

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  Providence Mount St Vincent		STREET ADDRESS, CITY, STATE, ZIP CODE  4831 35th Avenue Southwest Seattle, WA 98126	

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 0600</p> <p>Level of Harm - 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to protect a resident's right to be free from abuse for 8 of 12 residents (Residents 1, 2, 3, 4, 5, 6, 7, &amp; 8) reviewed for abuse. Resident 1 experienced physical harm when Staff D (Certified Nursing Assistant - CNA) grabbed the resident's arms which left fingerprint bruises and a nail inflicted skin tear; after the incident as demonstrated by mood changes including frequent crying, increased behaviors of distress, multiple days of refused care and medications, and repetitive verbalized statements of fear of being physically hurt. These failures placed residents at risk of verbal, physical, mental, psychological abuse, and diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's Abuse Prohibition and Prevention policy revised on 01/2024 showed all residents had the right to be free from mistreatment including physical, mental, and verbal abuse. The facility had processes and measures in place to prevent, investigate, and act on all allegations of abuse. The facility provided training to staff to prevent, identify, and report resident abuse. The facility established practices, evaluated regularly, and ensured on-going effectiveness of the abuse prevention policy. Staff received on-going training to identify types of abuse, recognize indicators of abuse (such as injuries and behavior changes), and how to respond to suspected abuse. The policy showed staff were expected to investigate allegations, prevent further abuse during an investigation, protect/monitor and provide emotional support to residents during investigations, report allegations immediately to the Administrator, State Agency (SA) and all other required agencies as mandated reporters.</p> <p>&amp;lt;Resident 1&amp;gt;</p> <p>Review of the 05/15/2025 Quarterly Minimum Data Set (MDS, an assessment tool) showed Resident 1 had a diagnosis of depression, anxiety and dementia. The MDS showed Resident 1 was severely cognitively impaired, did not have any physical or verbal behaviors, no hallucinations, delusions, or delirium. Resident 1 was administered medications for anxiety and depression, but no medications that would cause bruising. Resident 1 was assessed as dependent on staff for all care, hygiene, and mobility. The MDS showed Resident 1 required a mechanical lift for transfers and a wheelchair for ambulation.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  Providence Mount St Vincent		STREET ADDRESS, CITY, STATE, ZIP CODE  4831 35th Avenue Southwest Seattle, WA 98126	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the 05/30/2024 Care Plan (CP) showed Resident 1 had episodes of mood disturbances related to paranoia, anxiety and fear of falling. The CP showed Resident 1 had behaviors including negative statements about self, declined use of the call light, declined help from staff, and aggressive verbal behaviors to staff. The CP directed staff to use a calm approach, reassurance to prevent anxiety and reapproach later when Resident 1 denied care. The CP did not show Resident 1 had physical behaviors towards staff and did not show interventions for physical behaviors.</p> <p>Review of the weekly skin assessment completed on 05/09/2025 showed Resident 1 had a bruise on their right forearm. The skin assessment did show measurements of the bruise and no indication of any other skin injury.</p> <p>Review of the 05/2025 behavior monitor document by Staff D showed Resident 1 had combative behaviors on 05/09/2025. Staff D also documented on 05/09/2025 the nurse was notified of the behaviors.</p> <p>Review of the nursing progress notes between 05/01/2025 and 05/19/2025 showed no information regarding the injuries on Resident 1's forearm. The progress notes showed no behavior notes for 05/09/2025.</p> <p>Review of the 05/2025 nurse behavior monitor showed no resident behaviors or behavior interventions from 05/01/2025 through 05/08/2025. The behavior monitor showed starting on 05/10/2025 through 05/31/2025 Resident 1 required behavior interventions for documented behaviors of excessive worrying, fear and repetitive statements Don't hurt me, please don't hurt me while crying.</p> <p>Review of the 05/2025 Medication Administration Record (MAR) showed Resident 1 refused their medication one time between 05/01/2025 and 05/08/2025. The MAR showed Resident 1 refused their medication on seven days between 05/09/2025 and 05/30/2025. The medications refused included medications for pain, bowels, dementia, anxiety, and depression.