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	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edmonds Post Acute	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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. (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

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interview and record review the facility failed to thoroughly investigate and promptly resolve a grievance for 1 of 1 resident (Resident 1), reviewed for grievances. This failure placed the resident at risk for unmet care needs and a diminished quality of life.Findings included.Review of the facility's policy titled, Grievances/Complaints, Recording and Investigating, revised in April 2017, showed All grievances and complaints filed with the facility will be investigated and corrective actions will be taken to resolve the grievance(s). The policy further showed upon receiving a grievance and complaint report, the grievance officer will begin an investigation into the allegations.Review of Resident 1's admission Minimum Data Set (an assessment tool) dated 09/05/2025, showed Resident 1 was cognitively intact.On 11/05/2025 at 12:36 PM, Resident 1 stated that sometime towards the beginning of September 2025, staff (Staff C, Certified Nursing Assistant and another unknown staff) left them soiled, and dripping urine. Resident 1 stated that staff threatened to not answer their call light all night long. Resident 1 further stated that they let social services staff know and that they just ignored me.Review of the facility's document titled, Grievance Log, dated August 05, 2025, to November 05, 2025, did not show a grievance was filed for Resident 1.In an interview and joint record review on 11/17/2025 at 1:20 PM, Staff B, Social Services Assistant, stated that everyone in the building was a mandatory reporter. Staff B stated that the process for grievances was to ask the residents if they would like to file a grievance or need help in writing one, they would investigate it and do resident interviews. Joint record review of an undated document titled, Grievance Form, for Resident 1, showed an incident had occurred on 09/07/2025 where Resident 1 had reported that they turned on their call light to use the toilet, and that staff took 20 minutes to come. The form showed that Resident 1 ended up with their pants and bed wet, and that when their aide came, they did not like the way he talked to them and that some of the aides needed to be educated on answering lights on time. Staff B stated Resident 1 had reported this to them the first week they admitted to the facility and did not want it to go further. Staff B stated that they reported it to a nurse and did not recall their name and Staff D, Social Services Director. Staff B stated that they figured out which staff Resident 1 was referring to (Staff C) and that they spoke with them regarding what Resident 1 had reported. Staff B stated they did not document any follow-up regarding what they did for Resident 1's grievance and that they should have. When asked if there was any documentation to support that Resident 1 stated that they did not want their grievance to go any further, Staff B stated That's [that is] all that I have written that day.On 11/17/2025 at 2:44 PM, Staff A, Administrator, stated that the process for grievances was if someone had an issue, they would fill out a grievance, assist if needed, log it and start an investigation. Staff A stated that everyone was a mandatory reporter. When asked what their expectation would be if a resident reported something in a grievance and did not want it to go any further, Staff A stated that they would expect a grievance to be completed even if the resident did not want to and would still follow their process. When asked if they were aware of Resident 1's grievance incident from 09/07/2025, Staff A stated that they were not aware and that Staff B had notified them that day. When asked if Resident 1's grievance could be a potential allegation of abuse/neglect, Staff A stated that it could be, and that they would have to investigate it first to determine that. Staff A further stated that staff should have followed their grievance process for Resident 1. Reference: (WAC) 388-97-0460.