

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505042	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/21/2025
NAME OF PROVIDER OR SUPPLIER Ballard Center		STREET ADDRESS, CITY, STATE, ZIP CODE 820 Northwest 95th Street Seattle, WA 98117	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</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 effective pest control system was in place for 2 of 3 residents (Residents 1 & 2), reviewed for pest control. This failure placed the residents at risk for unsafe living conditions, emotional distress and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's Pest Control Policy, revised on May 2008, showed, Our facility shall maintain an effective pest control program. Policy Interpretation and Implementation: This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.</p> <p>RESIDENT 1</p> <p>Review of the Significant change in Status Minimum Data Set (MDS- an assessment tool) dated 12/31/2024 showed Resident 1 readmitted to the facility on [DATE] and required a foley catheter (a tube used to drain urine from the bladder) due to body paralysis from waist down.</p> <p>Review of a nursing progress note dated 02/03/2025 showed Resident 1 requested to go to the hospital on 02/03/2025 for evaluation and treatment of pain and was transported to the hospital emergency roiaognom on [DATE]. Further review of the nursing progress notes showed the resident was in the 200 nursing unit.</p> <p>Review of hospital records dated 02/03/2025 showed when the emergency medical transport staff arrived at the facility to transport Resident 1 to the emergency room , insects (ants) were noted on their foley catheter.</p> <p>RESIDENT 2</p> <p>Review of the quarterly MDS assessment dated [DATE] showed Resident 2 was readmitted to the facility on [DATE].</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/03/2025 at 1:58 PM Collateral Contact (CC1), stated that during a visit on 04/02/2025, while Resident 2 was in bed, they saw ants that crawled all over Resident 2 and the bed was infested with ants that were in their clothes and on their skin. CC1 further stated they saw ants in the room of Resident 2 about two weeks prior to the visit on 04/02/2025 and that they told the staff both times.</p> <p>Review of a service request form dated 01/20/2025 showed ants were on the call button cord and the bed in a resident room on the 400 nursing unit. Review of another service request form dated 03/15/2025 and 04/02/2025 showed ants were in a resident room on the 500 nursing unit.</p> <p>In an interview on 04/21/2025 at 2:32 PM, Staff C, Housekeeping Supervisor, stated the housekeepers reported about two weeks ago that they saw ants in the 200, 300, 400 and 500 nursing units. Staff C further stated they told maintenance and Staff A, Administrator, about the ants on the nursing units.</p> <p>In an interview on 04/21/2025 at 4:36 PM, Staff A stated the pest control service may need to be increased to stop the ants from entering the facility.</p> <p>Reference: (WAC) 388-97-3360(1)</p>		