</p> <p>A review of the 05/2025 facility incident and accident log provided by Staff B (Director of Nursing) on 05/19/2025 showed no reporting of injuries to Resident 1.</p> <p>In an email from Staff B on 05/23/2025 at 7:14 PM, Staff B stated during an investigation of Staff D, Resident 1 was found to have a skin tear and bruising on their forearm. Staff B stated Staff D was responsible for physical abuse of Resident 1.</p> <p>Review of social work note dated 05/23/2025 showed Resident 1's Representative (RR) was notified of the incident causing bruises and injury to Resident 1 resulting in anxiety and fearfulness. The note showed the RR reported Resident 1 said for some time now that people were not being nice to them. The note showed the RR was tearful and upset to receive the notification that Resident 1 was injured by Staff D.</p> <p>Review of chaplain progress notes dated 05/23/2025 and 05/24/2025 showed Resident 1 was tearful with repetitive statements of Please help me; Don't let him hurt me; I am afraid; I cannot do anything for myself; Don't let me get hurt; Don't let me fall. The note showed Resident 1 stated a fear of death. The chaplain notes do not show the nurse, or management was informed of the behaviors and statements of Resident 1.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  Providence Mount St Vincent		STREET ADDRESS, CITY, STATE, ZIP CODE  4831 35th Avenue Southwest Seattle, WA 98126	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the 05/23/2025 facility abuse investigation report showed Staff G (Social Services Manager) visited Resident 1 on 05/23/2025 and observed the right arm with a thumbprint size skin tear with surrounding skin bruising. Resident 1 was crying out statements don't let him hurt me, don't let him touch me. The report showed Staff E (CNA), and Staff F (CNA) arrived during the visit and reported to Staff G the skin tear and bruises were caused by Staff D grabbing Resident 1's arms on 05/09/2025. The report showed Staff E and Staff F stated they reported the injuries to Staff C (Resident Care Manager) on 05/09/2025. The report showed the facility removed Staff D from resident care on 05/20/2025, 11 days after the physical injuries to Resident 1. The report showed the facility initiated the investigation and reported to the SA the abuse of Resident 1 on 05/23/2025, 14 days after the incident which caused physical injuries.</p> <p>In an interview on 05/27/2025 at 10:25 AM, Staff A (Administrator) stated the facility investigation showed Staff D caused physical, mental and continued psychological harm to Resident 1. Staff A stated the investigation showed Staff C was aware of the injuries to Resident 1 caused by Staff D; Staff C did not suspend Staff D; Staff C did not investigate the allegation of abuse; Staff C did not report the suspected abuse to the Administrator, the Director of Nursing, or the SA as expected by the facility policy.</p> <p>Review of a 05/27/2025 dietician progress note showed Resident 1 was referred to the dietician for poor meal intake. The note showed the dietician attributed Resident 1's decreased eating to the incident (with Staff D) being investigated by management. The dietician attempted to interview Resident 1 twice, but they would not participate in the discussion.</p> <p>Review of the 05/28/2025 Physician visit note showed Resident 1 was assessed in response to the abuse investigation of 05/23/2025. The Physician documented Resident 1 demonstrated more combativeness and resistance to care in the past few weeks. The Physician's physical exam showed irregular shaped blueish bruising, measuring 1.5 centimeters by 4.0 centimeters, on the left forearm and the nail inflicted skin tear observed on 05/23/2025 had resolved on the 05/29/2025 exam.</p> <p>In an interview on 05/29/2025 at 11:05 AM, Resident 9 (Resident 1's roommate) stated Resident 1 slept a lot, did not eat much, and cried more often in the recent couple weeks. Resident 9 stated Resident 1 did not talk much, and they did not know why Resident 1 was crying more often. Resident 9 stated they did not know of any incidents between Resident 1 and Staff D.</p> <p>In an interview on 05/29/2025 at 11:57 AM, Staff E stated that on 05/09/2025 Staff D was at the nurse's desk and reported to Staff H (Licensed Practical Nurse) that Resident 1 was combative with care and pinched Staff D. Staff E stated on 05/15/2025 Staff E was assigned to care for Resident 1 and observed bruises in the shape of fingers on both Resident 1's arms and a big skin tear on Resident 1's left arm. Staff E asked Staff D about the bruises and skin tear. Staff D stated to Staff E they grabbed Resident 1's arms when they were combative the prior week and that is how the bruises and skin tear happened. Staff E reported the injuries and Staff D's statement on 05/15/2025 to Staff I (Agency Nurse) and Staff C.