STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

KEIRO NORTHWEST
NIKKEI MANOR
700 6TH AVE S
SEATTLE, WA 98104

RE: NIKKEI MANOR License # 1186

Dear Administrator:

This letter addresses Compliance Determination(s) 69090 (Completion Date 11/20/2025) and 65133 (Completion Date 09/22/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/20/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2320-1-a, WAC 388-78A-2320-2-a, WAC 388-78A-2320-2-e, WAC 388-78A-2320-3-b, WAC 388-78A-2320-3-d, WAC 388-78A-2320-3-e

The Department staff who did the on-site verification:
Alma Duran, Licensor
Keiko Kitano, Licensor

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site follow-up on 09/04/2025 of:

NIKKEI MANOR
700 6TH AVE S
SEATTLE, WA 98104

This document references the following SOD dated: 09/22/2025

The following sample was selected for review during the unannounced on-site visit: 2 of 38 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensor
Keiko Kitano, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 1186	Compliance Determination #:685133
Plan of Correction	NIKKEI MANOR	Completion Date
Page 2 of 5	Licensee: KEIRO NORTHWEST	09/22/2025

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jamie Singer
Residential Care Services

09/30/2025
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

10/3/25
Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(e) Implementation of the nursing component of each resident's negotiated service agreement; and

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(b) Chapter 18.88A RCW, Nursing assistants;

(d) Chapter 246-841 WAC, Nursing assistants; and

(e) Chapter 246-888 WAC, Medication assistance.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement safe nursing services when non-licensed staff administered medications without nurse delegation (ND) to 2 of 2 sampled residents (Residents 1 and 3). This resulted in non-licensed staff members administering medications without receiving ND and placed Residents 1 and 3 at risk for compromised health conditions.

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services | Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) | Date

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(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(e) Implementation of the nursing component of each resident's negotiated service agreement; and

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(b) Chapter 18.88A RCW, Nursing assistants;

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(e) Chapter 246-888 WAC, Medication assistance.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement safe nursing services when non-licensed staff administered medications without nurse delegation (ND) to 2 of 2 sampled residents (Residents 1 and 3). This resulted in non-licensed staff members administering medications without receiving ND and placed Residents 1 and 3 at risk for compromised health conditions.

Findings included...

NOTE: The Nurse Delegation (ND) Program, under Washington State law, allows nursing assistants (NAs) and Home Care Aides (HCAs) working in certain settings to perform certain tasks--such as administer medications--normally performed only by licensed nurses. A Registered Nurse (RN) must teach and supervise the nursing assistant, as well as provide nursing assessments of the patient's condition.

NOTE: Washington Administrative Code (WAC) 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

Review of a Medication Assistance Policy, dated 05/2025 under the Medication Administration section included, “Only registered nurses (RN) and licensed practical nurses (LPN) in Washington are authorized to provide medication administration.”

Review of the ALF's Disclosure of Services (DOS), updated 10/31/2014, under the section of Intermittent Nursing Services, showed the ALF did not allow nursing assistants (NAs) to administer medications. The DOS showed there would be licensed nurse (LN) coverage for 10 hours a day to administer medications.

RESIDENT 1
Record review showed the ALF admitted Resident 1 on [redacted]/2021 with multiple medical diagnoses including [redacted] and [redacted]. Record review showed Resident 1 was receiving hospice (end of life) care services. Review of the Assessment and Service Plan (ASP - equivalent to a combined Assessment and Negotiated Service Agreement ((NSA)), dated 06/20/2025, showed Resident 1 was receiving medication management from the ALF. An abbreviated NSA dated 06/20/2025, showed, “Medication Administration by Licensed Nurse only.”

Review of the August 2025 electronic Medication Administration Records (eMARs) showed Resident 1 had physician’s orders to receive Carbidopa/Levodopa (used to treat Parkinson's disease) four times a day, acetaminophen twice daily for pain, and a vitamin D3 (supplement) twice daily.

Review of August 2025 eMARs, showed initials of non-licensed Staff E (Medication Technician) to indicate they administered Resident 1’s Carbidopa/Levodopa, acetaminophen, and vitamin D3 at 10:00 AM to Resident 1.

Record review showed Resident 1 had no ND in place.

In an interview, on 09/04/2025 at 10:15 AM, Staff C (Registered Nurse) stated that Staff E worked weekends and should not have administered Resident 1's medications. Staff C stated, "She should know that [Resident 1's] medications should be administered by RNs only according to the NSA."

In an interview, on 09/08/2025 at 3:00 PM, Staff E stated that she administered Resident 1's medications on 08/30/2025 at 10:00 AM. When questioned how she administered the medications, Staff E stated, "First, I check the eMARs, then, I got all three medications, crushed them, mixed in apple sauce, and gave to Resident 1 by mouth."

In an interview, on 09/08/2025 at 4:45 PM, Staff D (Registered Nurse), confirmed that Staff E administered Resident 1's medications without delegations.

