

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<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** 50392</p> <p>Based on interview and record review the facility failed to ensure dependent residents were provided scheduled bathing/showering opportunities for 6 of 8 residents (Residents 43, 19, 64, 176, 67 and 62) reviewed for activities of daily living (ADL's). This failure placed residents at risk of not having their ADL care needs met and a diminished quality of life.</p> <p>Findings included .</p> <p>1) Resident 43 was admitted to the facility on [DATE]. The Admission Minimum Data Set, (MDS, an assessment tool) dated 10/22/2024, documented Resident 43 was moderately cognitively impaired and required substantial/maximal assistance with showering/bathing. The Shower Schedule dated 10/6/2024, documented Resident 43's shower day was to occur on Tuesdays during day shift.</p> <p>Resident 43's shower record, dated 10/15/2024 through 11/7/2024, documented no bathing activity was documented from 10/15/2024 until 10/29/2024, for 14 days. There were no refusals documented.</p> <p>On 11/08/24 at 9:59 AM, Staff Q, Certified Nursing Assistant, when informed Resident 43 had not received a shower from 10/15/2024 to 10/29/2024, two weeks, Staff Q said that a resident going two weeks without a shower was not acceptable.</p> <p>11/08/24 at 12:33 PM. Staff B, Director of Nursing Services, said Resident 43 admitted to the facility on Tuesday 10/15/2024, and the next scheduled shower day should have been Tuesday, 10/22/2024 and a shower should have been done and documented on 10/22/2024 and it wasn't.</p> <p>46793</p> <p>2) Resident 19 was admitted to the facility on [DATE]. The Quarterly, MDS, dated [DATE], documented Resident 19 was moderately cognitively impaired. Resident 19 required extensive/total assist with all ADLs.</p> <p>On 11/04/2024 at 2:12 PM, Resident 19 said they wanted to be shaved, but the facility does not shave them. Resident 19 said they have to beg staff for a shave, but staff does not have time. Resident 19 said their family brought in an electric razor to use. Resident 19 was observed with a full beard, long in length.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 505290	Facility ID: 505290 If continuation sheet Page 1 of 25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 - Some</p>	<p>Resident 19's shave schedule in the Electronic Health Record (EHR) documented no entries under the ADL tab. Resident 19's ADL Care Plan documented no information regarding offering or completing the shaving activity.</p> <p>3) Resident 64 was admitted to the facility on [DATE]. The Significant Change MDS, dated [DATE], documented Resident 64 was moderately cognitively impaired. Resident 64 required extensive/total assistance with all ADL's.</p> <p>On 11/04/2024 at 2:51 PM, when asked about shaving and a haircut, Resident 64 said staff don't do that. Resident 64 said they have asked staff before for a shave and a haircut, but they are slow to cut my hair or shave me. Resident 64 said they have asked staff multiple times for a haircut and a shave, but it never gets done. Resident 64 said they have a family member shave and cut his hair when they visit. Resident 64 was observed with yellow, thick, long, over 1/4 inch fingernails. Resident 64 toenails were observed to be thick and crusty yellow. Resident 64's had long shaggy unkept facial hair and long, over 2 inches, wiry hair sticking straight up on his head.</p> <p>A Physician's order dated 08/29/2024, documented to check that Resident 64 has been offered a shave every Monday, Wednesday and Friday, to include documentation if the resident refused.</p> <p>Resident 64's ADL Care Plan documented Resident 64 was to be offered a shave every Monday, Wednesday and Friday.</p> <p>Resident 64's Shaving record showed Resident was offered a shave on 10/09/2024- accepted, 10/23/2024 -refused and 10/30/2024 accepted. The EHR showed no documentation that Resident 64 had been offered a shave any other days.</p> <p>On 11/12/2024 at 10:05 AM, Staff E, Resident Care Manager/Registered nurse, said all tasks for CNA's are documented in the EHR, CNA's are able to document when the task was completed. When asked about specific tasks, Staff E, said the system does not break down the specific tasks, instead just documents personal hygiene. When asked about shaving task, Staff E said there is no specific selection in the EHR for shaving. When asked how often staff should be offering shaving, Staff E said some men like long beards, but staff should be asking routinely about cleaning, washing and shaving. When provided information that staff were not offering shaving, Staff E said that is not ok, residents should be getting shaved. When asked about hair cut, Staff E said the facility just hired a new barber yesterday. Staff E said residents should be getting haircuts when asked for. Staff E said if the resident gives the facility permission, staff can cut the resident's hair.</p> <p>At 12:45 PM, Staff B, DNS, said it is the normal standard of care that the facility honors resident preferences for ADL's and staff should be asking about ADL's every shift. Staff B said the facility just hired a person for haircuts, but the facility can also transport residents outside the facility for haircuts too. When provided information regarding lack of resident shaving and haircuts, Staff B said the residents should have been offered shaves and haircuts.</p> <p>37044</p> <p>4) Resident 176 admitted to the facility on [DATE]. Review of the Admission MDS, dated [DATE], showed the resident was cognitively intact, required physical assistance with bathing, and choices related to bathing were identified as Very Important.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>On 11/04/2024 at 3:38 PM, Resident 176 said they were not asked about the type or frequency of bathing they preferred. The resident reported staff just informed them that they would be showered one day per week. Resident 176 said they preferred daily showers but while at the facility, they wanted one at least every three days.</p> <p>An ADL care plan, revised 10/30/2024, showed Resident 176 required substantial assistance with bathing. The care plan did not identify the resident's desired frequency of bathing.</p> <p>Review of Resident 176's bathing records from 10/18/2024 - 11/08/2024 (21 days), showed the resident was offered/provided bathing once, on 10/29/2024.</p> <p>On 11/14/2024 at 7:43 AM, Staff B, DNS, confirmed Resident 176's bathing documentation showed for the 21-day period between 10/18/2024 - 11/08/2024, the resident was offered /provided bathing once, on 10/29/2024.</p> <p>5) Resident 67 admitted to the facility on [DATE]. The Admission MDS, dated [DATE], showed the resident was cognitively intact, required substantial assistance with bathing, and choices related to bathing were identified as Very Important.</p> <p>On 11/07/2024 at 11:52 AM, Resident 67 said due to staffing, the shower aid did not always show up on their scheduled shower day(s).