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  Providence Mount St Vincent		STREET ADDRESS, CITY, STATE, ZIP CODE  4831 35th Avenue Southwest Seattle, WA 98126	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 05/29/2025 at 12:27 PM, Staff I stated Staff E reported the arm injuries to them on 05/15/2025. Staff I stated they were not able to find any assessment or details about the injuries in Resident 1's record, so they asked Staff C for instructions. Staff C told Staff I the assessment and incident report were done and nothing further was required. Staff I stated on 05/15/2025 Resident 1 was not on alert monitoring for the injuries and there were no treatment orders for the skin tear.</p> <p>&amp;lt;Resident 2&amp;gt;</p> <p>Review of the 04/21/2025 Quarterly MDS showed Resident 2 was cognitively intact. The MDS showed Resident 2 was admitted for a spinal cord injury and was assessed to require maximum assistance with their care and mobility.</p> <p>In an observation and interview on 05/19/2025 at 2:39 PM, Resident 2 was lying in bed, trying to sit up independently with a lot of difficulty, then used the call light to call staff for help. Resident 2 stated they knew Staff D who was very rude and was rough when providing care to Resident 2. Resident 2 stated they told another staff person they never wanted [Staff D] to take care of them ever again. Resident 2 stated they were afraid of Staff D because when Staff D rolled them in bed it caused pain in their back and neck, and they were so close to the edge of the bed they felt like they were going to fall on the floor. Resident 2 stated Staff D cleaned them very roughly with the towel during incontinence care and it hurt their skin and private areas. Resident 2 stated Staff D worked the night shift and on the nights Staff D worked they could not sleep because they did not know when Staff D would come in and what Staff D would do to them. Resident 2 stated Staff D still worked at the facility and was in their room that morning (05/19/2025) to provide morning care. Resident 2 stated they could not talk with Staff D about being too rough because they were afraid of what Staff D would do to them. Resident 2 stated they just did what Staff D told them to do, so Staff D would leave the room faster. Resident 2 stated they did not want to see Staff D ever again.</p> <p>&amp;lt;Resident 3&amp;gt;</p> <p>Review of the 02/16/2025 Quarterly MDS showed Resident 3 was cognitively intact. The MDS showed Resident 3 was assessed to require set-up assistance with their personal care and was independent with their mobility. The MDS showed Resident 3 had a catheter for their bladder and needed staff assistance with catheter care.</p> <p>Review of the 05/20/2025 abuse investigation showed Resident 3 was interviewed by facility staff. The investigation document showed Resident 3 stated Staff D loses their temper and raised their voice at Resident 3. Resident 3 stated they felt like they were walking on their [NAME] toes to see what kind of day it would be with Staff D. Resident 3 stated Staff D called them stupid.</p> <p>In an interview on 05/29/2025 at 12:45 PM, Resident 3 stated Staff D talked to them like I was stupid, I have two master's degrees, and I am not stupid. Resident 3 stated Staff D was intimidating, because when Staff D helped their roommate, Resident 3 would ask for help when Staff D was done, Resident 3 said Staff D would say You have to use your call light for help, Resident 3 stated [Staff D] would not help me without my call light on. Resident 3 stated, I just learned to do what [Staff D] told me to do, I did not argue because I did not know what [Staff D] would do to me in retaliation. Resident 3 stated they lost sleep at night and did not leave their room when Staff D was working to avoid Staff D in the common areas.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  Providence Mount St Vincent		STREET ADDRESS, CITY, STATE, ZIP CODE  4831 35th Avenue Southwest Seattle, WA 98126	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>&amp;lt;Resident 4&amp;gt;</p> <p>Review of the 03/04/2025 Quarterly MDS showed Resident 4 was cognitively intact with some forgetfulness. The MDS showed Resident 4 had a prior stroke with residual mobility and cognition deficits. Resident 4 was assessed to require set up and cues for personal care and was independent with mobility.</p> <p>Review of the 05/20/2025 abuse investigation showed Resident 4 was interviewed by facility staff. The investigation document described Resident 4 began to openly cry when asked if they knew Staff D. Resident 4 stated they knew Staff D and Staff D was mean to them. The investigation notes showed it was clear by [Resident 4's] emotional reaction they were upset by the care received from [Staff D].