RESIDENT 3
Record review showed the ALF admitted Resident 3 on [redacted]/2014 with multiple medical disabling diagnoses including [redacted]. Records showed Resident 3 was receiving hospice (end of life) care services. Review of the NSA, dated 09/07/2025, showed Resident 3 required staff assistance with medication management and "Nurses to administer eye drops."

Review of a Progress Notes (PN), dated 09/01/2025, showed Resident 3 had crusty and puffy upper eyelids with subsequent diagnosis of [redacted]

The PN showed Hospice prescribed medicated polymyxin B eye drops (an antibiotic used to treat bacterial infections of the eyes) to be administered every six hours for five days.

Review of the September 2025 eMAR, from 09/04/2025 through 09/09/2025 at 8:00 PM and 2:00 AM, showed Staff E (MT), Staff F (MT), Staff G (MT), Staff H (MT), and Staff I (MT) administered the medicated eye drops several times to Resident 3.

Record review showed Resident 3 had no ND in place.

During an interview, on 09/08/2025 at 3:00 PM, Staff E stated that MTs had to administer the eye drops to Resident 3 at 8:00 PM and 2:00 AM because there were no nurses on duty after 7:00 PM.

Statement of Deficiencies	License #: 1186	Compliance Determination #: 66133
Plan of Correction	NIKKEI MANOR	Completion Date
Page 5 of 5	Licensee: KEIRO NORTHWEST	09/22/2025

In an interview, on 09/08/2025 at 3:20 PM, Staff C acknowledged that MTs had to administer the eye drops to Resident 3 at 8:00 PM and 2:00 AM because there were no nurses available after 7:00 PM.

In an interview, on 09/09/2025 at10:10 AM, Staff B (Director of Wellness) acknowledged that MTs should not administer medications to residents without ND.

This is an uncorrected citation previously cited on 08/11/2025 and 06/05/2025 and recurring citation under WAC 388-78A-2320 (1)(a)(2)(a)(3)(b) previously cited on 12/26/2023.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, NIKKEI MANOR is or will be in compliance with this law and / or regulation on (Date) ~~11/15/2025~~ 11/6/2025

SB confirmed amended POC date with Provider on 10/6/2025.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) — Date: 10/3/2025

In an interview, on 09/08/2025 at 3:20 PM, Staff C acknowledged that MTs had to administer the eye drops to Resident 3 at 8:00 PM and 2:00 AM because there were no nurses available after 7:00 PM.

In an interview, on 09/09/2025 at10:10 AM, Staff B (Director of Wellness) acknowledged that MTs should not administer medications to residents without ND.

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Plan/Attestation Statement

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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Administrator (or Representative) Date

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site follow-up on 08/04/2025 of:

NIKKEI MANOR
700 6TH AVE S
SEATTLE, WA 98104

This document references the following SOD dated: 08/11/2025

The following sample was selected for review during the unannounced on-site visit: 6 of 37 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensor
Keiko Kitano, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 1186	Compliance Determination # 63576
Plan of Correction	NIKKEI MANOR	Completion Date
Page 2 of 4	Licensee: KEIRO NORTHWEST	08/11/2025

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jamie Singer
Residential Care Services

08/22/2025
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

8/25/2025
Date

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(d) Chapter 246-841 WAC, Nursing assistants; and

(e) Chapter 246-888 WAC, Medication assistance.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement safe nursing services when non-licensed staff administered medications without nurse delegation training to 1 of 1 sampled resident (Resident 1). This placed Resident 1 at risk for compromised health status.

Findings included...

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services | Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

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NOTE: The Nurse Delegation (ND) Program, under Washington State law, allows nursing assistants (NAs) and Home Care Aides (HCAs) working in certain settings to perform certain tasks--such as administer medications--normally performed only by licensed nurses. A Registered Nurse (RN) must teach and supervise the nursing assistant, as well as provide nursing assessments of the patient's condition.

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Review of a Medication Assistance Policy, dated 05/2025 under the Medication Administration section included, “Only registered nurses (RN) and licensed practical nurses (LPN) in Washington are authorized to provide medication administration.”

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Record review showed the ALF admitted Resident 1 on [redacted]/2021 with multiple medical diagnoses including [redacted] and [redacted]. Records showed Resident 1 was receiving hospice (end of life) care services. Review of the Assessment and Service Plan (ASP - equivalent to a combined Assessment and Negotiated Service Agreement (NSA), dated 06/20/2025, showed Resident was receiving medication management from the ALF. Review of an abbreviated (Kardex) NSA dated 06/20/2025, showed, “Medication Administration by Licensed Nurse only.”

Record review showed Resident 1 had no ND in place.

Review of the July and August 2025 electronic Medication Administration Records (eMARs) showed Resident 1 had physician’s orders to receive Carbidopa/Levodopa (used to treat Parkinson's disease) four times a day, acetaminophen twice daily for pain, and a vitamin D3 (supplement) twice daily.

