

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2025
NAME OF PROVIDER OR SUPPLIER Avamere Rehabilitation of Shoreline		STREET ADDRESS, CITY, STATE, ZIP CODE 1250 Northeast 145th Street Seattle, WA 98155	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35787</p> <p>Based on interview and record review, the facility failed to report an allegation of sexual abuse for 1 of 3 residents (Resident 1), reviewed for abuse reporting. The facility's failure to report an allegation of sexual abuse to the state agency and to law enforcement placed Resident 1 and other residents at risk for repeated incidents and unidentified abuse.</p> <p>Findings included .</p> <p>Review of the Nursing Home Guidelines, The Purple Book, dated October 2015 (sixth edition) showed, Abuse-Sexual, means any form of non-consensual conduct, including but not limited to, unwanted or inappropriate touching. It further showed that sexual contact may include interactions that do not involve touching including, but not limited to, sending sexually explicit messages, cueing, or encouraging a resident to perform sexual acts.</p> <p>Review of the facility's Abuse Policy titled, Freedom from Abuse, Neglect, Exploitation and Misappropriation of Resident Property, dated September 2022, showed mandated (required) reporters are to immediately report all alleged violations to the Administrator, state agency and all other required agencies (law enforcement) within specified timelines when they have a reasonable suspicion of abuse; no later than 24 hours if the events that cause the suspicion do not result in bodily injury.</p> <p>Review of the quarterly Minimum Data Set (a required assessment) dated 01/14/2025 showed Resident 1 was readmitted to the facility on [DATE] had intact memory and thinking.</p> <p>Review of the investigation report dated 03/21/2025, showed that Resident 1 reported to a medical provider during a visit in the facility that day that around Christmas [December 2024] time Resident 2 came into their room (that was shared with a roommate) and exposed and fondled their private area in front of them, they yelled and then a staff came and removed Resident 2 from their room. Resident 1 stated Resident 2 had a room across the hall from them.</p> <p>Review of the facility's December 2024 incident log did not show the sexual allegation was documented on the incident log or that it had been reported to the state agency.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2025
NAME OF PROVIDER OR SUPPLIER Avamere Rehabilitation of Shoreline		STREET ADDRESS, CITY, STATE, ZIP CODE 1250 Northeast 145th Street Seattle, WA 98155	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/11/2025 at 12:08 PM, Resident 1 stated that around Christmas time last year, Resident 2 came into their room, stood in front of them, exposed their private area and fondled in front of them. Resident 1 then said, they yelled and screamed very loudly, and staff came and removed Resident 2 from their room. Resident 1 then said Resident 2 never touched them.</p> <p>In an interview on 04/11/2025 at 12:48 PM Staff C, Licensed Practical Nurse (LPN), stated that they thought it was reported to the state agency, and thought everything had been done, so they did not do anything.</p> <p>In an interview on 04/11/2025 at 1:22 PM Staff D, LPN, stated, I heard about it, but I thought everything had been done. I thought the Director of Nursing Services [DNS] during that time had reported it. I did not know they did not report it.</p> <p>In an interview on 04/11/2025 at 1:40 PM, Staff B, DNS, stated I did not work here in December of 2024, Resident 1's medical provider told me about the allegation on 03/21/2025 and I immediately reported it to the state agency and initiated an investigation. I did not call the law enforcement because it happened so long ago, back in December of 2024.</p> <p>In an interview on 04/11/2025 at 1:43 PM Staff A, Administrator, stated, I had just started to work here around that time. I do not remember too much about it. I thought it had been reported to the state agency and that law enforcement had been called when Resident 1 made the allegation in December 2024.</p> <p>Reference: (WAC) 388-97-0640 (5)(a)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2025
NAME OF PROVIDER OR SUPPLIER Avamere Rehabilitation of Shoreline		STREET ADDRESS, CITY, STATE, ZIP CODE 1250 Northeast 145th Street Seattle, WA 98155	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35787</p> <p>Based on interview and record review, the facility failed to ensure an allegation of sexual abuse was investigated timely for 1 of 3 residents (Resident 1), reviewed for abuse investigations. This failure placed the residents at risk for repeated incidents, unidentified abuse, and a diminished quality of life.</p> <p>Review of the Nursing Home Guidelines, The Purple Book, dated October 2015 (sixth edition) showed, Abuse-Sexual, means any form of non-consensual conduct, including but not limited to, unwanted or inappropriate touching. It further showed that sexual contact may include interactions that do not involve touching including, but not limited to, sending sexually explicit messages, cueing, or encouraging a resident to perform sexual acts.</p> <p>Review of the facility's Abuse Policy titled, Freedom from Abuse, Neglect, Exploitation and Misappropriation of Resident Property, dated September 2022, showed, as soon as a report of an alleged or suspected abuse/neglect is received, the investigation shall begin to rule out or identify abuse, neglect, exploitation and misappropriation of resident property.</p> <p>Review of the quarterly Minimum Data Set (a required assessment) dated 01/14/2025 showed Resident 1 was readmitted to the facility on [DATE] had intact memory and thinking.</p> <p>Review of the investigation report dated 03/21/2025, showed that Resident 1 reported to a medical provider during a visit in the facility that day that around Christmas [December 2024] time Resident 2 came into their room (that was shared with a roommate) and exposed and fondled their private area in front of them, they yelled and then a staff came and removed Resident 2 from their room. Resident 1 stated Resident 2 had a room across the hall from them.</p> <p>In an interview on 04/11/2025 at 12:08 PM Resident 1 stated, around Christmas time last year Resident 2 came into their room, stood in front of them, exposed and fondled their private area in front of them. Resident 1 then said, they yelled and screamed very loudly, and staff came and removed Resident 2 from their room.</p> <p>In an interview on 04/11/2025 at 12:48 PM Staff C, Licensed Practical Nurse (LPN), stated, I thought the allegation of sexual abuse had been investigated for Resident 1. I did not know it was not investigated in December of 2024.</p> <p>In an interview on 04/11/2025 at 1:22 PM Staff D, LPN, stated, I heard about it, but I thought everything had been done. I thought the Director of Nursing Services [DNS] during that time had investigated Resident 1's allegation of sexual abuse.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2025
NAME OF PROVIDER OR SUPPLIER Avamere Rehabilitation of Shoreline		STREET ADDRESS, CITY, STATE, ZIP CODE 1250 Northeast 145th Street Seattle, WA 98155	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/11/2025 at 1:40 PM Staff B, DNS, stated, I did not work here in December of 2024, Resident 1's medical provider told me about the allegation on 03/21/2025 and I immediately went to interview Resident 1. I initiated an investigation of the allegation that was reported in December of 2024 on 03/21/2025. Resident 1 told me they were not touched by Resident 2. I interviewed a couple of staff, and they told me that Resident 2 was monitored by staff on a 1:1 [one on one] basis until they were discharged the next day. I did not interview any other residents about the allegation, I realize now that I should have, even though this allegation occurred in December 2024, this was not a complete investigation of the allegation of Resident 1's sexual abuse.</p> <p>In an interview on 04/11/2025 at 1:43 PM, Staff A, Administrator, stated that the investigation of the allegation of sexual abuse by Resident 1 was not completed timely and that it should have been investigated in December 2024 when it was reported by Resident 1. Staff A further stated the investigation that was conducted on 03/21/2025 was not a complete investigation, and that it should have included interviews from other residents and staff about the allegation of sexual abuse.</p> <p>Reference: (WAC) 388-97-0640 (6)(a)</p>		