</p> <p>In an interview and observation on 05/29/2025 at 11:42 AM, Resident 4 was observed to have difficulty with speech and only able to provide short answers to questions. Resident 4 took a deep breath, began to moan, tears in eyes, short fast breaths with crying and stated Staff D was mean. Resident 4 stated while crying that Staff D talked mean to them, was not nice, and Resident 4 did not like Staff D.</p> <p>&amp;lt;Resident 5&amp;gt;</p> <p>Review of the 02/14/2025 Quarterly MDS showed Resident 5 was cognitively intact. The MDS showed Resident 5 had a prior stroke with residual mobility and cognition deficits. Resident 5 was assessed to be dependent on staff for all care and mobility.</p> <p>Review of the 05/20/2025 abuse investigation showed Resident 5 was interviewed by facility staff. The investigation document showed Resident 5 knew Staff D. Resident 5 stated Staff D was rude and would not answer Resident 5's questions.</p> <p>In an interview on 05/29/2025 at 11:12 AM, Resident 5 stated Staff D was kind of rough when providing care. Resident 5 stated Staff D would come into their room and throw things, slam the door and get mad at Resident 10 (Resident 5's roommate). Resident 5 stated Staff D would throw Resident 10's walker out of the way. Resident 10 stated they did not know Staff D and did not remember anyone throwing their walker.</p> <p>&amp;lt;Resident 6&amp;gt;</p> <p>Review of the 05/12/2025 Quarterly MDS showed Resident 6 was cognitively intact. The MDS showed Resident 6 was assessed with inability to move both legs, required a mechanical lift for transfers, and was dependent on staff for mobility in bed and all personal care.</p> <p>Review of the 05/20/2025 abuse investigation showed Resident 6 was interviewed by facility staff. The investigation document showed Resident 6 knew Staff D. Resident 6 stated care provided by Staff D was difficult; Staff D was not forthcoming, was dismissive, and Staff D yelled at Resident 6.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  Providence Mount St Vincent		STREET ADDRESS, CITY, STATE, ZIP CODE  4831 35th Avenue Southwest Seattle, WA 98126	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 05/29/2025 at 12:39 PM, Resident 6 stated Staff D provided care too fast, was rough when turning them in bed, and Resident 6 felt like they were going to fall off the bed. Resident 6 stated they did not like Staff D and told someone they did not want Staff D to be assigned to them. Resident 6 stated they did not remember who they told but Staff D continued to come into their room to provide care.</p> <p>&amp;lt;Resident 7&amp;gt;</p> <p>Review of the 05/15/2025 Annual MDS showed Resident 7 was cognitively intact. Resident 7 had a diagnosis of stroke with the inability to use their arm and leg on one side of their body. Resident 7 was assessed to be dependent on staff for all bed mobility, transfers in and out of bed, and personal care.</p> <p>Review of the 05/20/2025 abuse investigation interview with Resident 7 showed Resident 7 stated Staff D was hurried and rough when providing incontinence care or moving them in bed.</p> <p>In an interview on 05/29/2025 at 11:57 AM, Staff E stated they observed Staff D trying to lift Resident 7 up in bed. Resident 7 said Ow, ow, ow. Staff E stated they went in the room to help Staff D when Staff D yelled at them Why did you not sit [Resident 7] up in bed for breakfast? Staff E stated they informed their supervisor, Staff C, of what happened but did not think Staff C did anything about it.</p> <p>In an interview on 05/29/2025 at 12:59 PM, Resident 7 stated Staff D was rough when [Staff D] was assisting me to sit up in bed for lunch and my back was hurting and [Staff D] kept moving me. I told [Staff D] to stop because they were hurting me. Resident 7 stated they had not seen Staff D in a while and was glad because Resident 7 did not like Staff D.</p> <p>&amp;lt;Resident 8&amp;gt;</p> <p>Review of the 04/14/2025 Annual MDS showed Resident 8 had forgetfulness from a brain injury. Resident 8 was assessed to require assistance with mobility and personal care.</p> <p>Review of the 05/20/2025 abuse investigation showed Resident 8 was interviewed by facility staff. The investigation document showed Resident 8 knew Staff D. Resident 8 stated Staff D must have an underlying anger issue because they tell me what to do and told me three other staff did not like me.</p> <p>In an interview on 06/10/2025 at 9:10 AM, Staff A stated Staff D should have been suspended when Staff C was informed of the allegation of physical abuse of Resident 1. Staff A stated Staff C did not follow the facility's abuse and neglect policy. Staff A stated Staff C did not identify suspected abuse of Resident 1, did not assess or monitor Resident 1 for abuse, did not protect other residents on the fourth floor, did not investigate the incident, did not report the incident to the administrator, and did not report abuse to the State Agency (SA), as required. Staff A stated Staff D was terminated.</p> <p>Refer to</p> <p>F607 Develop/Implement Abuse/Neglect Policies</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  Providence Mount St Vincent		STREET ADDRESS, CITY, STATE, ZIP CODE  4831 35th Avenue Southwest Seattle, WA 98126	