Review of eMARs from 07/20/2025 through 08/04/2025, showed initials of non-licensed Staff members H, I, J, K, L, and M (Resident Caregivers (RCs)), to indicate they administered medications to Resident 1, without proper nurse delegation.

Statement of Deficiencies	License #: 1186	Compliance Determination # 63576
Plan of Correction	NIKKEI MANOR	Completion Date
Page 4 of 4	Licensee: KEIRO NORTHWEST	08/11/2025

In an interview, on 08/04/2025 at 12:15 PM, Staff H (RC) confirmed they administered Resident 1's medications and mixed them in either yogurt, ice cream, or apple sauce.

During an interview, on 08/04/2025 at 2:00 PM, Staff G (Registered Nurse) acknowledged that Resident 1's medications should be administered by RNs only according to the NSA.

This is an uncorrected citation previously cited on 06/05/2025 and recurring citation under WAC 388-78A-2320 (1)(a)(2)(a)(3)(b) previously cited on 12/26/2023.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, NIKKEI MANOR is or will be in compliance with this law and / or regulation on (Date) 8/5/25 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) 8/25/2025 Date

In an interview, on 08/04/2025 at 12:15 PM, Staff H (RC) confirmed they administered Resident 1's medications and mixed them in either yogurt, ice cream, or apple sauce.

During an interview, on 08/04/2025 at 2:00 PM, Staff G (Registered Nurse) acknowledged that Resident 1's medications should be administered by RNs only according to the NSA.

This is an uncorrected citation previously cited on 06/05/2025 and recurring citation under WAC 388-78A-2320 (1)(a)(2)(a)(3)(b) previously cited on 12/26/2023.

Plan/Attestation Statement

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Administrator (or Representative) Date

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 05/20/2025 and 05/22/2025 of:

NIKKEI MANOR
700 6TH AVE S
SEATTLE, WA 98104

The following sample was selected for review during the unannounced on-site visit: 8 of 38 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensor
Keiko Kitano, Licensor

From:
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Statement of Deficiencies	License #: 1186	Compliance Determination # 59984
Plan of Correction	NIKKEI MANOR	Completion Date
Page 2 of 18	Licensee: KEIRO NORTHWEST	06/05/2025

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jamie Singer
Residential Care Services

06/13/2025
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

6/16/25
Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure assessments addressed the required elements for cognitive loss for 3 of 3 sampled residents (Residents 1, 2, and 7). This placed Residents 1, 2, and 7 at risk for not receiving proper care and services related to their cognitive needs and decline.

Findings included...

NOTE: Washington Administration Code 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause: (7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of: (c) Dementia. While screening a resident for dementia, the assisted living facility must: (i) Base any determination that the resident has short-term memory loss upon objective evidence; and (ii) Document the evidence in the resident's record.

RESIDENT 1
Record review showed that the ALF admitted Resident 1 on [redacted]/2021 with multiple

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services _____ Date _____

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Administrator (or Representative) _____ Date _____

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Findings included…

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RESIDENT 1
Record review showed that the ALF admitted Resident 1 on [redacted]/2021 with multiple

diagnoses including [redacted].

Review of Resident 1's records, showed no documentation that a tool was used to annually assess Resident 1's cognitive functioning.

RESIDENT 2
Record review showed that the ALF admitted Resident 2 on [redacted]/2022 with multiple diagnoses, including [redacted].

Review of Resident 2's active records showed no documentation of whether the ALF used a tool to annually evaluate Resident 2 when screening for dementia.

In an interview, on 05/22/2025 at 2:18 PM, Staff G (Director of Wellness) acknowledged that there was no documentation showing the ALF assessed Resident 2's dementia condition by utilizing any test tools.

RESIDENT 7
Record review showed that the ALF admitted Resident 7 on [redacted]/2024 with multiple diagnoses including [redacted].

Review of Resident 7's records, showed no documentation that a tool was used to annually assess Resident 7's cognitive functioning.

During exit interview, on 05/22/2025 at 2:50 PM, Staff G (Director of Wellness) acknowledged the lack of annual assessment related to Resident's 1 and 7 cognitive functioning by utilizing an MMSE or other test tool.

Statement of Deficiencies	License #: 1186	Compliance Determination # 59984
Plan of Correction	NIKKEI MANOR	Completion Date
Page 4 of 18	Licensee: KEIRO NORTHWEST	06/05/2025

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, NIKKEI MANOR is or will be in compliance with this law and / or regulation on (Date) 7/20/25 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) Date 6/16/25

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

This requirement was not met as evidenced by:

Based on interview and record review, Assisted Living Facility (ALF) failed to develop Negotiated Service Agreement (NSA) that clearly defined the roles and responsibilities of private caregivers (PCGs) for 2 of 3 sampled residents (Residents 1 and 3), and failed to ensure that a NSA included an alternate plan for bath aide services from a hospice (care provided to the terminally ill) agency for 1 of 1 sampled resident (Resident 8). This placed Residents 1, 3, and 8 at risk for not having their care and services needs met.

Findings included...

