

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505216	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Soundview Rehabilitation and Health Care Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1105 27th Street Anacortes, WA 98221	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<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** 37035</p> <p>Based on interview and record review the facility failed to ensure 2 of 6 residents (Residents 1, and 2) who had physician orders to obtain daily and weekly weights were obtained accordingly. This failed practice placed residents at risk of poor health outcomes and a diminished quality of life.</p> <p>Findings included .</p> <p>On 01/30/2025 a weight policy & procedure was requested from the facility and the facility was unable to provide the requested policy or procedure.</p> <p><RESIDENT 1></p> <p>Resident 1 admitted to the facility on [DATE] with diagnoses to include heart failure, hypertension (HTN), and cardiorespiratory conditions.</p> <p>Review Resident 1's Minimum Data Set (MDS-an assessment tool) assessment dated [DATE], showed the resident had passed away in the facility.</p> <p>Review of Resident 1's Care Plan printed on 01/27/2025, showed the following focus problems:</p> <p>-Hypertension initiated on 01/06/2025 (2 days after the resident passed away) and</p> <p>-At risk for altered respiratory status/difficulty breathing related to including chronic congestive heart failure initiated on 01/06/2025 (2 days after the resident passed away).</p> <p>Review of Resident 1's Order Summary Report on 01/23/2025, showed a physician order dated 11/07/2024 for daily weights and to notify the provider if there was a plus or minus of three-pound (lb) weight gain in a day or five lbs in one week.</p> <p>Review of the December 2024 Treatment Administration Record (TAR) showed on 12/29/2024, Resident 1 refused to be weighed but a weight of 262 lbs was noted, no weights were documented on 12/30/2024 or 12/31/2024.</p> <p>Review of the January 2025 TAR showed Resident 1 weighed 302 lbs on 01/01/2025 and 259 lbs on 01/02/2025.</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

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<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 1's Weight summary report showed on 12/25/2025 the resident weighed 262 lbs. The next weight listed on the report was 302 lbs on 01/01/2025.</p> <p>Review of the progress notes showed no documentation Resident 1's provider was notified of the resident's weight changes.</p> <p>In an interview on 01/23/2025 at 2:07 PM, Staff F, NAC, stated the nurse would give the NACs' a list of residents who needed to be weighed at the beginning of the shift. Staff F stated some of the nurses were good about providing the NACs with a list of residents to be weighed but the NAC would have to request the list from other nurses. Staff F stated they would write the resident's weights on a paper and provide the paper to the nurse or verbally report the weights to the nurse who would enter the residents' weights in the computer.</p> <p>In an interview on 01/23/2025 at 2:57 PM, Staff C, Registered Nurse (RN)/ Director of Nursing Services, stated it was their expectation for the staff to obtain residents' weights for residents with daily weight orders. Staff C stated they had no concerns with the nursing staff obtaining residents' daily weights.</p> <p>In an interview on 01/30/2025 at 10:40 AM, Staff D, RN/ MDS Coordinator, stated Staff E, Corporate RN works remotely, assisting with MDS and was the person that completed Resident 1's HTN and altered respiratory care plans dated 01/06/2025.</p> <p>In an interview on 01/30/2025 at 11:08 AM, Staff A, Licensed Practical Nurse (LPN), stated they would write down a list of residents who were to be weighed each morning and provide the list to the NAC staff. Staff A stated after the NAC's obtained the residents' weight the NAC would then provide the nurse with the residents' weights. Staff A stated the nurse would then document the weights in the residents' electronic medical record. Staff A stated if a resident refused to be weighed, the nurse would document the resident's refusal. Staff A stated they would attempt up to three times to obtain the resident's weight. Staff A confirmed Resident 1 was not weighed on 12/30/2024 or 12/31/2024. Staff A confirmed Resident 1 did not have a re-weigh on 01/01/2025 and the provider was not notified of the resident's weight gain and loss of three lbs in a day or five lbs in a week.</p> <p>43954</p> <p><Resident 2></p> <p>Resident 2 admitted to the facility on [DATE], with diagnoses to include aftercare following knee joint replacement, and chronic heart failure.</p> <p>Review of Resident 2's Admission MDS assessment dated [DATE] showed the resident had moderate cognitive impairment and required substantial assist with their activities of daily living.</p> <p>Review of Resident 2's care plan showed they were dependent on 2 staff with a HOYER (mechanical lift) for transfers out of bed. Resident 2's care plan had a focus problem related to nutritional risk due to increased nutritional needs for healing and recovery related to infection and post-surgery wound healing, initiated 11/26/2024. Resident 2 was to have weekly weights completed, which was initiated on 12/05/2024.</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Review of Resident 2's TAR dated December 2024 showed they were to have weekly weights completed on 12/13/2024 and 12/20/2024, initiated on 11/29/2024. There was no documentation for either date for weekly weights on 12/12/2024 and 12/30/2024, they were blank.</p> <p>Review of Resident 2's TAR, dated January 2025 showed they were to have weekly weights completed on 01/14/2024 and 01/21/2025, initiated on 01/07/2025. There was no documentation in either date for weekly weights on 01/14/2025 or 01/21/2025, they were blank.</p> <p>Review of Resident 2's electronic medical record (EMR) vital signs documentation, showed there were no weights documented on 12/13/2024, 12/20/2024, 01/14/2025 or 01/21/2025.</p> <p>In an interview on 01/23/2025 at 10:50 AM, Resident 2 stated they were unsure if their weights were completed weekly.</p> <p>In an interview on 01/30/2025 at 1:40 PM, Staff G, Licensed Practical Nurse (LPN), stated resident's usually get weights daily for 3 days after admission and then weekly weights after. Staff G they were responsible to document a resident's weight in the TAR and was able to see the last weight documented when entering a current weight into the TAR. Staff G stated when the weekly weight documentation was blank, it meant there was not a weight obtained or documented for that date. Staff G verified Resident 2 had blank documentation related to weekly weights.</p> <p>Reference WAC 388-97-1060 (1)</p>		