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 0600  Level of Harm - Actual harm  Residents Affected - Few	F610 Investigate/Prevent/Correct Alleged Violations  REFERENCE: WAC 388-97-0640(1)(3)(6)(b).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  Providence Mount St Vincent		STREET ADDRESS, CITY, STATE, ZIP CODE  4831 35th Avenue Southwest Seattle, WA 98126	
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 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 the facility's abuse policy for 1 of 2 residents (Resident 1) reviewed for injuries of unknown origin. The failure to identify resident injuries as potential abuse, placed residents at risk for further abuse, injuries, and diminished quality of life.</p> <p>Findings included</p> <p>Review of the facility's Abuse Prohibition and Prevention policy dated 01/2024 showed all residents had the right to be free from mistreatment including sexual, physical, mental, and verbal abuse. The facility would have processes and measures in place to prevent, investigate, and act on all allegations of abuse. The policy showed the prevention of further abuse would occur by taking measures to protect the alleged victim, as well as other residents during the investigation by placing the identified staff on suspension during the investigation. The alleged victims would be monitored and protected from psychological harm during and after the investigation.</p> <p>In a phone interview on 05/27/2025 at 10:25 AM, Staff A (Administrator) stated during an investigation regarding Staff D (Certified Nursing Assistant - CNA), the facility substantiated physical abuse occurred to Resident 1 on 05/09/2025 by Staff D. Staff A stated Staff E (CNA), Staff F (CNA), and Staff H (Agency Float Nurse) were aware of the incident and reported to Staff C (Resident Care Manager). Staff A stated Staff C did not follow the facility policy to initiate an investigation of abuse.</p> <p>&amp;lt;Prevention&amp;gt;</p> <p>Review of the undated application and resume of Staff D showed contact information for Staff D's current employer, three previous employers, and two personal references.</p> <p>In an interview on 05/29/2025 at 10:25 AM, Staff A was asked how new staff were screened for any history of abuse or neglect. Staff A stated on hire, staff are screened through a criminal background check and the state registry (system maintained by the state to approve a CNA's eligibility to work in skilled nursing facilities). Staff A was asked if the facility completed screening for abuse or neglect through contacting prior employers for information on work performance. Staff A stated there was a process the facility human resources followed for screening potential new employees.</p> <p>On 05/30/2025 Staff A was asked to provide documentation to show screening for abuse and neglect was completed with Staff D's prior employers or references. The facility did not provide any screening of prior employment or references completed for Staff D.</p> <p>&amp;lt;Investigation &amp; Protection&amp;gt;</p> <p>Review of the 05/2025 facility reporting log showed no reports or investigations of any incident or injuries for Resident 1 on 05/09/2025.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  Providence Mount St Vincent		STREET ADDRESS, CITY, STATE, ZIP CODE  4831 35th Avenue Southwest Seattle, WA 98126	
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 05/27/2025 at 10:25 AM, Staff A stated the facility investigation started on 05/23/2025 and found Resident 1 was physically abused on 05/09/2025 by Staff D. Staff A stated that Staff C was aware of the incident and did not follow the facility policy. Staff A stated the investigation found Staff C had knowledge of the incident, did not report to the Administrator, did not start an investigation, did not place Staff D on suspension to protect other residents, and did not report the incident to the SA hotline. Staff A stated Staff C's employment at the facility ended on 05/19/2025. Staff A stated Staff D should have been placed on immediate suspension but was not suspended until 05/20/2025 (11 days after the physical abuse of Resident 1). Staff A stated both Staff C and Staff D were reported to the Department of Health for investigation.