RESIDENT 1
Record review showed the ALF admitted Resident 1 on [redacted] 2021 with multiple medically disabling conditions including [redacted]

Plan/Attestation Statement

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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

This requirement was not met as evidenced by:

Based on interview and record review, Assisted Living Facility (ALF) failed to develop Negotiated Service Agreement (NSA) that clearly defined the roles and responsibilities of private caregivers (PCGs) for 2 of 3 sampled residents (Residents 1 and 3), and failed to ensure that a NSA included an alternate plan for bath aide services from a hospice (care provided to the terminally ill) agency for 1 of 1 sampled resident (Resident 8). This placed Residents 1, 3, and 8 at risk for not having their care and services needs met.

Findings included…

RESIDENT 1
Record review showed the ALF admitted Resident 1 on [redacted]/2021 with multiple medically disabling conditions including [redacted]

[redacted] and [redacted].

Review of the ALF's Resident Characteristic Roster (RCR), dated 05/19/2025, showed Resident 1 had received hospice (end-of-life) care since 07/31/2024, and required total assist with all activities of daily Living (ADL - a term used in healthcare to refer to people's daily self-care activities such as bathing, grooming, ambulation, etc.). The RCR also identified Resident 1 as having a PCG.

In an interview, on 05/21/2025 at 1:15 PM, Staff I (Registered Nurse) stated that Resident 1's PCG comes every day except Sunday from 4:00 PM – 8:00 PM.

Review of Resident 1's combined Assessment and Service Plan (ASP - equivalent to Assessment and Negotiated Service Agreement), dated 06/29/2024, and a Kardex (a documentation system used by nurses to write, organize, and reference key patient information), dated 05/20/2025, showed no information related to the PCG's roles and responsibilities, frequency, hours, and days of the PCG's visits to Resident 1 or an alternate plan for the ALF to provide care should the PCG be unavailable.

RESIDENT 3
Record review showed the ALF admitted Resident 3 on [redacted]/2015 with multiple disabling diagnoses. Review of the RCR, dated 05/19/2025, showed that Resident 3 required maximum assistance with all ADLs including feeding. The RCR also identified Resident 3 as having a PCG.

Record review of a "Private Duty Care Services (PDCS): Family Involvement" form, dated 04/02/2025, showed Resident 1 had a PCG 24 hours, seven days a week (24/7).

In an interview, on 05/22/2025 at 10:03 AM, the PCG confirmed that Resident 3 required 24/7 care including feeding. The PCG stated their service with Resident 3 had been over two years.

Review of Resident 3's ASP, dated 03/11/2025, showed it did not include clear roles and responsibilities of the PCG The A/SP did not include an alternate plan on how the ALF staff would provide care to Resident 3 should the PCG not be available.

RESIDENT 8
Records review showed that the ALF admitted Resident 8 on [redacted]/2023 with multiple diagnoses, and that Resident 8 was admitted into hospice care on 04/03/2025.

Review of an Assessment and Service Plan (ASP, equivalent to a Full Assessment and NSA), dated 04/04/2025, showed that Resident 8 required total assistance for the entire

showering process. The ASP showed the hospice agency would send a bath aide twice a week.

In an interview, on 05/21/2025 at 2:15 PM, Staff I (Registered Nurse) stated that Resident 8 had been receiving bathing services from a hospice bath aide once a week.

Review of the 04/04/2025 ASP showed no back up plan stating what the ALF staff were required to do when the hospice bath aide would not be able to provide necessary care and services for Resident 8.

In an interview, on 05/22/2025 at 2:30 PM, Staff G (Director of Wellness) acknowledged that there was no back up plan documented in Resident 8's ASP.

This is a recurring deficiency WAC 388-78A-2140(2)(a)(b) previously cited on 12/26/2023, and 03/08/2024.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, NIKKEI MANOR is or will be in compliance with this law and / or regulation on (Date) 7/20/25 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) — Date: 6/16/25

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(e) Implementation of the nursing component of each resident's negotiated service agreement; and

showering process. The ASP showed the hospice agency would send a bath aide twice a week.

In an interview, on 05/21/2025 at 2:15 PM, Staff I (Registered Nurse) stated that Resident 8 had been receiving bathing services from a hospice bath aide once a week.

Review of the 04/04/2025 ASP showed no back up plan stating what the ALF staff were required to do when the hospice bath aide would not be able to provide necessary care and services for Resident 8.

In an interview, on 05/22/2025 at 2:30 PM, Staff G (Director of Wellness) acknowledged that there was no back up plan documented in Resident 8's ASP.

This is a recurring deficiency WAC 388-78A-2140(2)(a)(b) previously cited on 12/26/2023, and 03/08/2024.

Plan/Attestation Statement

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Administrator (or Representative) Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(e) Implementation of the nursing component of each resident's negotiated service agreement; and

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(b) Chapter 18.88A RCW, Nursing assistants;

(d) Chapter 246-841 WAC, Nursing assistants; and

(e) Chapter 246-888 WAC, Medication assistance.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed implement a safe nursing services when non-licensed staff administered medications without a nurse delegation program to 1 of 2 sampled residents (Resident 1). This placed Resident 1 at risk for compromised health status.

