# SEQUIM BAY POST ACUTE

Report ID: CCN 505128
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## § 1 Facility Identity

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|---|---|
| Facility | SEQUIM BAY POST ACUTE |
| CCN | 505128 |
| Location | 650 WEST HEMLOCK ST, SEQUIM, WA, 98382 |
| Ownership type | For profit - Limited Liability company |
| Certified beds | 100 |

## § 2 CMS Federal Record

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|---|---|
| Civil money penalties on file | $61,263 |
| Deficiency citations — current cycle | 13 ( 13% vs prior 24 months (15)) |
| Deficiency citations — prior 24 months | 15 |
| Immediate Jeopardy — current cycle | 0 |
| Actual-harm (G+) citations — current cycle | 1 |
| Special Focus Facility status | Not listed |
| Abuse icon | No |

## § 3 Federal Penalties in Context

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| This facility — penalties on file | $61,263 |
| WA state average | $54,992 (this facility is 1.1× the WA average) |
| National average | $31,239 (this facility is 2.0× the national average) |

Averages are CMS-published per-facility fine amounts for the same snapshot. Figures and multiples are stated as published; no inference is drawn here.

## § 4 Current-Cycle Deficiencies

The current survey cycle records the following 13 federal deficiency citations (CMS F-tags). Scope/severity is CMS's own A–L grade; "Immediate Jeopardy" is CMS's most serious classification.

| F-TAG | FINDING (CMS) | SCOPE/SEV. | SOURCE |
|---|---|---|---|
| F686 | Provide appropriate pressure ulcer care and prevent new ulcers from developing. | G | Complaint |
| F727 | Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. | F | Standard survey |
| F645 | PASARR screening for Mental disorders or Intellectual Disabilities | E | Standard survey |
| F658 | Ensure services provided by the nursing facility meet professional standards of quality. | E | Standard survey |
| F684 | Provide appropriate treatment and care according to orders, resident’s preferences and goals. | E | Standard survey |
| F580 | Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. | D | Complaint |
| F656 | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. | D | Complaint |
| F585 | Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. | D | Complaint |
| F656 | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. | D | Complaint |
| F842 | Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. | D | Complaint |
| F657 | Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. | D | Standard survey |
| F745 | Provide medically-related social services to help each resident achieve the highest possible quality of life. | D | Standard survey |

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|---|---|---|---|
| F825 | Provide or get specialized rehabilitative services as required for a resident. | D | Standard survey |

## § 5 Ownership & Chain Context

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| Ownership record | Chain: KALESTA HEALTHCARE GROUP (17 facilities); Owner on file: KALESTA HEALTHCARE GROUP, LLC (organization) |
| Ownership chain | KALESTA HEALTHCARE GROUP (17 facilities) |
| Penalties vs chain average | $61,263 vs $41,023 (1.5× the chain average) |
| Current deficiencies vs chain average | 13 vs 22.3 (0.6× the chain average) |

## § 6 CMS Care Compare Star Ratings

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|---|---|
| Overall | 3 / 5 (state avg 3.3 · US avg 3) |
| Health inspection | 3 / 5 (state avg 2.9 · US avg 2.8) |
| Staffing | 3 / 5 (state avg 3.5 · US avg 2.9) |
| Quality measures (QM) | 4 / 5 (state avg 4.1 · US avg 3.7) |

## § 7 Record Provenance

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| CMS data as of | Jun 2026 |
| Independent verification | https://www.medicare.gov/care-compare/details/nursing-home/505128 |
| Snapshot SHA-256 | df9899371a7e10fe740c8c2aff303c16d35797e5fce51388db52a62a9ab9f69a |
| Methodology & version | v1.0 — https://www.caregiverhelpnow.com/methodology |

## § 8 For Your Attorney

1. The full survey file (Form 2567) for each inspection cited above is available from the state survey agency or by FOIA request.
2. Quarterly staffing data: CMS Payroll-Based Journal (PBJ) public use files, CCN 505128.
3. Cite this snapshot as “CMS Care Compare, as of Jun 2026” — integrity hash df9899371a7e.
4. Deficiency F-tags cited above are searchable in CMS QCOR (qcor.cms.gov).

This snapshot is a frozen record of CMS Care Compare data as of Jun 2026. Independently verifiable at the URL above. Generated by CareSentinel under Nodal Logics LLC. Compiled under CareSentinel methodology v1.0, documented at https://www.caregiverhelpnow.com/methodology; the Snapshot SHA-256 above pins this record to that methodology version.

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