</p> <p>An ADL care plan, revised 08/14/2024, showed Resident 67 required one person moderate to maximum assistance with bathing.</p> <p>Review of the Resident 67's bathing record showed the resident went the following periods without being offered/provided bathing:</p> <p>a) 08/01/2024- 08/14/2024 (14 days)</p> <p>b) 08/16/2024- 09/09/2024 (25 days)</p> <p>c) 09/25/2024- 10/07/2024 (13 days)</p> <p>On 11/14/2024 at 7:43 AM, Staff B, DNS, confirmed Resident 67's bathing documentation showed they went the above referenced periods without being offered or provided bathing.</p> <p>6) Resident 62 admitted to the facility on [DATE]. The Quarterly MDS, dated ,d+[DATE], showed the resident was cognitively intact, required substantial assistance with bathing, and choices related to bathing were identified as Very Important.</p> <p>On 11/05/2024 at 10:50 AM, Resident 62 said they were happy with one shower a week, if the shower aide was always available to provide it, but indicated they were sometimes unavailable due to staffing.</p> <p>An ADL self-performance care plan, revised 04/26/2024, directed staff to provide one person assistance with bathing per the resident's chosen schedule. The care plan did not identify what the resident's chosen bathing schedule was.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Resident 62's bathing record showed the resident went the following periods without being offered/provided bathing: a) 09/13/2024- 10/25/2024 (42 days) b) 09/01/2024- 09/12/2024 (12 days) On 11/14/2024 at 7:43 AM, Staff B, DNS, confirmed Resident 62's bathing documentation showed Resident 62 went the above referenced periods without being offered or provided bathing. Reference WAC 388-97-1060 (2)(c)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46793</p> <p>Based on interviews and record review, the facility failed to consistently provide treatments as ordered, and implement timely and appropriate interventions to prevent the worsening of PU (PU/PI, injury to the skin and underlying tissue due to prolonged pressure) for 1 of 3 sampled residents (Resident 64), reviewed for pressure ulcers. This failure may have contributed to worsening/deterioration of the PU to the sacrum (the triangular bone at the base of the spine that connects the lower back to the pelvis). This failure placed residents at risk for skin injuries, PUs/PIs, and a diminished quality of life.</p> <p>Findings included .</p> <p><Policy></p> <p>Facility policy titled, Skin Care Policy/Procedure, revised 06/2016, stated, It is the policy of the facility that:</p> <p>1. A resident who enters the facility without pressure injury does not develop pressure injury unless the individual's clinical condition or other factors demonstrate that a developed pressure injury was unavoidable; and</p> <p>2. A resident having pressure injuries receives necessary treatment and services to promote healing, prevent infection and prevent new, avoidable pressure injuries from developing.</p> <p>Procedures:</p> <p>Resident Assessment.</p> <p>1. The nurse responsible for assessing and evaluating the residents' condition on admission and readmission is expected to take the following actions:</p> <p>a. Completed Initial Admission Records and Braden Scale to identify risk and to identify any alterations in skin integrity noted at that time.</p> <p>b. Braden Scale should be completed on admission, quarterly and following a change in the resident's condition.</p> <p>c. Identify risk factors which relate to the possibility of skin breakdown and or the development of pressure injury which include .</p> <p>d. All risk factors identified on assessment should be documented in the resident's clinical record and, when appropriate, be addressed through a care plan designed to minimize the possibility of skin breakdown.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>e. Develop comprehensive care plan if indicated following the evaluation/assessment. Care plans must be individualized and designed to meet the needs of the particular resident for whom they are being developed.</p> <p>f. Assessment of wounds upon admission and readmission:</p> <p>g. Assessment of wounds identified after admission:</p> <p>h. A licensed nurse will assess/evaluate at least weekly each area of alteration/injury, whether present on admission or developed after admission, which exists on the resident, .</p> <p>i. It is understood that a resident may experience pain associated with the presence of a skin injury and/or any form of skin compromise.</p> <p>j. Once an area of alteration in skin integrity has been identified, assessed and documented, nursing shall administer treatment to each affected area as per the Physician's Order.</p> <p>Resident 64 was admitted to the facility on [DATE]. The Admission Minimum Data Set (MDS, an assessment tool), dated 04/22/2024, documented Resident 64 was moderately cognitively impaired and required extensive assistance for some activities of daily living (ADLs). The MDS also documented Resident 64 had one Stage II PU and interventions included a pressure reducing device for the resident's bed and wheelchair and for pressure ulcer/injury care and applications of ointments/medications</p> <p>Review of the LN [Licensed Nurse]-Initial Admission Record, dated 04/15/2024, documented Resident 64 had skin problems, yes and showed two areas, identified as pressure related to the sacrum and documented:</p> <p>1. Site: 53) Sacrum. Type: Pressure. Length (L) 0.5 x Width (W) 0.5 x Depth (D) 0.1 centimeters (cm). Stage II</p> <p>2. Site: 53) Sacrum. Type: Pressure. L 1 x W 1.2 x D 0.3 (cm). Stage II.</p> <p>Review of a Braden Scale evaluation (a skin assessment that evaluates the risk of skin breakdown), dated 04/15/2024, documented Resident 64 was at low risk for developing PU.</p> <p>Review of Resident 64's Skin Care Plan, dated 04/15/2024, documented Resident 64 had two open areas on the sacrum but did not identify them as pressure related.</p> <p>Review of a physician's order, dated 04/15/2024, documented Resident 64 had two open areas on the sacrum. The area was to be cleaned with warm soap and water, patted dry and then Zinc ointment applied (treats or prevents skin irritation like cuts, burns or diaper rash), every day and evening shift until resolved.</p> <p>Review of the Electronic Health Record (EHR) had missing entries for completion of the above order on:</p> <p>04/16/2024 PM shift,</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>04/17/2024 PM shift,</p> <p>04/22/2024 AM shift,</p> <p>04/25/2024 PM shift,</p> <p>04/26/2024 PM shift,</p> <p>04/30/2024 PM shift,</p> <p>05/01/2024 PM shift,</p> <p>05/10/2024 PM shift, and</p> <p>05/17/2024 AM shift.</p> <p>The physician order was then discontinued on 05/23/2024.</p> <p>Review of the first LN- Skin Pressure Ulcer Weekly, dated 05/08/2024 (started 3 & 1/2 weeks after admission), documented:</p> <p>Site 1: Present on Admission: No. Onset date 05/08/2024. Coccyx/buttock. SDTI (Suspected deep tissue injury) 1.2 x 1.2 cm.</p> <p>Site 2: Present on Admission: No. Onset date 05/08/2024. Coccyx/right buttock (No measurements included).