STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505216	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Soundview Rehabilitation and Health Care Inc	1105 27th Street Anacortes, WA 98221

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 - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47047 Based on interview and record review, the facility failed to protect the residents' right to be free from abuse and neglect by staff for 1 of 3 residents (Resident 1) reviewed for abuse and neglect. This failed practice placed residents at risk for further abuse and/or neglect and potential injuries. Findings included . Review of the facility policy titled, Abuse, Neglect, Mistreatment, and Misappropriation of Resident Property, dated 09/21/2022, showed the facility did not condone any form of resident abuse or neglect and to aid in abuse prevention, all staff were expected to report any signs and/or symptoms of abuse/neglect to the Administrator or Director of Nursing Services (DNS) immediately. During abuse investigations, residents will be protected from harm by the following measures, employees accused of participating in the alleged abuse will be immediately suspended until the findings of the investigation have been reviewed by the Administrator. Resident 1 admitted to the facility on [DATE] with diagnoses to include major depressive disorder, cognitive communication deficit and muscle weakness. Review of the Admission Minimum Data Set (MDS-an assessment tool) assessment dated [DATE] showed that Resident 1 was cognitively intact. Review of the facility incident report dated, 07/18/2024, showed Resident 1 had informed Staff D, Nursing Assistant Certified (NAC), on 07/15/2024 of an allegation of abuse and neglect by Staff E, Nursing Assistant Registered (NAR), that occurred during the night of 7/14/2024-7/15/2024. The incident report showed Staff F, previous DNS, was notified of the allegation by Staff D on 07/15/2024 as well as the nurse on duty in the afternoon. Staff E was not suspended until 07/16/2024 when administration was notified of the allegation by social services. Resident 1 was not interviewed until 07/17/2024. Staff F was terminated on 07/16/2024. Review of Staff F's employee file showed no documentation as to their termination. (continued on next page)

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
	505216	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Soundview Rehabilitation and Health Care Inc	1105 27th Street Anacortes, WA 98221

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 - Minimal harm or potential for actual harm Residents Affected - Few	Review of Staff G, Licensed Practical Nurse (LPN), witness statement dated 07/16/2024 showed they had received information about the allegation involving Staff E, NAR, being rude and rough with Resident 1 from Staff D, NAC, on the afternoon of 07/15/2024. Staff G stated they had reported the allegation to Staff F, previous DNS. Staff G stated they had spoken to Staff D, NAC, after they spoke with Staff F and it was determined that social services needed to be notified of the allegation, their office was dark with the door closed, and a note needed to be placed under their door. Staff G instructed Staff E, NAR, not to enter Resident 1's room due to the allegation at the start of their night shift on 07/15/2024. In an interview on 08/29/2024 at 1:27 PM Staff D, NAC, stated Resident 1 had reported an allegation to them on 07/15/2024. Resident 1 stated that Staff E, NAR, had been rude to them, initially declined to help them remove a blanket, and threw a packet of wipes on the bed near their head, startling them. Staff D stated they notified Staff G, LPN and Staff F, previous DNS and placed a note in the social services office at the direction of Staff F. Review of the facility's schedule dated 07/15/2024 showed Staff E, NAR, had worked the night shift on 07/15/2024 - 07/16/2024. Review of Resident 1's progress notes showed they were placed on alert charting/monitoring on 07/17/2024, two days after the allegation was reported to staff. In an interview on 08/29/2024 at 4:31 PM Staff B, DNS, stated the facilities protocol for staff to resident allegations was to remove the alleged staff from working. Statements from staff and interviews from the resident would be completed as well as reporting the allegation to the state hotline. Notifications to the provider and responsible party would be completed. There should be documentation and alert charting of the resident as well as follow up in 72 hours. In an interview on 08/29/2024 at 4:31 PM Staff A, Administrator, stated they were not made aware of the allegation until 07/16/2024 at which time it was reported, and an investigation initiated. Staff A stated Staff E had worked the night of 07/16/2024. Staff A stated Staff F was terminated from employment for failure to follow the facility policy on abuse and neglect and no report had been made to the Department of Health related to their failure to report the alleged abuse/neglect. Refer to WAC 388-97-0640(1)(2)(a)(b)(6)(b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505216	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Soundview Rehabilitation and Health Care Inc	1105 27th Street Anacortes, WA 98221

