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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>505080  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>06/25/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Life Care Center of Kennewick  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1508 West Seventh Avenue<br>Kennewick, WA 99336 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |  |  |
| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on interview and record review, the facility failed to protect the resident's right to be free from verbal abuse for 1 of 3 residents (Resident 1) reviewed for abuse/neglect. This failure placed the residents at risk of experiencing fear, intimidation, mental anguish, and emotional distress.</p> <p>Findings included .</p> <p>Review of the Washington State guidance titled, Nursing Home Guidelines - The Purple Book, dated October 2015, showed verbal abuse was the use of oral, written or gestured language that willfully includes threats . within hearing distance of any resident regardless of their age, ability to comprehend, or disability; threats of harm; saying things to frighten a resident.</p> <p>Review of a policy titled, Abuse - Identification of Types, reviewed 05/06/2025, showed verbal abuse included the use of oral, written, or gestured communication or sounds, to residents within hearing distance, regardless of age, ability to comprehend, or disability. Examples of verbal abuse included threatening residents, depriving a resident of care or withholding a resident from contact with family and friends.</p> <p>&amp;lt;Resident 1&amp;gt;</p> <p>Review of the medical record showed Resident 1 was admitted to the facility with diagnoses including Fragile X syndrome (a genetic condition that causes intellectual disability, developmental delays, and characteristic physical features), bipolar disorder (a mental health condition characterized by shifts in mood, energy, and activity levels), and anxiety disorder. The 06/21/2025 comprehensive assessment showed Resident 1 required partial assistance of one staff member for dressing, independent with eating, toileting, and personal hygiene. The assessment also showed Resident 1 had a memory problem and had some difficulty with daily decision making.</p> <p>Record review of an investigation dated 05/25/2025, showed Resident 1 had requested their medication from Staff B, Licensed Practical Nurse. Staff B told Resident 1 they would have to wait because another resident was having a medical emergency. Resident 1 obtained a partial bottle of soda from their room, returned to the medication cart, and threw it at Staff B's head. Staff B told Resident 1 they committed assault and were going to jail. Resident 1 went outside after the incident to get some air and ultimately eloped from the facility. The investigation showed Resident 1 stated I just started focusing on Staff B saying I assaulted them and could go to jail, and I just left.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE     | (X6) DATE                            |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                   | Event ID: | Facility ID:<br>505080               |
|   |           | If continuation sheet<br>Page 1 of 2 |

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| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During an interview on 06/24/2025 at 12:30 PM, Resident 1's Representative (RR) stated there was a nurse at the facility that had upset Resident 1. They stated Resident 1 had called them after they left the facility and was frantic. The RR stated Resident 1 was afraid of going to jail.</p> <p>During an interview on 06/25/2025 at 11:23 AM, Staff A, Administrator, stated at the time of the investigation, and with the information they had, they did not feel there was enough evidence to substantiate verbal abuse. Staff A stated with the additional information presented to them, they now recognized the incident as verbal abuse.</p> <p>Reference: WAC 388-97-0640(1)</p> |  |  |