

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 05/08/2025
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 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 2 of 3 residents (Resident 1 & Resident 2), reviewed for abuse reporting. The facility's failure to report an allegation of sexual abuse to law enforcement placed the 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, Abuse Investigating and Reporting, revised in July 2017, showed, all alleged violations involving abuse will be reported by the facility Administrator or his/her designee to the following persons or agencies: local law enforcement officials. An alleged violation of abuse will be reported immediately but no later than two hours if the alleged violation involves abuse.</p> <p>RESIDENT 1</p> <p>Review of the significant change in status Minimum Data Set (MDS-a required assessment) dated 03/28/2025 showed Resident 1 was readmitted to the facility on [DATE] and had intact thinking/memory and required assistance with care.</p> <p>Review of the investigation report dated 04/08/2025, showed that Resident 1 reported to Staff C, Therapist, on 04/07/2025 that during the night while they received care for toileting, two African American males tickled them and made them feel uncomfortable. Resident 1 also reported that the men told them that they would make them feel good.</p> <p>In an interview on 05/08/2025 at 12:42 PM, Staff E, Director of Rehabilitation, stated they discussed Resident 1's allegation of sexual abuse with Staff C. Staff E further stated they informed Staff A (Administrator) of Resident 1's allegation of sexual abuse on 04/07/2025.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>RESIDENT 2</p> <p>Review of the significant change in status MDS dated [DATE] showed Resident 2 was admitted to the facility on [DATE] and had impaired thinking/memory and required assistance with care.</p> <p>Review of the investigation report dated 04/11/2025 showed Resident 2 reported to Staff D, Physical Therapist, that a staff member took them to the bathroom and was sexually inappropriate with them.</p> <p>In an interview on 05/08/2025 at 1:00 PM, Staff D stated that they reported Resident 2's allegation of sexual abuse to Staff A on 04/11/2025.</p> <p>In an interview on 05/08/2025 at 3:20 PM, Staff B, Director of Nursing Services, stated they followed the Purple Book guidelines and that they should report allegations of sexual abuse to law enforcement.</p> <p>In an interview on 05/08/2025 at 4:42 PM, Staff A stated they were aware of the allegations of sexual abuse for Resident 1 and Resident 2 and the allegations should have been reported to law enforcement. Staff A further stated that the allegations were not reported to law enforcement for Resident 1 or Resident 2.</p> <p>Reference: (WAC) 388-97-0640 (5)(a)</p>		