</p> <p>&amp;lt;Mandated Reporting&amp;gt;</p> <p>Review of the 01/01/2025 Annual Survey statement of deficiencies showed the facility received citations for not protecting residents from abuse, did not prevent further abuse, did not complete an investigation, and did not report to the SA.</p> <p>A review of the 02/21/2025 post survey plan of correction completed by the facility showed the facility staff were educated on the definition of physical abuse (a willful action of inflicting bodily injury or physical mistreatment of a resident) and requirements of a mandated reporter to report any seen, alleged, or suspected incidents of abuse to the SA hotline. Review of the 02/2025 attendance record of the mandated reporter training showed Staff C and Staff E attended the training, and Staff D, F, and H did not attend the training.</p> <p>In an interview on 05/29/2025 at 11:47 AM, Staff F stated they were aware of the injuries to Resident 1 caused by Staff D. Staff F stated the injuries were reported to their supervisor, Staff C. Staff F stated they thought Staff C was supposed to report to the SA hotline. Staff F stated they were aware of the mandated reporter responsibilities and should have reported to the hotline but did not because the supervisor (Staff C) already knew about what happened.</p> <p>In an interview on 05/29/2025 at 11:57 AM, Staff E stated on 05/09/2025 they were at the nurse's station when Staff D reported to Staff H that Resident 1 was combative during care and Staff D grabbed Resident 1's arms and caused a skin tear. Staff E stated they told Staff H that Staff D was rough with many residents during care. Staff E stated a few days later, they were assigned to Resident 1 and saw multiple finger-sized bruises and a skin tear which was moon-shaped from a fingernail on Resident 1's arms. Staff E stated they reported the bruises and the skin tear to Staff C and told Staff C that Staff D caused injuries by grabbing Resident 1's arms on 05/09/2025. Staff E stated Staff D was difficult to work with and was always angry. Staff E stated Staff D would throw things, slam the cupboard doors in the kitchenette, and called Staff E and other staff names in the hall or in the dining room with residents present. Staff E stated they witnessed Staff D being rough when providing care to Resident 7. Staff E stated Resident 7 was yelling ouch, ouch so they (Staff E) went into the room and saw Staff D providing one-person care to Resident 7, when Resident 7 required two-person care. Staff E stated they told Staff C about what was witnessed with Staff D and Resident 7 and Staff C did not do anything about it. Staff E stated Resident 2 reported Staff D to Staff C for providing rough care. Staff E stated Resident 11 often comes to the dining room asking for food or coffee and Staff D would always tell them No, go back to your room and would not give them anything to eat or drink and did not go to the room with Resident 11.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  Providence Mount St Vincent		STREET ADDRESS, CITY, STATE, ZIP CODE  4831 35th Avenue Southwest Seattle, WA 98126	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the 05/2025 facility reporting log showed no reports or investigations of the incidents of Residents 1, 2, or 11.</p> <p>Review of the 05/2025 SA hotline reporting logs showed no reports to the SA from Staff E, Staff F, Staff H, or Staff C for Residents 1, 2, or 11.</p> <p>In a phone interview on 05/27/2025 at 10:25 AM, Staff A stated any staff that were aware of an incident of abuse are expected to report to the SA abuse and neglect hotline. Staff A stated that during the investigation of Resident 1's abuse, Staff E and Staff H had direct knowledge of the suspected abuse and should have, but did not act as mandated reporters and did not report the allegation of abuse to the SA hotline. Staff A stated Staff C was the supervisor and had knowledge of the suspected abuse and should have, but did not, report the incident to the Administrator, start an investigation, suspend Staff D to protect residents, and report to the SA hotline as required by the facility policy and state regulation.</p> <p>Refer to</p> <p>F600 Free from Abuse and Neglect</p> <p>F610 Investigate/Prevent/Correct Alleged Violations</p> <p>REFERENCE: WAC 388-97-0640(2)(a)(b)(5)(a)(7)(a-b)(ii).</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  Providence Mount St Vincent		STREET ADDRESS, CITY, STATE, ZIP CODE  4831 35th Avenue Southwest Seattle, WA 98126	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on interview and record review, the facility failed to identify potential abuse, initiate an investigation to rule out abuse, and implement interventions to prevent ongoing abuse for 1 of 3 residents (Resident 1) reviewed. The failure to investigate an injury of unknown origin, a sign of potential abuse, prevented the facility from protecting other residents from abuse, neglect, and diminished quality of life.