STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505236	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edmonds Care	21400 72nd Avenue West Edmonds, WA 98026

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 - Few	Respond appropriately to all alleged violations. 48298 Based on interview and record review, the facility failed to ensure allegation of abuse was thoroughly investigated for 1 of 3 residents (Resident 1), reviewed for abuse investigations. This failure placed the resident at risk for repeated incidents, unidentified abuse, and a diminished quality of life. Findings included . Review of the Nursing Home Guidelines, The Purple Book, revised in 2015, showed that all alleged incidents of abuse, neglect, abandonment, mistreatment, injuries of unknown source, personal and/or financial exploitation, or misappropriation of resident property must be thoroughly investigated. Review of the facility's policy titled, Prevention and Reporting: Resident Mistreatment, Neglect, Abuse, Including Injuries of Unknown Source, and Misappropriation of Resident Property, updated in August 2022, showed that the facility would review and investigate all allegations of abuse, neglect, exploitation, mistreatment, injuries, of an unknown source, and misappropriation of resident property using the risk management electronic incident report. The policy further showed that the components of a thorough investigation were to include resident interview, resident observation, staff interviews, and other resident interviews. Review of the quarterly Minimum Data Set (an assessment tool) dated 01/12/2025, showed Resident 1 had moderate cognitive impairment. Review of Resident 1's nursing progress note dated 03/02/2025, showed two law enforcement officers came to the facility after they received an anonymous call from a mandatory reporter. The nursing progress note showed that Resident 1 stated to the law enforcement officer that a nurse/aide physically grabbed their legs resulting to bruises on their legs. Further review of the nursing progress note showed Resident 1 referred to alleged perpetrator as Grandma and that Resident 1's last interaction with the alleged perpetrator could either [be] 03/01/2025 or today, 03/02/2025. Review of Resident 1's incident investigation dated 03/03/2025 showed the facility did not thoroughly collect evidence related to other possible witnesses or other staff related to the investigation. Further review of the incident investigation did not show conclusion or outcome of the facility investigation about the alleged abuse. (continued on next page)

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
	505236	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edmonds Care	21400 72nd Avenue West Edmonds, WA 98026

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 - Few	In an interview on 03/13/2025 at 1:38 PM, Staff C, Certified Nursing Assistant, stated that they worked on day shift and had been assigned to Resident 1 on 03/02/2025 and on 03/03/2025. When asked if they had been interviewed related to Resident 1's abuse allegation, Staff C stated, No. In an interview and joint record review on 03/14/2025 at 12:38 PM, Staff B, Licensed Practical Nurse Float/Resident Care Manager stated that they started their investigation on 03/03/2025 and that all staff assigned to Resident 1 for the last 48 hours were interviewed. When asked to clarify the 48-hour time, Staff B stated that 48 hours would be from 03/01/2025 to 03/02/2025, all shifts-day, evening [and] night. Joint record review of the incident investigation dated 03/03/2025, showed three staff were interviewed related to the allegation. Staff B stated that they had interviewed all staff assigned to Resident 1 within the time-period. When asked to show documentation of staff interviews, Staff B stated that they talked to them [staff] and that they did not document their interviews with the staff. Staff B stated that they were not able to write the conclusion of their investigation. Staff B further stated, I did not do a good job. I could have done a good job in my documentation. In an interview on 03/14/2025 at 3:01 PM, Staff A, Administrator, stated, I cannot say, yes or no, when asked if the facility had done a thorough investigation of the alleged abuse. Staff A stated that they expected that all staff assigned to Resident 1 had been interviewed and that staff interviews should have been documented. Staff A further stated that a conclusion or the outcome of the investigation of abuse allegation should had been written. Reference: (WAC) 388-97-0640 (6)(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505236	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edmonds Care	21400 72nd Avenue West Edmonds, WA 98026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 48298 Based on interview and record review, the facility failed to report a communicable disease (infectious disease that can spread through direct or indirect contact) outbreak (two or more cases of a highly contagious disease) for 1 of 2 outbreak, reviewed for infection control. This failure placed the residents, staff, and visitors at an increased risk of infection and related complications. Findings included . Review of the facility's policy titled, Infection Prevention and Control Program, dated December 2023, showed, Outbreak management is a process that consists of reporting the information to appropriate public health authorities. It further stated that the facility would comply with pertinent state and local regulations concerning the reporting and management of those with reportable communicable diseases. Review of the facility's Antibiotic Line Listing dated March 2025, showed two residents (Resident 2 & 3) tested positive for influenza (a communicable disease cause by a virus). It further showed Resident 2 tested positive for influenza on 02/28/2025 and Resident 3 tested positive on 03/02/2025. In an interview on 03/14/2025 at 1:50 PM, Staff D, Infection Preventionist, stated that they were not able to report to the State Agency about the influenza outbreak that involved Resident 2 and Resident 3. Staff D stated that the outbreak should have been reported to the State. That is our policy. In an interview on 03/14/2025 at 4:08 PM, Staff A, Administrator, stated, It is my expectation that a report should have been sent to the State Agency about the influenza outbreak. Reference: (WAC) 246-101-101(2)