

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/04/2025
NAME OF PROVIDER OR SUPPLIER  Port Washington Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  140 South Marion Avenue Bremerton, WA 98312	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to protect resident's property from loss or theft for 1 of 3 residents (Resident 1) reviewed for abuse, neglect, and/or exploitation. This failure placed residents at risk for financial loss and diminished sense of security within the facility. Findings included. Resident 1 was admitted to the facility on [DATE]. The quarterly Minimum Data Set (an assessment tool), dated 08/13/2025, showed Resident 1 was cognitively intact. During an interview on 09/03/2025 at 7:22 PM, Resident 1 said they were unable to lock the top drawer of their nightstand. Resident 1 said in June of 2025, they had made at least two requests for maintenance to install a lock. Resident 1 said at the beginning of July 2025, they had 376 dollars in the top drawer of their nightstand. Resident 1 said they had a witness, Resident 2, that knew the money was there. Resident 1 said on 07/07/2025 they were sent to the hospital and returned on 07/15/2025. Resident 1 said upon return to the facility there was only one dollar left in the drawer. Resident 1 said they had reported the missing money immediately to Staff C, Social Services Director. Review of a Social Services note, dated 07/23/2025, documented, The resident came into the Social Services Office reporting that while she was in the hospital \$325 was stolen from them. During an interview on 09/04/2025 at 12:32 PM, Staff B, Social Services Director, said they received a complaint from Resident 1 and had reported it to their supervisor. When Staff B was asked if the missing money had been reported to the police or to any other agency, they stated, No. When Staff B was asked if there had been an investigation started, they said they had only spoken to the witness who denied seeing the money. Staff B said they had been unaware of the money in Resident 1's room, but that Staff C, Business Office Manager (BOM), had known. During an interview on 09/04/2025 at 12:45PM, Staff C, BOM, said Resident 1 had told them at the beginning of July 2025 that they had cash in their room. Staff C said they encouraged Resident 1 to put the money into a trust with the facility, but Resident 1 refused as they could only access 30 dollars a day. Staff C said they asked Resident 1 if there was a lock on the drawer where the money was being stored and they were told there was. When Staff C was asked if they had verified there was a secure locked drawer, they stated, No. During an interview on 09/04/2025 at 1:00 PM, Staff D, Maintenance Director, said they were not aware that Resident 1 did not have a lockable drawer on their nightstand. Staff D denied Resident 1 had ever requested a new lock on the nightstand. Staff D entered Resident 1's room and observed there was not a lockable drawer. During an interview on 09/04/2024 at 1:34 PM, Resident 2 verified Resident 1 had 375 dollars in cash in the top drawer of the bedside table before Resident 1's discharge, July 07/07/2025, to the hospital. Resident 2 said they themselves had put that amount of money in the drawer. When asked if there was a lock on that drawer, Resident 2 said they saw there was a latch, but it did not lock. During an interview on 09/04/2025 at 2:00 PM, Staff A, Administrator, said they had only been in the position for two weeks. Staff A said the incident should have been investigated and reported. Staff A said Resident 1 should have been reimbursed. Reference WAC 388-97-0640</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
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