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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>01/20/2026 |
| 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)  |
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| <p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on interview and record review, the facility failed to implement policies and procedures related to screening potential staff to ensure the protection of residents against abuse, neglect, misappropriation, and exploitation, as shown by review of Notification of Background Check (BGC) Result forms for 1 of 4 nursing staff (Staff B) reviewed for criminal background checks. This failure allowed staff unsupervised access to residents without a valid criminal background check, placing the residents at risk for abuse, neglect, misappropriation, and exploitation. Findings included. Review of the guidelines titled, Nursing Home Guidelines 'The Purple Book', dated 10/2015, showed the facility must have principles and procedures established and implemented for the employment of new staff members. It is the responsibility of the facility to conduct criminal history BGCs on all staff, including agency-contracted staff, who have unsupervised access to vulnerable adults, within 72 hours of hire date. The facility must ensure any staff, including the agency-contracted staff, are free from any disqualifying criminal history. Review of a policy titled, Abuse - Screening of Employees and Residents, reviewed 05/06/2025, showed the facility would screen staff for a history of abuse, neglect, exploitation, or misappropriation of resident property. Screening components include completing background checks. Record review of Staff B's, Interim Director of Nursing, personnel file showed they were an agency nurse, contracted to perform duties as the Interim Director of Nursing. Staff B's first day working unsupervised with residents was 12/04/2025. Staff B did not have a completed BGC until 01/21/2026, 48 days after their first day working with residents. During an interview on 01/20/2026 at 1:53 PM, Staff C, Accounting Clerk, stated the process for potential new hires included obtaining a BGC, prior to their first day of work, to ensure the applicant was not going to be a danger to the residents. Staff C stated they had provided a Washington State BGC authorization form to Staff B repeatedly, but they had not returned it. Staff C stated they did not inform Staff A, Administrator, that a Washington State BGC had not been completed. During an interview on 01/20/2026 at 2:31 PM, Staff A stated the purpose of a BGC was to ensure there were no disqualifying events on the BGC that would hinder employment or put the residents at risk for abuse and neglect. Staff A stated they were not aware that Staff B was working without a valid BGC. Staff A stated the process for screening with a BGC included completing the Washington State BGC prior to the new applicants hire date and/or start date and reviewing the BGC for eligibility before starting work. Reference: WAC 388-97-0640(2)(a)(b)</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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