Findings included...

NOTE: The Nurse Delegation (ND) Program, under Washington State law, allows nursing assistants (NAs) and Home Care Aides (HCAs) working in certain settings to perform certain tasks--such as administer medications--normally performed only by licensed nurses. A Registered Nurse (RN) must teach and supervise the nursing assistant, as well as provide nursing assessments of the patient's condition.

Review of a Medication Assistance Policy, dated 05/2025 under the Medication Administration section included, “Only registered nurses (RN) and licensed practical nurses (LPN) in Washington are authorized to provide medication administration.”

Review of the ALF's Disclosure of Services (DOS), updated 10/31/1014, under the section of Intermittent Nursing Services, showed the ALF did not allow nursing assistants (NAs) to administer medications. The DOS showed there would be licensed nurse (LN) coverage for 10 hours a day to administer medications.

In an interview, on 05/20/2025 at 9:30 AM, Staff G (Director of Wellness) stated the facility had no ND program due to LN coverage seven days a week. Staff G stated that Medication Technicians (MT) only assisted residents with their medication.

Record review showed the ALF admitted Resident 1 on [redacted]/2021 with multiple medical diagnoses including [redacted] and [redacted]. Records showed Resident 1 was receiving hospice (end of life) care services. Review of the Assessment and Service Plan (ASP - equivalent to a combined Assessment and Negotiated Service Agreement), dated 06/29/2024, showed Resident was receiving medication management from the ALF.

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Review of the March, April, and May 2025 electronic Medication Administration Records, showed Resident 1 had physician's orders to receive Carbidopa/Levodopa (used to treat Parkinson's disease) four times a day and a vitamin D3 (supplement) daily.

Observation and interview at breakfast in the dining room, on 05/22/2025 at 8:40 AM, showed Staff J (MT) feeding Resident 1. Staff J was observed holding a medication cup that contained Resident 1's medication mixed with yogurt. Staff J was observed administering the medications (by spoon) into Resident 1's mouth. Staff J stated MT's had been administering Resident 1's medication's daily either mixed in apple sauce or yogurt.

During an interview, on 05/22/2025 at 2:11 PM, Staff G stated that Staff J should not be administering Resident 1's medications without ND.

Plan/Attestation Statement

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Administrator (or Representative) — Date: 6/16/25

WAC 388-78A-2300 Food and nutrition services.

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(ii) Approved by a dietitian; and

(iii) Reviewed and updated as necessary or at least every five years.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to have a diet manual, approved by a dietitian, reviewed, and updated at least every five years. This placed 38 residents at risk of not receiving food that met nutritional standards.

Review of the March, April, and May 2025 electronic Medication Administration Records, showed Resident 1 had physician's orders to receive Carbidopa/Levodopa (used to treat Parkinson's disease) four times a day and a vitamin D3 (supplement) daily.

Observation and interview at breakfast in the dining room, on 05/22/2025 at 8:40 AM, showed Staff J (MT) feeding Resident 1. Staff J was observed holding a medication cup that contained Resident 1's medication mixed with yogurt. Staff J was observed administering the medications (by spoon) into Resident 1's mouth. Staff J stated MT's had been administering Resident 1's medication's daily either mixed in apple sauce or yogurt.

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Findings included...

Record review of a Resident Characteristic Roster, dated 05/19/2025, showed the ALF provided care and services for 38 residents, including three meals per day and snacks.

Review of the dietary manual located in the main kitchen, showed it was last signed and dated in 2017.

In an interview, on 05/22/2025 at 1:00 PM, Staff K (Director of Dining Services) was unaware that the diet manual had to be updated every five years.

Plan/Attestation Statement

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Administrator (or Representative) — Date: 6/16/25

WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(e) Continuing education.

This requirement was not met as evidenced by:

Findings included...

Record review of a Resident Characteristic Roster, dated 05/19/2025, showed the ALF provided care and services for 38 residents, including three meals per day and snacks.

Review of the dietary manual located in the main kitchen, showed it was last signed and dated in 2017.

In an interview, on 05/22/2025 at 1:00 PM, Staff K (Director of Dining Services) was unaware that the diet manual had to be updated every five years.

Plan/Attestation Statement

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Administrator (or Representative) Date

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(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 4 sampled staff members (Staff A and E) met the required long-term care workers training requirements under Washington Administrative Code (WAC) 388-112A. This placed 38 residents at risk of receiving improper care and services from untrained staff members who did not complete the required training and certifications.

Findings included…

SPECIALTY TRAINING

NOTE: WAC 388-78A-2510 - Specialized training for dementia. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with dementia, whenever at least one of the residents in the assisted living facility has a dementia that is the resident's primary special need and has symptoms consistent with dementia as assessed per WAC 388-78A-2090(7).

