents (Resident 43) reviewed for unnecessary medication use. This failure placed the resident at risk for experiencing medication related complications and a decreased quality of life.</p> <p>Findings included .</p> <p>Resident 43 admitted to the facility on [DATE] with diagnoses to include diabetes (a chronic condition that affects how the body uses sugar for energy), and long-term kidney disease.</p> <p>Review of the monthly MMR note to attending physician/prescriber for Resident 43, dated 08/28/2024, showed recommendation to consider starting dapagliflozin (antidiabetic medication) 5miligram(mg) daily and to increase to 10mg daily next month if tolerated well. The provider agreed with recommendation on 08/29/2024. Resident 43's MMR showed recommendation of ensuring orthostatic hypotension monitoring was evaluated due to antipsychotic use and frequency determined by the facility policy and protocol. The provider ordered to monitor orthostatic hypotension weekly.</p> <p>Review of Resident 43's monthly MMR dated 11/29/2024 and 12/20/2024, showed repeated recommendation of ensuring that regular orthostatic hypotension monitoring was being evaluated due to antipsychotic use and frequency determined by facility protocol and policy.</p> <p>Review of Resident 43's February 2025's Medication Administration Record (MAR) showed an order of dapagliflozin 5 mg by mouth one time a day for diabetes if tolerated well increase to 10mg daily in October.</p> <p>Review of Resident 43's electronic medical record showed no documentation of orthostatic hypotension monitoring.</p> <p>Review of documentation from advanced registered nurse practitioner, dated 02/12/2025, under history of present illness showed Resident 43 was on dapagliflozin 10 mg daily.</p> <p>In an interview on 02/13/2025 at 9:10 AM, Staff I, Registered Nurse, confirmed Resident 43 was taking dapagliflozin 5mg currently. Staff I stated they were not sure why the dosage was not increased in the following month. In an interview on 02/13/2025 at 9:10 AM, Staff I, confirmed Resident 43 had no orthostatic hypotension monitoring on the MAR.</p> <p>In an interview on 02/13/2025 at 10:14 AM, Staff F, Licensed Practice Nurse/Resident Care Manager, stated they were not sure why the dosage of dapagliflozin did not increase in the following month after the medication started and there was no provider's documentation of the rationale to keep the 5mg dosage. Staff I stated as a part of the order, they did not know how to decide if Resident 43 tolerated the medication well or not. Staff F stated there was no documentation of orthostatic hypotension monitoring after August and they were not aware of this recommendation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Everett Transitional Care Services		STREET ADDRESS, CITY, STATE, ZIP CODE 916 Pacific Avenue Everett, WA 98201	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 02/13/2025 at 11:40 AM, Staff B, Director of Nursing, stated they did not work for the facility in August and did not know why the medication dosage was not increased for the dapagliflozin, or why orthostatic hypotension monitoring was not implemented.</p> <p>Reference: WAC 388-97-1060 (3)(k)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Everett Transitional Care Services		STREET ADDRESS, CITY, STATE, ZIP CODE 916 Pacific Avenue Everett, WA 98201	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47047</p> <p>Based on observation, interview and record review the facility failed to ensure 1 of 5 sampled residents (Resident 460) reviewed for unnecessary medications, were free from unnecessary psychotropic medications (a drug that affects the brain activities associated with mental processes and behavior). The facility failed to ensure there were valid diagnoses for use of psychotropic medications, implement non-medication and behavioral interventions, accurately monitoring target behaviors and update the care plan. These failures placed residents at risk for receiving unnecessary psychotropic medications, for adverse events, and diminished quality of care.</p> <p>Findings included .</p> <p>Review of the facility policy titled; Use of Psychotropic Medication(s) undated showed the intent of the policy was to ensure residents only receive psychotropic medications when other non-pharmacological interventions are clinically contraindicated. The policy explained the effects of psychotropic use would be evaluated on an ongoing basis to include physician evaluation, pharmacist medication reviews, Minimum Data Set (an assessment tool) reviews, and nursing assessments and the resident's care plan.