</p> <p>No weekly skin check was completed on 05/15/2024.</p> <p>Review of the LN- Skin Pressure Ulcer Weekly, dated 05/23/2024, documented only one PU on the coccyx, and identified it as a SDTI with measurements of 1.8 x 2.7 cm. No second site was documented in the assessment.</p> <p>Review of a physician's order, dated 05/23/2024, documented a Deep Tissue Injury (DTI) was to be cleaned with warm soap and water, patted dry and phytoplex (a moisturizer to treat or prevent dry, rough, scaly, itchy skin and minor skin irritations) applied every day and evening shift until wound had resolved.</p> <p>Review of the EHR had a missing entry for completion of the above order on 05/28/2024.</p> <p>The above physician's order was discontinued on 05/29/2024.</p> <p>Review of the LN- Skin Pressure Ulcer Weekly, dated 05/28/2024, documented the left buttock had a 2 x 2 cm round wound with slough (a soft, yellow or white substance that can appear in a wound bed and is made up of dead cells, debris, and other substances) wound bed and draining pus. The adjacent (nearby) wound was beefy red, measured 2 x 4 cm and was identified as unstageable.</p> <p>On 05/28/2024, the physician was notified of the worsening PU.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Review of a wound care provider note, dated 05/29/2024, documented an initial assessment that showed, Location-left buttock. Pressure stage: Stage 4.</p> <p>Review of the LN- Skin Pressure Ulcer Weekly, dated 05/29/2024, documented the area had increased in size and the facility had ordered an air mattress with bolsters. There was no documentation regarding the stage or condition of the wound with this assessment.</p> <p>Review of a physician's order dated 05/29/2024, documented orders for Resident 64's coccyx left buttock to be cleaned with normal saline, patted dry and calcium alginate (is a gelatinous, cream-colored substance with many uses, including wound healing) applied to the open area and covered with a 4 x 8 dressing, every day and evening shift until resolved.</p> <p>Review of the EHR had missing entries for completion of the above order on:</p> <p>06/01/2024 PM shift,</p> <p>06/05/2024 PM shift,</p> <p>06/08/2024 PM shift,</p> <p>06/10/2024 AM shift,</p> <p>And the resident refused care 06/11/2024 AM shift.</p> <p>The above physician's order was discontinued 06/13/2024.</p> <p>Review of a physician's order dated 06/13/2024, documented orders for Resident 64's coccyx left buttock to be cleaned with normal saline, patted dry, packed with Iodoform gauze packing strip (a sterile, antiseptic, and absorbent gauze that is used to treat infected wounds, reduce bleeding, and remove necrotic/dying tissue) to open area and cover with dressing every day and evening shift until resolved.</p> <p>Review of the EHR had missing entries for completion of the above order on:</p> <p>06/15/2024 PM shift,</p> <p>06/16/2024 PM shift,</p> <p>And 06/17/2024 PM shift.</p> <p>The above physician's order was discontinued 06/20/2024.</p> <p>Review of a physician's order dated 06/20/2024, documented orders for Resident 64's coccyx left buttock to be cleaned with normal saline, patted dry, pack with Dakins half strength Kerlix (a diluted solution of Dakin's Solution, used to treat a variety of wounds and infections) and cover with a foam dressing every dayshift.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the EHR had a missed entry for completion of the above order on 06/21/2024 and showed Resident 64 refused on 06/25/2024.</p> <p>The above physician's order was discounted on 06/26/2024.</p> <p>Review of the LN- Skin Pressure Ulcer Weekly, dated 06/20/2024, documented no other PU's on Resident 64.</p> <p>Review of wound care provider note, dated 06/26/2024, showed a left ear helix Stage 4 PU and a chronic, non-healing, left buttock wound with significant undermining (tunneling wound under the skin) and documented:</p> <p>Wound 1: (coccyx): Size 6.5 x 4 x 2.3 cm</p> <p>Wound 2: Left Ear Helix Pressure. Stage 4. Size: 0.5 x 0.5 x 0 cm.</p> <p>Review of the LN- Skin Pressure Ulcer Weekly, dated 07/10/2024, documented no other PU's on Resident 64.</p> <p>A Braden Scale evaluation, dated 07/15/2024, documented Resident 64 was at low risk for developing a PU, contrary to how the resident should have scored due to having numerous PUs and risk factors.</p> <p>On 11/14/2024 at 9:54 AM, Staff B, Director of Nursing Services, said when a resident admits with a pressure ulcer, it was the expectation that the facility would treat and monitor the pressure ulcers. Staff B said the facility would add the resident to the wound care provider committee to be discussed and put additional interventions in place.</p> <p>At 11:02 AM, Staff B, said Resident 64 entered the facility with a Stage II pressure ulcer to the sacrum and it progressed and worsened, but their contracted wound provider was treating Resident 64. Staff B provided wound provider notes regarding each visit. Staff B said the notes had not been scanned into the EHR and should have been. Staff B said Resident 64 was assessed to have a Stage II PU, the physician had placed orders for treatment and then the wound specialist providers started following Resident 64 weekly. Staff B said Resident 64's diagnoses turned to Terminal Skin Failure in June. Resident 64 was attending dialysis, but no longer qualified for dialysis and stopped attending. Staff B said a Braden Scale was completed. When asked what the results of the Braden Scale were, Staff B said, the Braden Scale showed Resident 64 was at low risk for pressure ulcers. When asked if the Braden scale was correct, Staff B said the assessments were incorrect due to Resident 64 admitting with a Stage II PU. When asked about interventions for Resident 64, Staff B said medication, physician ordered treatments, monitoring and assessing, and turning and repositioning were used for Resident 64. When asked about Resident 64's change/worsening PU, Staff B said she was unable to provide specifics about the events that caused the PU to worsen. Staff B said the physician was notified on 05/28/2024 regarding the worsening PU. When asked about missing entries in the treatment orders, Staff B said residents did have the right to refuse care. Staff B said the missing entries should have noted why the treatment were not completed. Staff B said it was reported to her that Resident 64 had refused on occasion, but acknowledged the record did not show documentation for follow up with the refusals. Staff B said staff should have been asking why the resident was refusing and should have been documenting it.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/29/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reference WAC 388-97-1060 (3)(b) Reference F692.