NOTE: Washington Administrative Code (WAC) 388-78A-2500 - Specialized training for mental illness. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with mental illness, whenever at least one of the residents in the assisted living facility has a mental illness that is the resident's primary special need and is a person who has been diagnosed with or treated for an Axis I or Axis II diagnosis, as described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision.

NOTE: WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Assisted living facilities. (4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within 120 days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within 90 days of completion of basic training.

Record review of ALF's Disclosure of Services, updated on 10/31/2023, showed the ALF accepted residents with diagnoses of [redacted] and [redacted]. Record review of the ALF's Resident Characteristic Roster, dated 05/19/2025, showed 12 residents were identified with [redacted] diagnosis, seven residents were identified with behavior or psychosocial issues, and a sampled resident (Resident 2) with had an active diagnosis of [redacted].

Review of staff records showed that the ALF hired Staff A (Resident Aide/Caregiver ((RA/CG)) on 01/03/2025. Record review of Staff A's employee file showed no certification of specialty training for dementia and mental health within 120 days of

employment.

In an interview, on 05/21/2025 at 11:15 AM, Staff F (Administrator) confirmed Staff A did not have the specialty training for dementia and mental health.

CONTINUING EDUCATION

NOTE: WAC 388-112A-0611 Who is an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed? (1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described in this section. (a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year: (i) A certified home care aide;

Review of staff records showed the ALF hired Staff E (RA/CG) on 02/14/2017. Staff E's birthdate was 12/02. Review of Staff E’s employee file showed they did not complete the required 12 hours of CE credits between their (2023-2024) birthdates.

In an interview, on 05/21/2025 at 11:45 AM, Staff F (Administrator) stated Staff E worked part time at the ALF and would reach out to ask for their CE training hours.

Review of May 2025 staff schedule showed that Staff E worked every Saturday for 16 hours on 05/03/2025, 05/16/2025, 05/17/2025, and 05/24/2025.

In an interview, on 05/22/2025 at 2:00 PM, Staff F confirmed that Staff E did not complete the 12 hour CE training between their birthdates for 2023-2024 renewal cycle.

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Administrator (or Representative) Date 6/16/25

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 2 staff members (Staff A and C) completed the required one step tuberculosis (TB) skin test (TST). This placed 38 residents at risk of exposure to a communicable disease from staff members whose TB status was unknown to the ALF.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-2480 Tuberculosis—Testing—Required.
(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

Record review showed the ALF hired Staff A (Resident Assistant/Caregiver ((RA/CG)) on 01/03/2025. Record review showed Staff A had a documented negative interferon-gamma release assay (IGRA) blood test result on 11/06/2024. Record review showed that the ALF did not perform a one-step TST for Staff A following a documented history of a negative blood test result within three days of employment.

Record review showed the ALF hired Staff C (RA/CG) on 07/23/2024. Record review showed Staff C had a documented negative IGRA blood test result on 03/27/2024. Record review showed that the ALF did not complete a one-step TST for Staff C

Plan/Attestation Statement

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Administrator (or Representative) Date

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(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 2 staff members (Staff A and C) completed the required one step tuberculosis (TB) skin test (TST). This placed 38 residents at risk of exposure to a communicable disease from staff members whose TB status was unknown to the ALF.

Findings included…

NOTE: Washington Administrative Code (WAC) 388-78A-2480 Tuberculosis—Testing—Required. (1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

Record review showed the ALF hired Staff A (Resident Assistant/Caregiver ((RA/CG)) on 01/03/2025. Record review showed Staff A had a documented negative interferon-gamma release assay (IGRA) blood test result on 11/06/2024. Record review showed that the ALF did not perform a one-step TST for Staff A following a documented history of a negative blood test result within three days of employment.

Record review showed the ALF hired Staff C (RA/CG) on 07/23/2024. Record review showed Staff C had a documented negative IGRA blood test result on 03/27/2024. Record review showed that the ALF did not complete a one-step TST for Staff C

following a documented history of a negative blood test blood test result within three days of employment.

In an interview, on 05/22/2025 at 2:10 PM, Staff F (Administrator) confirmed the lack of a one-step TB skin test for Staff A and Staff C.

Plan/Attestation Statement

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Administrator (or Representative) Date 4/16/25

WAC 388-78A-2850 Required reviews of building plans.

(1) A person or assisted living facility must notify construction review services of all planned construction regarding an assisted living facility prior to beginning work on any of the following:

(b) An addition of, or modification or alteration to an existing assisted living facility, including, but not limited to, the assisted living facility's:

(ii) Electrical fixtures or systems;

(iii) Mechanical equipment or systems;

This requirement was not met as evidenced by:

Based on observation, interviews, and record review, the Assisted Living Facility (ALF) failed to notify Construction Review Services (CRS) prior to installing air conditioning system (ACS) in the hallways. This failure placed 38 residents at risk for adverse impacts during construction and diminished quality of life.

Findings Included...