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** 47047 Based on interview and record review, the facility failed to immediately report to the state agency potential abuse and/or neglect for 1 of 3 residents (Resident 1) reviewed for allegations of abuse and/or neglect. Failure to immediately report alleged abuse and/or neglect placed residents at risk for potential unidentified mistreatment and a poor quality of life. Findings included . Review of the facility policy titled, Abuse, Neglect, Mistreatment, and Misappropriation of Resident Property, dated 09/21/2022, showed the facility reporting requirements, guidelines, and timelines are found in the Nursing Home Guidelines, The Purple Book. An alleged violation of abuse, neglect, abandonment, or financial exploitation, or a suspected physical or sexual assault will be reported immediately, as soon as the victim is protected from further harm, or within 24 hours, if the alleged violation does not involve a potential crime or if an injury of unknown source did not result in serious bodily injury. Review of the Nursing Home Guidelines, The Purple Book, revised 2015, showed that facilities are to report all staff to resident allegations of abuse, neglect, mistreatment, sexual and/or physical abuse/assault to the state hotline within 24 hours, report to law enforcement and to log on the state reporting line within five days. When an individual mandated reporter has reasonable cause to believe abandonment, abuse, neglect or financial exploitation, has occurred the report must be made immediately. Resident 1 admitted to the facility on [DATE] with diagnoses to include major depressive disorder, cognitive communication deficit and muscle weakness. Review of the Admission Minimum Data Set (MDS-an assessment tool) assessment dated [DATE] showed that Resident 1 was cognitively intact. Review of the facilities incident report dated, 07/18/2024, showed Resident 1 had informed Staff D, Nursing Assistant Certified (NAC), on 07/15/2024 of an allegation of abuse and neglect involving another facility staff NAC that had occurred on 07/14/2024. The incident report showed the allegation was called into the state hotline on 07/16/2024 at 5:32 PM, more than 24 hours after staff had knowledge of it. In an interview on 08/29/2024 at 1:27 PM Staff D stated that on 07/15/2024, Resident 1 reported that Staff E had been rude to them, initially declined to help them remove a blanket, and threw a package of wipes on the bed near their head and startled them. Staff D stated they notified the nurse on duty and Staff F, prior Director of Nursing Services (DNS) and placed a note describing the allegations in the social services office at the direction of Staff F. Staff D stated the facility's policy was to report alleged abuse and/or neglect to the state hotline, but they had not and should have done so. In an interview on 08/29/2024 at 4:31 PM Staff A, administrator, stated they reported the allegation as soon as they became aware, but were aware that the nurse, prior director of nurses, and the nursing assistant had not reported the allegation to the state hotline. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505216	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Soundview Rehabilitation and Health Care Inc	1105 27th Street Anacortes, WA 98221

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	In an interview on 08/29/2024 at 4:31 PM, Staff B, DNS, stated allegations of abuse and/or neglect should be reported to the state hotline. Refer to WAC 388-97-0640(2)(b)(5)(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505216	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Soundview Rehabilitation and Health Care Inc	1105 27th Street Anacortes, WA 98221