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37044</p> <p>Based on interview, and record review, the facility failed to ensure residents receiving enteral feedings, were administered enteral formula at the physician ordered rate and volume for 1 of 1 resident (Resident 21) reviewed for enteral feeding. The facility also failed to ensure routine resident weights were obtained, reviewed, weight loss trends identified, and nutritional nutritional interventions were timely identified and implemented for 2 of 2 residents (Resident 64 and 21) reviewed for weight loss. Additionally, the facility failed to have a system in place that ensured fluid intake was accurately monitored, documented, and 24-hour intake totals were calculated and evaluated, and labs were monitored for fluid and electrolyte imbalances for 2 of 2 residents (Resident 58 and 10) reviewed with a fluid restrictions. These failures placed residents at risk for continued weight loss, inadequate nutrition, fluid volume overload, fluid and electrolyte imbalances and other medical complications.</p> <p>Findings included .</p> <p><Fluid Restriction></p> <p>Resident 58 admitted to the facility on [DATE]. Review of the Admission Minimum Data Set (MDS, an assessment tool), showed the resident was cognitively intact, had diagnoses of kidney disease and heart failure, and required diuretic (medication to draw extra fluid from the body through urine) therapy.</p> <p>A nutrition care plan, revised 10/25/2024, showed Resident 58 was on a 1500 milliliter per day (ml/day) fluid restriction, with nursing providing 180 ml per shift and 118 ml health shake for a total of 658 ml/day, and dietary providing 360 ml at breakfast, and 240 ml with lunch and dinner for a total 840 ml/day.</p> <p>A fluid restriction care plan, revised 10/25/2024, showed the resident received diuretic therapy and directed staff to implement fluid restriction per physician orders.</p> <p>Review of Resident 58's EHR showed their fluid intake with meals was recorded on the meal monitor in point of care (computer program), and fluids provided by nursing were recorded on the Medication Administration Record (MAR).</p> <p>Review of the November 2024 MAR showed nurses were recording the amount of fluid they provided each shift, but there was no direction or spot provided for nursing to reconcile the fluid intake recorded on the meal monitor with the fluid intake recorded on the MAR to calculate the resident's 24-hour fluid intake total.</p> <p>On 11/08/2024 at 11:53 AM, Staff GG, Resident Care Manager (RCM), explained the purpose of the fluid restriction was to manage the resident's fluid volume status due to chronic kidney disease. Staff were to record the resident's fluid intake and then assess whether the resident was adherent or non-adherent with the restriction. If the resident was non-adherent, nursing would educate the resident to the risks and benefits and notify the physician.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/08/2024 at 11:53 AM, when asked if there was any documentation to support staff had calculated the resident's 24 hour fluid intake to evaluate if the resident was adherent with the fluid restriction Staff GG, RCM, said no, and acknowledged the fluid restriction had not been effectively implemented or monitored and needed to be corrected.</p> <p>46793</p> <p>2) Resident 64 was admitted to the facility on [DATE]. The Significant Change Minimum Data Set (MDS, an assessment tool), dated 09/12/2024, documented Resident 64 was moderately cognitively impaired. Resident 64 is an extensive/total assist with all activities of daily living (ADL's). Resident 64 admitted to the facility weighing 237.6 pounds (lbs).</p> <p>A Licensed Nurse (LN) Nutrition/Hydration Risk Evaluation, dated 04/15/2024, documented Resident 64 was able to self-feed, had a stable weight, no dental issues, consumed 50%-75% of meals with more than 2000 cubic centimeters (cc) of fluid intake. Overall score 4.0 (low risk).</p> <p>A Nutrition-Admission Evaluation, dated 04/17/2024, documented Resident 64 was on a restricted concentrated sweets and Renal (kidney) diet. Resident 64 was reported to have a good appetite, no swallowing disorders or gastroenterology issues. Documented target weight was 266 pounds (lbs).</p> <p>A LN Nutrition Interdisciplinary Team review, dated 04/24/2024, documented Resident 64 had end-stage renal disease (ESRD, a permanent condition where the kidneys are no longer able to function and require dialysis or a kidney transplant), weight loss was related to fluids and diuretic (a drug that increases the amount of urine produced by the kidneys, which helps the body get rid of excess water and salt) use. Resident was averaging 63% of meal consumption. Recommendation was to obtain dialysis weights.</p> <p>Weights as followed:</p> <p>04/17/2024 14:30 244.4 Lbs</p> <p>04/20/2024 21:08 244.6 Lbs</p> <p>05/31/2024 09:35 239.8 Lbs</p> <p>06/18/2024 14:22 226.82 Lbs</p> <p>06/27/2024 14:21 224.18 Lbs</p> <p>07/09/2024 14:13 208.12 Lbs</p> <p>07/11/2024 14:10 211.64 Lbs</p> <p>On 04/15/2024, the resident weighed 237.6 lbs.</p> <p>On 07/11/2024, the resident weighed 211.6 pounds which was a -10.94 % Loss.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>A Licensed Nurse (LN) Nutrition/Hydration Risk Evaluation, dated 07/15/2024, documented Resident 64 was able to self-feed, had a stable weight, no dental issues, consumed 50%-75% of meals and more than 2000 cc of fluids. Overall score 4.0 (low risk).</p> <p>A Nutrition Quarterly Evaluation, dated 07/17/2024, documented Resident 64 was taking Nepro (supplement) twice a day and Prosource (supplement) twice a day. Documented target weight was 222 lbs. Per dialysis weight, Resident 64 had a significant weight loss of 6.5% in 1 month and 9.1% decrease in 3 months.</p> <p>At 11:02 AM, Staff B, Director of Nursing (DNS), when asked about Resident 64's nutritional status, said Resident 64 was being seen by the Registered Dietitian, Resident 64 was reviewed 04/17/2024, 07/17/2024 and 09/12/2024 and 10/09/2024. Staff B said the Interdisciplinary Nutrition team reviewed Resident 64's nutrition on 04/24/2024, 08/14/2024, 08/29/2024 and 09/05/2024. When asked about the significant weight loss (more than 7.5% in 3 months) between Resident 64's admission and the quarterly review, Staff B said there was no other reviews and Resident 64's significant weight loss should have been caught before the quarterly review.</p> <p>50945</p> <p>3) Review of the Electronic Health Record (EHR) showed Resident 21 was admitted to the facility on [DATE]. Resident 21 had diagnoses including malnutrition (lack of sufficient nutrients in the body), hyponatremia (low sodium levels) and gastrostomy status (surgical intervention for a feeding tube that goes through the abdomen into the stomach). Review of the Annual MDS, dated [DATE], showed Resident 21 was dependent on staff for cares.</p> <p><Formula></p> <p>Review of the EHR showed Resident 21 was ordered to receive 1400 milliliters (ml) of formula (liquid nutrition).</p> <p>Review of Resident 21's October administration record for formula showed: 406 ml on 10/15/2024 and 938 ml on 10/26/2024.</p> <p>Review of Resident 21's progress notes showed no documentation of why volumes were low on these dates.