Note: Washinton Administrative Code (WAC) 388-78A-2821 Design, construction review, and approval plans. (2) The assisted living facility will meet the following requirements: (b) Construction document review. Submit construction documents for proposed new

following a documented history of a negative blood test blood test result within three days of employment.

In an interview, on 05/22/2025 at 2:10 PM, Staff F (Administrator) confirmed the lack of a one-step TB skin test for Staff A and Staff C.

Plan/Attestation Statement

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Administrator (or Representative) Date

WAC 388-78A-2850 Required reviews of building plans.

(1) A person or assisted living facility must notify construction review services of all planned construction regarding an assisted living facility prior to beginning work on any of the following:

(b) An addition of, or modification or alteration to an existing assisted living facility, including, but not limited to, the assisted living facility's:

(ii) Electrical fixtures or systems;

(iii) Mechanical equipment or systems;

This requirement was not met as evidenced by:

Based on observation, interviews, and record review, the Assisted Living Facility (ALF) failed to notify Construction Review Services (CRS) prior to installing air conditioning system (ACS) in the hallways. This failure placed 38 residents at risk for adverse impacts during construction and diminished quality of life.

Findings Included…

Note: Washinton Administrative Code (WAC) 388-78A-2821 Design, construction review, and approval plans. (2) The assisted living facility will meet the following requirements: (b) Construction document review. Submit construction documents for proposed new

construction to the department for review within ten days of submission to the local authorities. Compliance with these standards and regulations does not relieve the facility of the need to comply with applicable state and local building and zoning codes. The construction documents must include: (i) A written functional program consistent with WAC 388-78A-2361 containing, but not limited to, the following: (B) An interim life safety measures plan to ensure the health and safety of occupants during construction; (C) An infection control risk assessment indicating appropriate infection control measures, keeping the surrounding area free of dust and fumes, and ensuring rooms or areas are well ventilated, unoccupied, and unavailable for use until free of volatile fumes and odors;

On 05/20/2025 at 10:17 AM, an environmental tour of the ALF on was conducted with Staff L (Director of Maintenance). Staff L stated that they installed four new ACS on the 2nd floor and 3rd floor on the East and North section of the ALF during the summer of 2024. When questioned if there was CRS notification or approval, Staff L stated he would inquire with the outside constructors who installed the ACS.

On 05/28/2025, review of the Department of Health (DOH) CRS website, showed no application or pending application to install the ALF's ACS.

In an interview, dated 05/28/2025 at 10:00 AM, Collateral Contact 1 (DOH-CRS Representative) stated that installation of ACS in the ALF required CRS approval.

In an interview, on 05/28/2025 at 4:54 PM, Staff F (Administrator) confirmed CRS had not been notified prior to installing the ACS.

Plan/Attestation Statement

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Administrator (or Representative) 6/16/25 Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

construction to the department for review within ten days of submission to the local authorities. Compliance with these standards and regulations does not relieve the facility of the need to comply with applicable state and local building and zoning codes. The construction documents must include: (i) A written functional program consistent with WAC 388-78A-2361 containing, but not limited to, the following: (B) An interim life safety measures plan to ensure the health and safety of occupants during construction; (C) An infection control risk assessment indicating appropriate infection control measures, keeping the surrounding area free of dust and fumes, and ensuring rooms or areas are well ventilated, unoccupied, and unavailable for use until free of volatile fumes and odors;

On 05/20/2025 at 10:17 AM, an environmental tour of the ALF on was conducted with Staff L (Director of Maintenance). Staff L stated that they installed four new ACS on the 2nd floor and 3rd floor on the East and North section of the ALF during the summer of 2024. When questioned if there was CRS notification or approval, Staff L stated he would inquire with the outside constructors who installed the ACS.

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement systems to promote safe medication services for 1 of 1 sampled resident (Resident 2) who required staff assistance with medications. This resulted in Resident 2 not receiving blood pressure (BP) medications as prescribed and placed Resident 2 at risk for compromised health conditions.

Findings included…

Records review showed the ALF admitted Resident 2 on [redacted]/2022 with multiple diagnoses including [redacted]. Review of Resident 2's Assessment and Service Plan (ASP, equivalent to a Full Assessment and Negotiated Service Agreement), dated 05/16/2025, showed that Resident 2 required staff assistance with medication services.

Review of Resident 2’s March, April, and May 2025 electronic Medication Administration Records (eMARs) showed Resident 2 was prescribed multiple medications, including Losartan (used to treat high blood pressure) once a day, and Metoprolol (used to treat high blood pressure) twice daily, at 8:30 AM and at 5:00 PM. The eMARs showed that Resident 2’s physician ordered that Losartan and Metoprolol be held when their systolic BP (high reading of BP) was lower than 110 OR pulse/heart rates (PR/HR) were lower than 60.

In an interview, on 05/22/2025 at 8:58 AM, Staff J (Medication Resident Caregiver((MRC)) stated that MRCs were required to take BP and PR/HR before giving BP medications to Resident 2 and to follow the instructions for the BP and PR/HR parameters in the eMARs.