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43954 Based on interview and record review the facility failed to conduct thorough investigations for 3 of 3 residents (Resident 1, 2 and 3) reviewed for abuse/neglect. Failure to conduct thorough investigations to identify root cause(s) and all contributing factors placed residents at risk for unidentified abuse or neglect, inappropriate corrective actions, and ineffective care planning. Findings included . <RESIDENT 3> Resident 3 was admitted to the facility on [DATE] with diagnoses to include right femur fracture, closed fracture without routine healing, and repeated falls. Review of the Admission Minimum Data Set (MDS-an assessment tool) assessment dated [DATE] showed that Resident 1 was cognitively intact. Review of Resident 3's Kardex (resident information for nursing assistant's [NACs] derived from the care plan) dated 08/05/2024, showed the resident required one staff to assist with transfers and had posterior hip precautions (do not bend the hip past 90 degrees, do not cross legs, do not bend over) in place. Review of Resident 3's progress note dated 08/05/2024 at 4:58 PM showed they made an allegation of abuse. Review of a facility grievance form dated 08/05/2024 showed Resident 3 had made an allegation of Staff H, NAC being rough with them during care. The grievance form was turned into an allegation of abuse on 08/05/2024. In an interview on 08/09/2024 at 12:15 PM, Resident 3 stated they were concerned with Staff H, NAC, and how they had provided care to them on 08/05/2024. Resident 3 stated they were concerned that Staff H did not follow the hip precautions related to right leg femur fracture. Resident 3 stated Staff H grabbed both of their legs and swung them around causing them pain. Resident 3 stated they were told by their Provider to be careful not to break their hip precautions. Resident 3 stated that Staff H did not communicate with them during the transfer, They did not tell me what they were doing. In an interview on 08/29/2024 at 11:19 AM, Staff J, Licensed Practical Nurse (LPN), stated they were the one who filled out the grievance form on 08/05/2024 related to Resident 3's (and family) accusation that Staff H, NAC, was rough with care and did not know they had a fractured leg. Staff J stated that they turned in the grievance form to social services. In an interview on 8/29/2024 at 12:10 PM, Staff H stated that Resident 3 and their family were concerned about how they had transferred the resident. Staff H stated that they had transferred Resident 3 from their wheelchair to their bed. Staff H stated they looked at the Kardex for Resident 3, and it showed that they required one person assist with transfers. Staff H stated that the resident did not have any movement precautions, except to go slow. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505216	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Soundview Rehabilitation and Health Care Inc	1105 27th Street Anacortes, WA 98221

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 08/29/2024 at 3:25 PM Staff C, Social Services Director (SSD), stated they recalled a grievance for Resident 3 on 08/05/2024 but was unable to locate the grievance form in their binder. Staff C asked to contact Staff I, previous SSD, as they were unable to locate the actual grievance form. In an interview on 08/29/2024 at 3:30 PM, Staff I stated that Staff J, LPN had filled out the grievance form on 08/05/2024 that was turned into an abuse allegation that same day. Staff I stated the grievance alleged staff rough handled Resident 3 during care and the resident and their family felt that Staff H did not follow the resident's hip precautions during care. Staff I apologized for not remembering or including that information in the grievance form. Review of the facility investigation and summary dated 08/07/2024 showed the facility did not investigate the allegation of Staff H failing to follow Resident 3's hip precautions. In an interview on 08/29/2024 at 4:31 PM, Staff B, DNS, stated they had never heard of the allegation of not following Resident 3's hip precautions during care on 08/05/2024. Staff B stated this was the first time they heard about it. 47047 <RESIDENT 1> Resident 1 admitted to the facility on [DATE] with diagnoses to include major depressive disorder, cognitive communication deficit and muscle weakness. Review of the Admission MDS assessment dated [DATE] showed that Resident 1 was cognitively intact. Review of the facility incident report dated 07/18/2024, showed Resident 1 had informed Staff D, NAC, on 07/15/2024 of an allegation of abuse and neglect by another facility staff NAC that had occurred on 07/14/2024. The incident report did not contain interviews with other NAC's, other than Staff D, to rule out other instances of possible abuse. The incident report did not contain the elements of a complete and thorough investigation that addressed the allegation that staff had reportedly being rough with Resident 1 during care. Review of Staff G, LPN, witness statement dated 07/16/2024 showed they had received information about the allegation that Staff E, Nursing Assistant Register (NAR), had been rude and rough with Resident 1 during care, from Staff D, NAC, on the afternoon of 07/15/2024. Staff G stated they had reported the allegation to Staff F, previous DNS. Staff G stated they had spoken to Staff D, NAC, after they spoke with Staff F and it was determined that social services needed to be notified of the allegation. Staff G stated that the SSD's office was dark with the door closed, and a note was placed under their door. Staff G instructed Staff E, NAR, not to enter Resident 1's room due to the allegation at the start of their night shift on 07/15/2024. In an interview on 08/29/2024 at 4:31 PM Staff B stated part of the investigation process included interviewing staff, other residents, and witnesses. <RESIDENT 2> (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505216	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Soundview Rehabilitation and Health Care Inc	1105 27th Street Anacortes, WA 98221