</p> <p>During an interview on 11/13/2024 at 10:22 AM, Staff C, RCM, after looking through the EHR said their expectation regarding the formula being recorded as 406 ml on 10/15/2024 was that there should have been a progress note.</p> <p>During an interview on 11/14/2024 at 8:53 AM, Staff B, DNS, said their expectation was for staff to have notified the provider when a resident did not get the correct formula volume, and should have documented a reason or what the plan was.</p> <p><Weights></p> <p>Review of Resident 21's weights record showed none since 08/10/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 21's nutrition progress notes on 09/18/2024 and 10/16/2024 recommended staff obtain an updated weight.</p> <p>Review of Resident 21's progress notes from August to November 2024 showed no mention of any refusals or reason to not obtain a weight.</p> <p>During an interview on 11/13/2024 at 9:16 AM, Staff K, Registered Nurse (RN), said long term residents should receive monthly weights.</p> <p>During an interview on 11/13/2024 at 10:22 AM, Staff C, RCM, said their expectation for Resident 21's weights was to have seen something documented in the progress notes if the resident had refused any.</p> <p>During an interview on 11/14/2024 at 11:36 AM, Staff B, DNS, said after looking at the EHR they were unable to find an updated weight for Resident 21 and a weight should have been done monthly.</p> <p><Water Flushes></p> <p>Review of Resident 21's laboratory results showed Resident 21 had a sodium level of 128 (results show normal value is 134-144), on 04/22/2024. Resident 21 was seen at an outside hospital, and review of hospital records showed Resident 21 had sodium levels of 136 on 05/31/2024 and 138 on 06/01/2024.</p> <p>Review of Resident 21's orders showed Resident 21 had an updated order on 07/19/2024 that increased every six-hour water flushes (dose) of the gastrostomy tube, from 100 ml to 180 ml.</p> <p>No laboratory results were found after the updated water flush order on 07/19/2024, until 11/07/2024 when Resident 21's sodium level was 111, a critically low value.</p> <p>During an interview on 11/13/2024 at 9:16 AM, Staff K, RN, said residents with low sodium levels should have less water.</p> <p>During an interview on 11/13/2024 at 12:51 PM, Staff L, Registered Dietician, said for Resident 21 the water flushes were increased to meet hydration needs. Staff L said for residents with low sodium, water flushes should be reduced. When asked to provide documentation that the sodium levels were reviewed in making the decision to increase the water flush, Staff L was unable to provide documentation.</p> <p>During an interview on 11/14/2024 at 8:53 AM, Staff B, DNS, said, regarding Resident 21's increase in water flushes, that the registered dietician recommended the flushes, this change should be discussed and reflected with labs, and this should have been presented to the provider to follow up on what they wanted ordered.</p> <p>4) Review of the EHR showed Resident 10 was admitted to the facility on [DATE]. Resident 10 had diagnoses of heart failure and ESRD. Resident 10 was requiring dialysis (intervention to filter the blood to remove waste).</p> <p>Review of Resident 10's orders showed they were on a fluid restriction of 1000 ml per day.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Review of Resident 10's fluid intake record of the past 30 days showed: 240 ml on 10/15/2024, 240 ml on 10/16/2024 and 150 ml on 10/17/2024. The nursing administration records were reviewed, and no additional documentation was present for fluid intake on 10/15/2024, 10/16/2024, or 10/17/2024.</p> <p>During an interview on 11/12/2024 at 8:53 AM, Staff C, RCM, said the fluid intake record would be recorded by the nursing aids and would be missing values done by nursing. Staff C reviewed the nursing administration records for Resident 10, said the fluid given by nursing staff was not recorded on the administration record, and this did not meet expectations.</p> <p>During an interview on 11/12/2024 at 4:25 PM, Staff B, DNS, said a resident on a fluid restriction should have documentation on how many fluids they are receiving, and this documentation of fluid intake for Resident 10 did not meet expectations.</p> <p>Reference WAC 388-97-1060 (3)(h)(i)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>46793</p> <p>Based on observation, interviews and record review, the facility failed to have sufficient staff to provide and supervise care as evidenced by information provided by 7 resident interviews (Resident 18, 19, 59, 64, 376, 40 & 58), Resident Council interviews (Residents 40 & 59) and Staff interviews (Staff E, BB, CC, DD, EE & H) and as evidenced by failed practices in many identified quality of life and quality of care areas. The facility had insufficient staff to ensure residents received assistance with Activities of Daily Living (ADL) including grooming and showers, assessments, care planning, care plan revision, restorative services, hospice services and infection control in accordance with established clinical standards, and resident needs and preferences. These failures placed residents at risk for unmet care needs, negative outcomes and a diminished quality of life.</p> <p>Findings included .</p> <p><Resident Interviews></p> <p>On 11/04/2024 at 11:03 AM, Resident 18, said staff would come in and tell them they were busy and would have to wait.</p> <p>At 11:18 AM, Resident 19 said staff took a long time to respond, it depended who was on duty on how long we they would have to wait for staff to respond.</p> <p>At 12:15 PM, Resident 59 said my call light was on a least an hour last night, I waited for staff to come and remove the urine tub. Resident 59 said it was upsetting when staff would tell them they would be back and then would not return for hours. Resident 59 said it took staff an hour and half to return to help them last night.</p> <p>At 2:46 PM, Resident 64 said they would have to wait a long time, sometimes up to 30 minutes for staff to respond. Resident 64 said they used the clock on their cell phone to keep time. Resident 64 said sometimes it could be up to an hour for staff to respond and it was across all shifts.</p> <p>At 3:12 PM, Resident 376 said the facility did not have enough staff and stated, I hold it [bathroom use] long enough to where I cannot hold it much longer.</p> <p>On 11/05/2024 at 8:30 AM, Resident 40 said they had concerns that staff were being pulled (restorative and shower aids) to help on the floor, they were not getting restorative services and only one shower a week.</p> <p>At 9:17 AM, Resident 58 stated, I can wait for hours for them to get me out of bed and clean me, I need a hoyor [mechanical] lift, I have sat in my pee until they get me up with the hoyor.</p> <p><Grievances></p> <p>On 10/06/2024 a grievance was filed by Resident 59, documenting they had not received a shower in almost two weeks due to shower aides not being available to provide showers.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/22/2024, Resident 40 filed two grievances:</p> <p>1) Resident 40 documented residents were not receiving restorative services due to restorative aides being pulled from assigned job, due to staff shortages.