Review of the March, April, and May 2025 eMARs showed that the ALF MRCs, on multiple occasions, did not hold Losartan and Metoprolol when Resident 2's PR/HR were lower than 60. In March 2025, Losartan and both the 8:30 AM and 5:00 PM doses of Metoprolol were not held as ordered three times. In April 2025, Losartan and the 8:30 AM dose of Metoprolol were not held as ordered four times, and the 5:00 PM dose of Metoprolol was not held twice. In May 2025, Losartan and the 8:30 AM dose of Metoprolol were not held as ordered once and the 5:00 PM dose of Metoprolol was not held twice.

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Plan of Correction	NIKKEI MANOR	Completion Date
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In an interview, on 05/21/2022 at 2:07 PM, Staff G (Director of Wellness) stated that she was not aware that Resident 2 was receiving medications outside of physician ordered parameters. After reviewing the May 2025 eMARs, Staff G acknowledged that MRCs should have held the BP medications when Resident 2's PR/HR rates were lower than 60.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, NIKKEI MANOR is or will be in compliance with this law and / or regulation on (Date) 7/20/25 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) Date 6/16/25

WAC 388-78A-2170 Required assisted living facility services.

(1) The assisted living facility must provide housing and assume general responsibility for the safety and well-being of each resident, as defined in this chapter, consistent with the resident's assessed needs and negotiated service agreement.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Assisted Living Facility (ALF) failed to ensure proper and safe installation of side bed rails (SBR) for 1 of 1 sampled resident (Resident 4). This failure placed Resident 4 at risk for serious bodily harm, including death from entrapment from a bed mobility device.

Findings included...

Review of the United States Food and Drug Administration (FDA) website, on 05/19/2025, showed the FDA developed a document regarding side bed rail use in health care facilities titled, "A Guide to Bed Safety." The document outlined the importance of frequent assessment to monitor a resident's physical and mental status, monitoring high risk residents, and ensuring safe installation of side bed rails. The document outlined risks of using side rails including strangulation, suffocation, bodily injury, or death when a person could get caught, an increased fall risk if not used properly, and feelings of isolation and unnecessary restriction and being prevented from

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completing activities of daily living.

Review of the FDA website, on 05/19/2025, showed specific measurements for side bed rail safety in a posting titled, “Overview of the U.S. food and drug administration’s potential zones of bed entrapment.” The overview specified the following information:

ZONE 1: Within the Rail - any open space between the perimeters of the rail can present a risk of head entrapment. FDA recommended space: less than 4 34 inches (“).

Record review showed that the ALF admitted Resident 4 on [redacted]/2023 with multiple diagnoses. Review of Resident 4’s Assessment and Service Plan (ASP, equivalent to a Negotiated Service Agreement), dated 01/10/2025, showed that Resident 4 had been using a mobility rail on the right side, at the head of the bed.

Observation with Staff G (Director of Wellness), on 05/22/2025 at 11:10 AM, showed two SBRs (SBR-1 and SBR-2) on the right side of the bed in Resident 4’s apartment. Observation showed a metal bar in the middle of the SBR-1, and an open space/gap from the top bar to the middle bar that measured 17 inches (”) in length and 5” high. There was no protection from the gap of the SBR-1. Observation showed a gap between the side edge of the headboard of the bed and the SBR-1 measured 6’’.

Observation with Staff G, on 05/22/2025 at 11:10 AM, showed that the SBR-2 was inserted under the mattress near the foot of the bed. An open space/ gap inside of the SBR-2 measured 10.5” in length and 13” high. There was no protection from the gap of the SBR-2. Observation showed that a gap from the mattress to the SBR-2 measured 4”. The SBR-2 was not securely attached to the bed frame, and when it was pulled outward, the gap increased to 9”.

Review of an Enabler/Side Rail Assessment (E/SRA), dated 01/10/2025, under the section of Risk of Rail Entrapment, showed that a gap within the SBR should be less than 4 ¾” and a gap between the SBR and the mattress should be less than 4 ¾”. Review of the E/SRA showed that the ALF noted that the open space inside of the SBR-1 measured 9” in length and 3” high; a gap between the headboard and the SBR measured 2”. The ESRA showed that the SBR-2 was connected to the bed frame, and an open space/gap inside of the SBRA measured 8” in length and 3” high.

In an interview, on 05/22/2025 at 11:10 AM, Staff G confirmed that the open spaces inside the SBR-1 and SBR-2 were larger than the ALF’s measurements and acknowledged there was no protection from the gaps within the SBR-1 and SBR-2. Staff G stated that the SBR-2 was not a safe device for Resident 4 because it was not securely attached to the bed frame.

Statement of Deficiencies	License #: 1186	Compliance Determination # 59984
Plan of Correction	NIKKEI MANOR	Completion Date
Page 18 of 18	Licensee: KEIRO NORTHWEST	06/05/2025

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, NIKKEI MANOR is or will be in compliance with this law and / or regulation on (Date) 7/20/25 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) Date 4/16/25

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