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident 2 admitted to the facility on [DATE] with diagnoses that included bipolar disorder (a mental condition in which a person alternating periods of depression and elation), failure to thrive (an overall decline in health by which a person has weight loss, decreased appetite, and poor nutrition), and diabetes mellitus (a condition in which the body has trouble controlling blood sugar). Review of the facilities investigation dated 07/13/2024 showed Resident 2 had informed Staff G, LPN, of an allegation that Staff K, NAC, had been rough with them during care, had been angry with them when they turned their call light on, and had wanted them to use the bathroom instead of being changed in the bed. Staff K had been suspended pending completion of the investigation. Staff K and Staff G were interviewed and provided a statement. The investigation did not contain any follow up interviews with staff on other shifts that worked the following days after the initial allegation and Resident 2 had reported to Staff A, Administrator and Staff I, SSD, that the NAC returned to their room several times after the initial report. Review of Staff I, SSD's statement, dated 07/15/2024, showed Resident 2 stated in addition to the allegations already identified for the night of 07/12/2024 the NAC had not closed the door when providing care, even after the resident had requested it. Resident 2 stated they had the same NAC care for them the night before, 07/14/2024, and was uncomfortable with them. Review of Staff A, Administrator, follow up interview with Resident 2, undated, showed they spoke with Resident 2, and the resident stated the same NAC had returned to their room and provided care to them. In an interview on 08/29/2024 at 3:30 PM Resident 2 stated they could not recall the name of the NAC that was rough with them during care, they could only describe them by physical appearance. Resident 2 stated they repeatedly had the same NAC return to their room several times after the report until they told the NAC not to return to their room again. Resident 2 stated they believed Staff A had identified the wrong NAC, because the NAC they had complained about continued to return to their room to provide care to them. In an interview on 08/29/2024 at 4:31 PM Staff A stated they had met with Resident 2 a couple of times after the initial report, and the resident had reported that the NAC continued to work with them. Staff A stated Staff K was removed from the schedule and knew it was not possible. Staff A stated Resident 2 was only able to provide details about the physical description of the aide and used that information to determine which aide to suspend. Reference WAC: 388-97-0640 (6)(a)(b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505216	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Soundview Rehabilitation and Health Care Inc	1105 27th Street Anacortes, WA 98221

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 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training. 47047 Based on interview and record review, the facility failed to ensure staff with a Nursing Assistant Registered (NAR) license completed a Nursing Assistant Certified (NAC) class and passed the state license exam within four months of hire for 1 of 1 NAR's (Staff E) reviewed for staff licenses. This failure placed residents at risk to receive care from unlicensed staff. Findings included . Record review of the facility staff list showed Staff E was hired on 04/24/2024 as a NAR. Review of the daily staff assignment sheets from 08/25-8/29/2024, showed that Staff E worked the night shift on 08/27/2024 and 08/28/2024. During an interview on 08/29/2024 at 4:31 PM, Staff A, Administrartor, stated Staff E had a current NAR license, and were involved in a program to become an NAC, but did not know their status of completion. In an email correspondence dated 09/03/2024 Staff A stated Staff E's hire date was 04/24/2024 and that they had been working as an NAR until 8/29/2024 and was only eligible to work until 08/24/2024. Staff A stated Staff E was no longer eligible to work as an NAR and they had been removed from the schedule. Refer to WAC 388-97-1660 (2)(b), (3)(a)(i)