</p> <p>Resident 460 admitted to the facility on [DATE], with diagnoses that included Parkinson's Disease (a disorder of the central nervous system affecting movements), stroke, dementia without behaviors (memory loss), and depression.</p> <p>Review of Resident 460's February 2025 Medication Administration Record on 02/13/2025, showed they were prescribed Abilify (an antipsychotic) 5 mg at bedtime for dementia starting 01/22/2025.</p> <p>Review of Resident 460's February 2025 Treatment Administration Record on 02/13/2025, showed no behavior monitor or interventions associated with the use of an anti-psychotic medication.</p> <p>Review of Resident 460's electronic medical record on 02/13/2024, showed no Abnormal Involuntary Movement Scale (AIMS) assessment was completed for the use of an antipsychotic.</p> <p>Review of Resident 460's care plan dated 01/28/2025, showed no indication they were taking an antipsychotic and had no behavior monitors or interventions found to document symptoms or behaviors associated with the use of an anti-psychotic medication.</p> <p>Review of the January monthly medication review (MMR), conducted by the pharmacist on 01/30/2025, showed Resident 460 was reviewed with a recommendation to check the indication for the use of Abilify. The pharmacist notated the diagnosis in the electronic health record showed a diagnosis of dementia for the use of Abilify, and a supporting diagnosis would be needed for the use of the antipsychotic medication.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Everett Transitional Care Services		STREET ADDRESS, CITY, STATE, ZIP CODE 916 Pacific Avenue Everett, WA 98201	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 460's Care Area Assessment (CAA- an assessment of a specific resident care or medical issue) dated 01/28/2025, showed they would remain free of complications related to their psychotropic medication use. The CAA lacked details regarding Resident 460's use of an antipsychotic medication, behavioral interventions, symptoms, or indications for use.</p> <p>In a review of Resident 460's provider note dated 02/03/2025, showed they met with the resident and reviewed the use of Abilify to which they endorsed a history of hallucinations related to their Parkinson's medication. Additionally, the note showed Resident 460 was not sure what the Abilify was being used for and a discussion of discontinuing it.</p> <p>In an interview on 02/13/2025 at 1:35 PM Staff N, Social Services Director, stated they meet with new residents as soon as possible, gather information about them, complete assessments and set up care conferences. Staff N stated they refer residents who take psychotropic medication if needed, ensure medications and diagnoses are reviewed, and review their medical record to gather as much information as possible. Staff N stated Resident 460 had diagnoses that included dementia, anxiety and depression. Staff N stated Resident 460 had a diagnosis of dementia as the indicator for use of Abilify. Staff N stated they did not know if dementia was an indication for use of an antipsychotic. Staff N stated they had not had any concerns about Resident 460 regarding psychosis and had not discussed with them their medication use, mental health diagnoses, or the reasons they were taking psychotropic medications. Staff N stated Resident 460 had no monitor in place for psychotic symptoms.</p> <p>In an interview on 02/13/2025 at 3:04 PM Staff O, Minimum Data Set (MDS) Coordinator, stated they completed the CAA for Resident 460's psychotropic medication use. Staff O stated they interviewed Resident 460 regarding their psychotropic medication use and signs/symptoms of not taking the medication. Staff O stated Resident 460 stated if they did not take their psychotropic medication, they get quiet and not participate in activities. Staff O stated they documented Resident 460's information on a form in which they kept internally. Staff O stated part of the admission process included reviewing a resident's medications and completing consents as needed with residents. Staff O stated the facility just recently started weekly meetings to review the care plans of residents and work with the nurse managers to ensure all the data compiled matches a resident's care plan.</p> <p>Refer to WAC 388-97-1060(3)(k)(i)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Everett Transitional Care Services		STREET ADDRESS, CITY, STATE, ZIP CODE 916 Pacific Avenue Everett, WA 98201	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>37890</p> <p>Based on observation, interview and record review, the facility failed to ensure foods were served in a timely manner and at a palatable temperature on 1 of 2 floors (5th Floor). Failure to ensure timely meal delivery could negatively impact the residents' nutritional status, appetite, and meal acceptance.