</p> <p>2) Resident 40 documented residents were not getting showers due to shower aides being pulled from assigned job, due to staff shortages.</p> <p><Resident Council Minutes></p> <p>Resident Council minutes for May 2024 documented, once again we must bring up informing the residents of appointments ahead of time and a day or two in advance would be better than a few minutes before pickup. Residents who need assistance transferring are still having to wait a half-hour, an hour or more to use the bathroom or go to bed. This seem to be an ongoing problem with lack of sufficient staffing to provide coverage.</p> <p>Resident Council minutes for June 2024 documented, Still concerns about getting light answered timely.</p> <p>Resident Council minutes for August 2024 documented, How can we get notified of appointments? Resident find out the day of the appointment and not told ahead of time.</p> <p>Resident Council minutes for September 2024 documented, a grievance was filed on the behalf of the Resident Council, related to wanting to know ahead of time about appointments. Concerns regarding when more staffing would happen was also brought up.</p> <p>On 11/06/2024 at 1:00 PM, Resident Countil member interviews showed:</p> <p>Resident 17 said sometimes thier needs were not being met until after a long wait time.</p> <p>Resident 17 said shower aides were being pulled and they weren't getting showers.</p> <p>Resident 17 said there had not been a Social Services person.</p> <p>Resident 40 said they felt like residents did not have anyone to go to to get their problems addressed.</p> <p><Staff Interviews></p> <p>On 11/12/2024 at 10:05 AM, Staff E, Resident Care Manager, said everything was in transition and the facility was trying to get the new Social Services (SS) team set up and it had been a struggle. Staff E said the facility lost the previous Social Services person and it staffing had been a struggle.</p> <p>On 11/13/2024 at 1:20 PM, when asked if staff had time to answer staffing questions, Staff BB, Certified Nursing Assistant, stated, you have to walk with me, I can't stop. When asked if she felt she had enough time to complete her daily tasks, Staff BB said not really, see how fast I am walking, you have to hurry and go. Staff BB said she had been asked to work overtime a lot lately.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>At 1:33 PM, Staff CC, Licensed Practical Nurse (LPN), said when she was working eight hours a day, she was not able to get her daily assignments completed, but since switching to 12 hour days, she has been able to complete her daily assignments. Staff CC said it was worse on weekends because the Administrative staff were not there to help with processing orders, treatments, phones, etc. Staff CC said wound care was hard because the contracted wound services they used would only come in on Wednesdays, and the rest of the time wound care was on the nursing staff. Staff CC said it would be more helpful if there were more nursing assistants helping to answer call lights, pass meal trays and provide care, so the nurses could focus on medication administration and treatment orders. Staff CC said the restorative and shower aides were often pulled from their assignments because people would call out.</p> <p>At 1:52 PM, Staff DD, CNA, said it would depend on how the day was going, if he was able to get all his daily assignments completed. When the facility was busy, he would not be able to complete all his assignments. Staff DD said it was usually pericare and showers that were not completed. Staff DD said the shower aides and restorative aides were often pulled to provide patient care, this would happen 3-4 times a week. Staff DD said he stayed late twice last week.</p> <p>At 2:02 PM, Staff EE, LPN, said it would take her all morning to do medication administration and the only other thing she had time to complete was wound care.</p> <p>37044</p> <p><Restorative Services></p> <p>On 11/13/2024 at 10:27 AM, when asked if there was anything preventing them from offering/providing resident restorative programs at the frequency they were assessed to require Staff FF, Restorative Aide, said, staffing. Staff FF explained they were the only Restorative Aide and were frequently pulled from restorative to work the floor. On the days they were pulled most of the restorative programs did not get done, although therapy staff would help as able. Staff FF said they did not currently have a Restorative Nurse. Staff FF said they had spoken with Staff A, Administrator, who had acknowledged that more Restorative staff were needed.</p> <p>For the period from 10/16/2024 - 11/01/2024 (16 days), Staff FF worked 13 shifts. Of the 13 shifts worked, Staff FF was pulled from restorative to work the floor seven times.</p> <p><Bathing Services></p> <p>On 11/07/2024 at 1:51 PM, when asked if there was anything that prevented them from providing resident bathing/showers as scheduled Staff II, Shower Aide, stated, Yes, the only thing is getting pulled [from showers to provide direct care, due to staffing issues].</p> <p>At 2:35 PM, Staff H, CNA/Shower Aide, said most of the time she could complete her daily tasks, but was pulled 1-2 times a week to help provide patient care. When asked about making up showers for the residents that missed their shower day, due to staffing, Staff H said she would try to make them up the next day.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 11/13/2024 at 12:19 PM, Staff B, Director of Nursing Services, when asked if staffing had affected the ability for staff to provide bathing and restorative services at the frequency residents were assessed to require, Staff B said that staffing may have inadvertently affected the provision of both. At 2:54 PM, Staff A, Administrator, said there had been staffing issues, and they had been trying to address them. Staff A said yes, when asked if the staffing issues had affected resident care. Refer to F578, F623, F625, F676, F684, F688, F804, F849 & F880 50945		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>37044</p> <p>Based on observation, interview and record review, the facility failed to prepare food in a manner that ensured meals were appetizing, palatable and served at appropriate temperatures for 9 of 15 sampled residents (56, 43, 58, 19, 18, 59, 64, 13 and 126) reviewed for dining. This placed residents at risk for a decreased nutritional intake and dissatisfaction with meals.</p> <p>Findings included .</p> <p><Resident Interviews></p> <p>On 11/04/2024 at 2:02 PM, Resident 56 said, the food here stinks, the food texture is pasty, it feels like you are eating glue, like they glued it all together. The soups seem to be leftover stuff from other meals.</p> <p>At 12:14 PM, Resident 43 said the food did not always taste good and was often that the hot was not hot and the cold was not cold.</p> <p>On 11/05/2024 at 9:27 AM, Resident 58 stated, The food is terrible. It is not good.