STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505059	A. Building B. Wing	07/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Panorama City Conv & Rehab Ctr	1600 Sleater Kinney Road SE Lacey, WA 98503

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to report allegations of abuse and injuries of unknown origin timely to the State Agency for 2 of 3 residents (Resident 1 & 2) reviewed for abuse and injuries of unknown origin. This failure placed residents at risk for repeated incidents, unmet care needs and unidentified abuse and/or neglect. Findings included .<Resident 1>Resident 1 was admitted to the facility on [DATE] with diagnoses including cerebral vascular accident (A stroke) and neurological disorder. The Minimum Data Set (MDS), an assessment tool, dated 05/18/2025, documented Resident 1 had moderate cognitive impairment and was dependent on staff with some activities of daily living (ADLs).Progress notes, dated 06/13/2025, documented during a physician's examination, Resident 1 was found with healing fractures of the right second, third, fourth, and fifth ribs. No source of the injury was identified in the progress notes.The facility investigation, dated 06/13/2025, was blank.The facility submitted the allegation to the State Agency on 06/19/2025.On 07/18/2025 at 1:20 pm, Staff B, registered nurse and Director of Nursing, verified the allegation was not reported timely and said allegations should be reported within 24 hours. <Resident 2>Resident 2 was admitted to the facility on [DATE] with diagnoses including Parkinson's disease. The MDS, dated [DATE], documented Resident 2 had moderate cognitive impairment and was dependent on staff with some ADLs.Progress notes, dated 06/10/2025, documented at noon of the same day Resident 2 reported an allegation of sexual abuse by staff. Resident 2 reported a staff member told the resident he loved the resident, stating they were beautiful then showed Resident 2 his penis.Progress notes, dated 06/11/2025 at 5:13 pm, documented after completing investigation, [Resident 2's] accusation was called in to the state.On 07/18/2025 at 1:20 pm, Staff B said all staff are mandated reporters and the allegation should have been reported timely. Staff B said allegations should be reported within 24 hours to the State Agency. Reference WAC 388-97-0640(5)(a) (6)(c)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505059	A. Building B. Wing	07/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to complete a thorough investigation to rule out abuse or injuries of unknown origin for 2 of 3 residents (1 & 3) reviewed for abuse or injuries of unknown origin. Failure to conduct a thorough investigation placed the residents at risk for unidentified abuse or neglect, poor clinical outcomes and a decreased quality of life. Findings included .<Resident 1>Resident 1 was admitted to the facility on [DATE] with diagnoses including cerebral vascular accident (A stroke) and neurological disorder. The Minimum Data Set (MDS), an assessment tool, dated 05/18/2025, documented Resident 1 had moderate cognitive impairment and was dependent on staff with some activities of daily living (ADLs).Right shoulder dislocationThe facility investigation, dated 05/14/2025, documented Resident 1 was found to have an anterior subluxation of the glenohumeral joint (a dislocation of the shoulder). Resident 1 required surgery for the injury. The investigation did not reveal a source of the injury. The investigation did not include interviews from the resident, staff who cared for the resident, or other residents.Right rib fracturesProgress notes, dated 06/13/2025, documented Resident 1 was found healing fractures of lateral right second, third, fourth, and fifth ribs during a physician's examination. No source of the injury was identified in the progress notes.The facility investigation, dated 06/13/2025, was blank. The investigation did not reveal a source of the injury. The investigation did not have a summary of the timeline of the injury. The investigation did not include interviews from the resident, staff who cared for the resident, or other residents.On 07/18/2025 at 1:20 pm, Staff B, registered nurse and Director of Nursing, said he never thought of interviewing other residents with allegations such as Resident 1's. Staff B said there should be staff interviews. <Resident 3>Resident 3 was admitted to the facility on [DATE] with diagnoses including dementia and mood disturbances. The MDS, dated [DATE], documented Resident 3 had moderate cognitive impairment and was dependent on staff with some ADLs.The facility investigation, dated 06/19/2025, documented Resident 3 reported a staff member made comments about the resident's body calling them fat and saying the resident had a big, beautiful booty. The investigation did not include interviews with a sample of residents for whom the named staff member provided care.On 07/18/2025 at 1:20 pm, Staff B said the investigation should include interviews with sample residents. Reference WAC 388-97--0640 (6)(a)(b)