</p> <p>Findings included .</p> <p>Record review of the posted hall mealtimes for the 5th floor showed:</p> <ul style="list-style-type: none"> - Breakfast 8:35 -8:45 AM, - Lunch 1:10-1:20 PM, - Dinner 6:35-6:45 PM. <p>In an observation on 02/10/2025, a meal cart with breakfast trays was delivered to the 5th floor at 9:05 AM.</p> <p>In an observation and interview on 02/10/25 at 1:26 PM, Resident 9's meal was delivered. Resident 9 stated their soup was cold and the staff does not heat up their cold food, at 2:49 PM Resident 9's meal tray was still sitting in front of them.</p> <p>In an observation on 02/10/2025 at 1:27 PM, Resident 57's lunch tray was delivered to their room.</p> <p>In an observation on 02/10/2025 at 1:31 PM, the second tray cart was delivered to the 5th floor. Staff began passing the trays from the second cart at 1:37 PM.</p> <p>In an observation on 02/10/2025 at 1:43 PM, one hallway had not had trays delivered. The trays were observed to be delivered and completed at 2:10 PM.</p> <p>In an observation and interview on 02/10/25 at 2:09 PM, Resident 30 stated their meal tray was just delivered and stated, every one of these meals are cold, breakfast lunch and dinner .cold, maybe they can explain why these lunches are so (expletive) late.</p> <p>In an interview and observation on 02/10/2025 at 2:35 PM, Resident 57 was lying in their bed then sat up with marked tremors all over. Their lunch tray was on their overbed table untouched. When asked if they were going to eat lunch, the resident stated they were waiting for an aide to come in because they needed to be fed. At 2:43 PM, Staff G, Registered Nurse, went into Resident 57's room and began assisting them with eating.</p> <p>In an observation and interview on 02/11/2025 at 1:31 PM, Resident 30 was observed to have received their meal tray. Resident 30 stated it was a food item they liked, but then complained that the portion was small, it was not hot, and the kitchen must be slow again.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Everett Transitional Care Services		STREET ADDRESS, CITY, STATE, ZIP CODE 916 Pacific Avenue Everett, WA 98201	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 02/11/2025 at 1:37 PM, Resident 31 stated sometimes lunch arrived at 12:30 PM and sometimes not until 2:00 PM.</p> <p>In an interview on 02/14/2025 at 9:25 AM, Staff M, Certified Nursing Assistant, NAC stated they felt the issue with trays being delayed was due to the meal carts arrive late from the kitchen and stated the floor staff pass them out as fast as they can.</p> <p>In an interview on 02/14/2025 at 10:09 AM, Staff A, Administrator and Staff B, Director of Nursing stated they were not aware of an issue with timely meal delivery.</p> <p>Refer to WAC 388-97-1100(1)(2)</p> <p>36787</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER Everett Transitional Care Services		STREET ADDRESS, CITY, STATE, ZIP CODE 916 Pacific Avenue Everett, WA 98201	
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 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>47047</p> <p>Based on interview and record review the facility failed to ensure 2 of 5 nurse aides (Staff P and S) had their required 12 hours of in-service training, and 5 of 5 nurse aides (Staff J, P, Q, R and S) failed to receive the required dementia training. The failure to ensure Nursing Assistants Certified (NACs) received 12 hours per year in-service training and required dementia training placed residents at risk of less than competent care and services from staff.</p> <p>Findings included .</p> <p>In a review of the nursing aides' training hours showed Staff P and S, Certified Nursing Assistants, (NAC), had did not have receive a minimum of 12 hours of training within the year.</p> <p>In a review of the nurse aides' dementia training, showed Staff J, P, Q, R and S, NACs, did not receive dementia training.</p> <p>In an interview on 02/13/2024 at 3:28 PM Staff T, Registered Nurse/Staff Development, stated they were new to the position, and they were in the process of putting in structures to ensure required trainings and skills checks were completed for NAC's.</p> <p>In an interview on 02/14/2025 at 10:09 AM, Staff A, Administrator stated they were aware of annual trainings had not been completed as required. Staff A stated they had recently begun to develop a new system to ensure education would be completed as required.</p> <p>WAC 388-97-1680(2)(a-c)</p>		