</p> <p>On 11/04/2024 at 11:00 AM, Resident 19 said he wanted a hot meal, the meals were consistently cold, and the bacon always had the taste of oil. Resident 19 said they had sent meals back because it was cold.</p> <p>At 11:05 AM, Resident 18 said the food was cold and it could it happen at any meal.</p> <p>At 12:17 PM, Resident 59 said the food was bland and it had a freezer burnt taste. Resident 59 said they gave them menus and they would check off what you would want and not want, but they wouldn't always give them what they wanted. Resident 59 said it was the same stuff every two weeks and gave the example that they receive Salisbury steak at least twice a week and breakfast was always eggs.</p> <p>At 2:35 PM, Resident 64 said the food was terrible, it doesn't taste good and the temperature was medium, but not hot.</p> <p>At 2:59 PM, Resident 13 said some meals were, mystery meat. Resident 13 said they had spoken to the kitchen, but nothing had changed. Resident 13 said they had a refrigerator in their room where they kept beef soup, if they did not like what was being served.</p> <p>On 11/05/2024 at 8:45 AM, Residents 126 ate less than 25 percent of breakfast, only a few bites of eggs. Resident 126 said they did not like the texture of eggs. Resident 126 said lunch and dinner depended on what was being served. Resident 126 said they would prefer cereal for breakfast.</p> <p>On 11/06/2024 at 8:36 AM, Resident 59 (who had eaten breakfast in the dining room) said the breakfast was not hot, the pancakes were cold and didn't taste the best. Resident 59 said they covered the pancakes in syrup to help.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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>On 11/07/2024 at 1:52 PM, Resident 59 said lunch was Chicken Almondine and that it tasted good but was cold.</p> <p><Observations of Meal Delivery></p> <p>On 11/06/2024 at 8:27 AM, a meal cart was observed sitting in the [NAME] Mountain Hall next to the nurses' cart. No meals delivered at this time.</p> <p>At 8:44 AM, a staff member brought a breakfast meal tray to Resident 61 (17 minutes after arrival of the meal cart to the floor).</p> <p>At 8:45 AM, a staff member brought a breakfast meal tray to Resident 64 (18 minutes later).</p> <p><Meal Preparation></p> <p>Observation of meal preparation and tray line on 11/12/2024 from 10:47 AM - 12:23 PM showed dietary had removed all resident beverages (juices and milks) from the refrigerator and placed them on trays in the tray carts by 11:20 AM.</p> <p>At 12:21 PM, after preparing the Garden Room and Medicare A Hall meal cart(s) for delivery staff had not checked the temperature of any of the beverages, which had been sitting out on the carts since 11:20 AM (61 minutes.) Upon request, Staff MM, Dietary Aide, checked the temperature of a cup of cranberry juice which was 57.1 degrees. Staff MM then placed the juice back on the cart for delivery.</p> <p><Test Tray></p> <p>On 11/12/2024, a test tray was delivered at 12:54 PM. The temperature of the juice was 58.9 degrees, the milk was 56.3 degrees, and the chocolate pudding was 57.4 degrees.</p> <p>On 11/12/2024 at 3:27 PM, when asked if they always prepared and placed resident beverages on the meal carts 40 minutes to an hour prior to meal service, Staff LL, Dietary Manager, indicated they had to prepare them ahead of time and place them on the trays so tray line would go smoother. No explanation was provided as to why the beverages could not be placed on ice and added to resident trays by the dietary aide while the cook was plating the food.</p> <p>Reference WAC: 388-97-1100 (3)</p> <p>46793</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>37044</p> <p>Based on observation, interview and record review, the facility failed to ensure residents' received therapeutic diets as prescribed by the physician, and/or assessed by the interdisciplinary team for 5 of 23 residents whose meals were observed (Residents 46, 24, 10, 50 and 42), and to provide the correct portion size for 6 of 6 residents (Residents 42, 71, 24, 43 64 and 127) observed with orders for small or large portions. Failure to ensure residents' received physician ordered therapeutic diets and/or portion sizes placed residents at risk for medical complications and/or unmet nutritional needs.</p> <p>Findings included .</p> <p><Therapeutic Diets></p> <p>On 11/12/2024 at 11:20 AM, dietary staff had already placed beverages and condiments on all resident trays and placed them into the tray carts. Observation of the trays at that time, showed each tray had been provided a container of tartar sauce.</p> <p>Review of the therapeutic menu for the lunch meal, which consisted of cakes, rice pilaf with mushrooms, seasoned green peas with chocolate cream pie, showed the following diet types were not to receive tartar sauce: No added salt (NAS); low fat/low cholesterol; two grams sodium (2 GM Na); renal (low sodium/potassium).</p> <p>During tray line on 11/12/2024 from 11:39 AM - 12:23 PM, the following residents' trays were observed being prepared and sent out for delivery:</p> <ol style="list-style-type: none"> 1) Resident 46 who was on a renal diet. 2) Resident 24 who was on a NAS diet. 3) Resident 10 who was on a NAS diet. 4) Resident 50 who was on a 2 GM Na diet. 5) Resident 42 who was on a controlled carbohydrate diet with Additional Directions of NAS. <p>Each of the above residents were provided tartar sauce on their meal tray despite the therapeutic menu directing staff not to provide it.</p> <p>On 11/12/2024 at 12:23 PM, Staff LL, Dietary Manager, confirmed all residents, including the above referenced residents, had been provided tartar sauce on their trays and should not have been. After confirming it, Staff LL failed to direct staff to remove the tartar sauce from other residents' trays who were on NAS, low fat/low cholesterol, 2 GM NA or renal diets.</p> <p><Portion Sizes></p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation of tray line on 11/12/2024 from 11:39 AM - 12:23 PM, showed staff had green handled spoodles (4 oz or 1/2 cup) placed in the rice pilaf and seasoned green peas, as the recipe called for.</p> <p>During tray line on 11/12/2024 from 11:39 AM - 12:23 PM, Staff JJ, Cook, was observed plating meals for the following residents:</p> <ol style="list-style-type: none"> 1) Resident 42 whose diet under Additional Directions, directed staff to provide small portions, but the resident was provided a full serving of seasoned peas, rice pilaf and crab cake. 2) Resident 71's diet ticket directed staff to provide small desert portions, but the residents was provided a full portion of desert. 3) Resident 24's diet ticket directed staff to provide small portions, but the resident was provided full serving of seasoned peas, rice pilaf and crab cake. 4) Resident 43's diet ticket directed staff to provide small desert portions, but the resident was provided a full potion of desert. 