STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505195	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Auburn Care	2830 I Street Northeast Auburn, WA 98002

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review, the facility failed to implement policies and procedures to complete criminal background checks upon hire and every two years for 5 of 25 Staff (Staff D- Licensed Practical Nurse, Staff E - Certified Nursing Assistant [CNA], Staff F - CNA, Staff G - CNA, Staff H - CNA). The failure to ensure completion of criminal background checks placed residents at risk of abuse, neglect, exploitation and misappropriation of resident property.Findings included.Review of the facility Abuse Prevention and Reporting policy revised 08/2025 showed a resident has the right to be free from abuse, neglect, misappropriation of property, and exploitation. The facility would not employ or engage individuals who were found guilty, had a substantiated finding, had disciplinary action, or were on a list of excluded individuals related to abuse, neglect, exploitation, misappropriation of property, or mistreatment. The facility would screen all potential employees during the hiring process using criminal background checks and would file the results in the employee's record.In an interview on 05/06/2026 at 2:05 PM, Staff A (Administrator) and Staff C (Assistant Director of Nursing) were asked to provide criminal background check records for sampled staff currently working in the facility on 05/06/2026 evening shift and for staff scheduled to work the night shift. Staff A stated staff files were not organized, and criminal background check records were not readily available. Staff B stated they had to gather the criminal background check records with help from a corporate offsite staff and access online records from the criminal background check website one by one. Staff A stated they could not ensure each staff presently working in the facility had completed the criminal background check according to nursing home regulations due to inaccessible staff records.In an interview and record review on 05/06/2026 at 5:46 PM, Staff A and Staff C could not provide criminal background check records completed on hire for Staff D, Staff E, Staff, F, and Staff G, and could not provide the biannual criminal background check record for Staff H. Staff A stated they were aware of the requirement of having staff criminal background records completed before hire and every two years to ensure resident's safety from abuse and neglect. Staff A stated the facility should, but did not, have the criminal background checks completed or accessible in the individual staff records as required.REFERENCE: WAC 388-97-0640(2)(a)(b).

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident?s advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to implement a policy and procedure to ensure staff were trained and competent in hands-on Cardiopulmonary Resuscitation (CPR, an intervention to restore a resident's respiratory function and circulation after they stopped breathing and their heart stopped beating) for 8 of 22 staff (Staff F - Certified Nursing Assistant [CNA], I - CNA, J - Licensed Practical Nurse [LPN], K - CNA, L - CNA, M - CNA, N - Registered Nurse, & O - LPN). The failure to ensure staff had hands-on training and competency to provide CPR placed residents requiring CPR, according to their advanced directive, at risk of injury or death.Findings included.Review of the facility policy CPR updated 12/2023, showed the facility would honor the resident's choice related to CPR in the event the resident stopped breathing or their heart stopped beating. The policy showed the facility would ensure staff maintained current CPR certification. The policy showed online-only CPR training and certification was not acceptable.In an interview and record review on [DATE] at 2:05 PM, Staff A (Administrator) and Staff C (Assistant Director of Nursing) were asked to provide CPR certification records for 22 sampled staff currently scheduled and working in the facility on the [DATE] evening shift and for staff scheduled to work the [DATE] night shift. Staff A stated staff files were not organized, and CPR training records were not readily available. Staff B stated they had to gather the CPR records from electronic records and would contact staff for copies of their CPR cards. Staff B stated some staff completed online-only CPR training.In an interview and record review on [DATE] at 5:46 PM, Staff A stated they could not ensure that every staff person currently working with residents on [DATE] was trained in CPR. Staff B collected and showed CPR cards for 15 staff members working the evening and night shift of [DATE] that met the requirement of hands-on training. Staff B stated there were no CPR cards for Staff F, J, L, and M. Staff B stated Staff I, K, N and O only had online-only CPR training. Staff A stated all nursing staff were required to have hands-on CPR training and valid CPR cards or certificates should be in the staff's record.REFERENCE: WAC 388-97-0280(1), -1060(1),

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F 0729 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining. Based on interview and record review the facility failed to implement a policy and procedure to obtain verification from the Washington State Nurse Aide Registry and/or Multi-State Nurse Aide Registry to ensure nurse aide staff met competency evaluation requirements for 12 of 12 nurse aide staff (Staff E, F, I, K, L, M, Q, R, S, T, U, & V). The failure to verify nurse aide competency and maintain registry verification records prior to allowing nurse aide staff to care for residents, placed residents at risk for incompetent care, unmet needs, and possible injury during care.Findings included.In an interview on 05/06/2026 at 2:05 PM, Staff A (Administrator) was asked to provide state nurse aide competency verification records for 12 sampled nurse aide staff currently working in the facility on 05/06/2026 evening shift and for staff scheduled to work 05/06/2026 on the night shift. Staff A stated staff files were not organized, and registry verification records were not readily available.In an interview and record review on 05/06/2026 at 5:46 PM, Staff A stated they discussed with the corporate human resources representative who completed an audit a few months ago and ensured all nurse aide registry competency verifications were completed and the corporate staff had completed all new hire verifications since the audit. Staff A stated the registry verification records were usually kept in a binder in the human resources office but could not be located.In an interview and record review on 05/06/2026 at 2:30 PM, Staff A provided registry verification for Staff E, I, K, L, M, Q, R, S, T, U, & V. Staff A was asked for Staff F's registry verification and it was not provided. Staff A stated the nurse aide registry competency verification records should be, but were not, available for the state agency to review as required.REFERENCE: WAC 388-97-1660(1)(a)(2)(b)(3)(c), -1820(1)(b)(i).