</p> <p>Findings included .</p> <p>Per the Washington State Reporting Guidelines for Nursing Homes The Purple Book, dated October 2015, showed injuries of unknown source must be thoroughly investigated to determine what occurred and make necessary provisions to resident care to prevent reoccurrence. The first phase of the investigation must occur within the first 24 hours of the knowledge of the incident. If the reasonable cause of the injury is not determined, a second phase must follow to end with the identification of who was involved, and what, where, why and how the incident happened.</p> <p>Review of the facility's Abuse Prohibition and Prevention policy revised on 01/2024 showed staff received training to identify abuse including possible indicators of abuse. The policy showed examples of indicators of abuse included, a suspicious injury that was not observed or the extent or location of the injury is unusual, or sudden or unexplained changes in behavior such as fear of a person or place or feelings of guilt or shame. The policy directed staff to report injuries of unknown source, immediate assessment of the alleged victim, identification of an accused person with placement on administrative leave, prevention of further abuse, and a thorough investigation would be completed.</p> <p>Review of the 05/15/2025 Quarterly Minimum Data Set (MDS, an assessment tool) showed Resident 1 was severely cognitively impaired, did not have any physical or verbal behaviors, no hallucinations, delusions, or delirium, and was diagnosed with dementia. Resident 1 did not have any skin impairments and was not taking any medication that caused bruising. Resident 1 was assessed as dependent on staff for all care, hygiene, and mobility.</p> <p>In an interview on 05/29/2025 at 11:57 AM, Staff E (Certified Nursing Assistant) stated they worked with Resident 1 on 05/15/2025 and saw bruises in the shape of fingers on both arms and a big skin tear on the left arm. Staff E stated they were usually the caregiver for Resident 1 and had never seen bruises or skin tears on them before. Staff E described the skin tear was about one and a half inches long, in the shape of a moon, and looked like pressure from a thumb or fingernail that broke the skin open. Staff E stated they talked with Staff D (Certified Nursing Assistant) because Staff D worked with Resident 1 the prior week. Staff E stated Staff D told them Resident 1 was being resistant to care, so Staff D grabbed Resident 1's arms and that is how the bruises and skin tear happened. Staff E stated they reported the injuries to Staff F (Licensed Nurse) who reported the injuries to Staff C (Resident Care Manager).</p> <p>In an interview on 05/29/2025 at 12:27 PM, Staff I (Agency Licensed Practical Nurse) stated Staff E reported the bruises and skin tear on Resident 1. Staff I stated they discussed the injuries with Staff C and asked if there was an assessment and skin injury report completed because they did not see a report in the medical record. Staff I stated Staff C was informed of the report that Staff D was rough with Resident 1 and may have caused the injuries. Staff I stated Staff C told them the report and the assessment of the injuries was already completed, and Staff I did not need to do anything.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  Providence Mount St Vincent		STREET ADDRESS, CITY, STATE, ZIP CODE  4831 35th Avenue Southwest Seattle, WA 98126	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the weekly skin assessment completed on 05/09/2025 showed Resident 1 had a bruise on their right forearm. There were no descriptions or measurements of the bruises and no mention of a skin tear or bruises on the left arm.</p> <p>Review of the nursing progress notes between 05/01/2025 and 05/19/2025 showed no identification or assessment of any injuries on Resident 1's bilateral forearms.</p> <p>Review of the 05/19/2025 facility incident and accident log provided by Staff B (Director of Nursing) showed no report of injuries for Resident 1.</p> <p>In an interview on 05/29/2025 at 3:47 PM, Staff A (Administrator) stated Staff C did not identify that Staff D injured Resident 1, did not initiate an investigation, and did not report the injury to the Administrator or the Director of Nursing, or report to the State Agency. Staff A stated Staff C did not follow the facilities policies as required.</p> <p>Refer to:</p> <p>F600 Free from Abuse and Neglect</p> <p>F607 Develop and Implement Abuse/Neglect Policies</p> <p>REFERENCE: WAC 388-97-0640(6)(a-c).</p>