5) Resident 64's diet ticket directed staff to provide large protein portions, but the resident was only provided one crab cake. 6) Resident 127's diet ticket directed staff to provide large portions, but the resident was provided one crab cake and 1/2 cup of seasoned peas and rice pilaf. <p>On 11/12/2024 at 12:15 PM, Staff JJ, Cook, and Staff MM, Dietary Aide, both confirmed that the same 1/2 cup spoodle for each of the above referenced residents and agreed each resident received one scoop, despite the ordered portion size. Staff JJ indicated they had visually adjusted the amount they had in the scoop (e.g. filled it halfway for small portions etc.)</p> <p>On 11/12/2024 at 12:23 PM, Staff LL, Dietary Manager, explained that staff usually did use just one spoodle and visually adjust the amount they scooped, rather than using a 1/4 cup scoop for small portions or providing a 1/2 cup and a 1/4 cup scoop for large portions. When asked if small portions of desert meant the resident should get 1/2 desert Staff LL stated, Yes.</p> <p>On 11/12/2024 at 12:58 PM, when asked if dietary staffs' practice of visually adjusting the scoop size of a 1/2 cup spoodle to provide a 3/4 cup serving for large portions and 1/4 cup for serving small portions was acceptable Staff A, Administrator, said no, they should use the appropriate size spoodle.</p> <p>Reference WAC 388-97-1200(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46793</p> <p>Based on interview and record review, the facility failed to have a system in place that ensured effective communication, collaboration, and coordination of care occurred between the facility and the hospice provider for 2 of 2 residents (Resident 64 & 28) reviewed for hospice services. The facility failed to obtain and/or maintain a copy of a resident's current hospice coordinated plan of care, to have documentation in residents' Electronic Health Records (EHR) that showed what hospice disciplines (e.g. registered nurse, chaplain, certified nursing assistant, massage therapist) had visited, when they visited, and what care was provided. These failures detracted from staffs' ability to effectively collaborate, communicate and coordinate care with the hospice provider and placed residents at risk for not receiving necessary care and services and/or unmet care needs.</p> <p>Findings included .</p> <p>Review of the facility's Hospice Service Agreement, effective date [DATE], showed the facility and hospice would each designate a Registered Nurse responsible for coordinating the implementation of the plan of care for each hospice patient. Additionally, hospice and the facility agreed to develop a plan of communication for each hospice patient and further agreed, as required by state or federal regulations, to enter all necessary information into each Hospice patient's medical chart.</p> <p>1) Resident 64 was admitted to the facility on [DATE]. The Significant Change Minimum Data Set (MDS, an assessment tool), dated [DATE], documented Resident 64 was moderately cognitively impaired. Resident 64 was placed on hospice on [DATE].</p> <p>Resident 64's Hospice Care Plan, dated [DATE], documented hospice would only provide a bed bath once a week and Activities of Daily Living (ADL's) once a week. The facility was responsible for providing all other ADL assistance, except when hospice staff was present, including wound care.</p> <p>Review of facility/hospice services binder, located at the Long Term Nurses station, only provided information that Resident 64 was no longer receiving the 12 microgram Fentanyl patch. No other information was located in this hospice binder. The facility/hospice service binder at the Medicare A and B Nurses station, provided no documentation for Resident 64's hospice care.</p> <p>The last progress note from hospice was on [DATE], no further documentation was in the EHR.</p> <p>Progress notes on [DATE] and [DATE] showed the facility contacted hospice regarding medications.</p> <p>No other progress notes showed communication with hospice.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Belmont Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 560 Lebo Boulevard Bremerton, WA 98310	
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 10:05 AM, Staff E, Resident Care Manager, said the facility currently did not have a designated person for communication with hospice and the nurse who communicated with hospice should document all communication. When asked about the hospice binder, Staff E said every resident on hospice should have a tab in the binder for communication between the facility and hospice. Staff E said Resident 64 should have had a section specific to them. Staff E said any hospice communication documentation should have been given to the nurse, who would process the order and then give the record to medical records to upload into the EHR.</p> <p>At 12:45 PM, when reported there was no documentation from hospice since [DATE], Staff B, Director of Nursing Services (DNS), said there should have been documentation in the hospice binder for Resident 64 and all residents on hospice.</p> <p>37044</p> <p>2) Resident 28 admitted to the facility on [DATE]. Review of the [DATE] Quarterly MDS showed the resident had a terminal diagnosis and received hospice services.</p> <p>A Certificate of Terminal Illness showed Resident 28 started on hospice services on [DATE].</p> <p>Review of the most recent hospice plan of care in Resident 28's record showed it had expired on [DATE]. A recertification visit, dated [DATE], was present in the record but not a copy of the resident's current coordinated plan of care.</p> <p>On [DATE] at 12:03 PM, when asked who the facility designated as the liaison to coordinate and implement hospice residents' plans of care, Staff B, DNS, said that any nurse could communicate and coordinate hospice care and said there was not a specific staff member identified. Staff B then indicated that for further hospice questions Staff X, Registered Nurse, was the best person to speak with.</p> <p>A Hospice care plan, revised [DATE], showed the resident was to receive weekly hospice nurse visits as well as weekly aide visits to provide shower/sponge baths.</p> <p>Review of Resident 28's EHR showed no documentation was present to show what hospice disciplines had visited, when, or what they did. Additionally, it was unclear if the hospice care plan remained accurate as the facility did not have a copy of the resident's current coordinated hospice plan of care.</p> <p>On [DATE] at 12:30 PM, when asked if they could tell what hospice disciplines had visited the resident in the past two weeks, when, and what they did during the visit (e.g. provide bed bath etc.), Staff X said No. Staff X explained that they had identified issues with the communication between hospice and the facility and recently initiated a hospice binder to improve communication but indicated it was in process. Staff X said they had requested hospice aide documentation and hospice nurse after visit summaries. When asked if they could find a current coordinated hospice plan of care for Resident 28, Staff X said no, but indicated they would request it.</p> <p>No Associated WAC</p>		