STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505537	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montesano Health-Rehab Center	800 N Medcalf Lane Montesano, WA 98563

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 0847 Level of Harm - Potential for minimal harm Residents Affected - Some	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to explain the arbitration (a procedure used to settle a dispute using an independent person mutually agreed upon by both parties) agreement in a manner that the resident and/or representative understood for 1 of 3 residents (Resident 3) reviewed for arbitration agreement. This failure placed residents at risk of losing legal protection, forfeiture (loss or giving up of something) of the right to a jury or court, lack of understanding of the legal document signed, and a diminished quality of life.Findings Included. Record review of the facility's VOLUNTARY BINDING ARBITRATION AGREEMENT, undated, documented, .7. Right to Change Your Mind. This Agreement may be revoked (canceled) only by written notice, sent via certified mail, return receipt requested, to the Center within 30 calendar days of the date that this Agreement is signed. Resident 3 was admitted to the facility on [DATE] with multiple diagnoses to include vascular dementia. The Admission/Medicare - 5 day Minimum Data Set, an assessment tool, dated 07/29/2025, documented Resident 3 was moderately cognitively impaired. Record review of Resident 3's Social Services progress note, dated 07/25/2025 at 8:28 am, documented a BIMS (Brief Interview for Mental Status) Evaluation summary score of 9.0 (BIMS score of 8 - 12 indicates moderate cognitive impairment). Record review of Resident 3's Social Services progress note, dated 07/25/2025 at 10:47 am, documented, .Facility initiated guardianship through [NAME] Harbor County. Record review of Resident 3's Voluntary Binding Arbitration Agreement, dated 07/25/2025 at 4:32 PM, showed the arbitration agreement was signed by Resident 3 and Staff E, Business Development/Admissions Coordinator. In an interview on 08/20/2025 at 1:17 PM, Staff E said she reviewed Arbitration Agreements during the admission process with the admission agreement packet. Staff E said signing an Arbitration Agreement was voluntary and revokable. Staff E said she would review the Arbitration Agreement with the resident before one was signed and told them there was no time limit for when they could revoke it, stating, .they can revoke it whenever they want to, I tell them that, even if it is a couple of months later, they can revoke it. Staff E said if a resident wanted to revoke it within 30 days or less, they could just tell the facility. Staff E said if they wanted to revoke it after 30 days, it needed to be in writing. In an interview on 08/20/2025 at 1:50 PM, when asked about signing an Arbitration Agreement when she was admitted , Resident 3 said she did not remember signing anything like an Arbitration Agreement. Resident 3 said she had heard of them but did not recall ever signing one. In an interview on 08/20/2025 at 2:16 PM, when asked how it was determined if a resident was cognitively able to sign their own Arbitration Agreement, Staff E said they would go by the resident's BIMS score. In an interview on 08/20/2025 at 2:27 PM, Staff A, Administrator, said the Arbitration Agreement could be revoked at any time in writing. Staff A said a resident could revoke an Arbitration Agreement even if it was 30 days after signing it. Staff A said they did a BIMS assessment when residents were admitted to help determine if a resident can sign their own paperwork. Staff A said if they felt like a resident needed someone else to sign paperwork, they would have the resident's power of attorney or representative sign. After asking Staff A about Resident 3 signing her own paperwork with a BIMS score of 9, Staff A said the facility was working on getting guardianship (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0847 Level of Harm - Potential for minimal harm Residents Affected - Some	for Resident 3 and they would try to get her paperwork re-signed. After reviewing The Facility's Arbitration Agreement, 7. Right to Change your Mind with Staff A, Staff A stated, [Staff E] should tell them they have 30 days to revoke the Arbitration per the contract. No Reference WAC