

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2025
NAME OF PROVIDER OR SUPPLIER Birch Creek Post Acute & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5601 S Orchard Street Tacoma, WA 98409	

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 - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (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: 505289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2025
NAME OF PROVIDER OR SUPPLIER Birch Creek Post Acute & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5601 S Orchard Street Tacoma, WA 98409	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** .Based on interview and record review, the facility failed to identify, and timely report an allegation of potential abuse for 1 of 3 Residents (Resident 1) reviewed for abuse. Failure of the facility to ensure 4 of 4 staff (Staff D, E, F, and G) timely reported alleged abuse, placed residents at risk of abuse, psychological distress, and diminished quality of life. Findings included .Review of a facility policy titled Abuse, dated 10/01/2021, showed staff were encouraged to identify, correct, and intervene in situations in which abuse and neglect was likely to occur. Immediately following, ensuring the resident's safety, staff were to report an allegation or observation of abuse to their supervisor, director of nursing, administrator or facility leadership member. Each mandated reporter should report immediately, but no later than 24 hours if the events of the suspicion did not result in serious bodily injury.&lt;Resident 1&gt;Resident 1, a long-term resident, was admitted to the facility on [DATE] with a medically complex diagnosis. The quarterly Minimum Data Set (MDS-an assessment tool), dated 03/27/2025, showed Resident 1 was cognitively intact, required the use of a wheelchair, required assistance from staff for activities of daily living like toileting and transfers. Review of the facility Incident Report Summary (ISR) titled Allegation of Inappropriate Relationship Between Staff member and Resident, showed a report of a concern about an inappropriate relationship between Staff C, PTA/DOR (Physical Therapy Assistant/Director of Rehab) and Resident 1. The report was received by the Administrator on 06/23/2025, which triggered an investigation. Further review of the ISR showed the facility found that Staff D, Restorative Aide and Staff G, LPN (Licensed Practical Nurse) did not report suspicions of abuse in a timely manner. During an interview on 06/30/2025 at 1:54 PM Staff D, stated they entered the gym on 06/15/2025 to find Resident 1 and Staff C, in the gym behind locked doors with the lights off. When Staff D entered the gym, Staff C was sitting facing Resident 1. When Staff C saw Staff D, Staff C pushed Resident 1 away from them. Staff D said the gym was usually closed on Sunday and there was no therapy staff scheduled on Sundays. Staff D said they had suspicion there was inappropriate relations occurring. Staff D said they did not immediately report this concern but talked to other staff members about it. Staff D stated they had a conversation with Staff C and asked them to stop any relationship they had with Resident 1. Staff D said Resident 1 had told staff they had a crush on Staff C and they had kissed. Staff D said they waited 6 days until they again found Staff C and Resident 1 behind a locked door in therapy alone. Staff D then notified the administrator on the following day of their concerns of an inappropriate relationship between Staff C and Resident 1. During an interview on 06/30/2025 at 2:27 PM, Staff E, Rehab Aide, said they had heard about the suspicion of an inappropriate relationship between Staff C, PTA/DOR and Resident 1, but had not witnessed anything themselves. Staff E said they did not report it since they had not seen anything. During an interview on 06/30/2025 at 3:10 PM, Staff F, LPN, said they were approached by a staff member on 06/22/2025 about their concerns of an inappropriate relationship. Staff F said they told the staff they needed to report the concern to administration. Staff F said they did not report the suspicion to administration because they did not see it. During an interview on 06/30/2025 at 3:22 PM, Staff G, LPN, said they had not seen any inappropriate behavior personally, but Resident 1 had talked about it to them and had insinuated things without clarity about 3 weeks prior. Staff G said they were told someone had seen Resident 1 with a staff member. Staff G said they told the staff they should report their concern to management. Staff G said they did not report it to anyone because they did not see it happening and was not sure if it was factual. During a joint interview on 06/30/2025 at 3:56 PM, Staff A, Administrator and Staff B, DNS (Director of Nursing Services), said they were notified on 06/23/2025 of the concern of an inappropriate relationship between Staff C, and Resident 1. They received the report 8 days after the concern was first identified. Staff A said this should have been reported as soon as there was a suspicion of an inappropriate relationship. Staff A said any staff that suspected an inappropriate relationship, should have reported it. Reference WAC 388-97-0640(5)(a).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2025
NAME OF PROVIDER OR SUPPLIER Birch Creek Post Acute & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5601 S Orchard Street Tacoma, WA 98409	

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 - Some	x

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2025
NAME OF PROVIDER OR SUPPLIER Birch Creek Post Acute & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5601 S Orchard Street Tacoma, WA 98409	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2025
NAME OF PROVIDER OR SUPPLIER Birch Creek Post Acute & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5601 S Orchard Street Tacoma, WA 98409	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** .Based on interview and record review, the facility failed to thoroughly investigate an allegation of potential abuse and implement interventions to prevent further suspected abuse for 1 of 3 Residents (Resident 1) reviewed for abuse. These failures placed the residents at risk of abuse, psychological distress, and diminished quality of life. Findings included .Review of a facility policy titled Abuse Investigation and Reporting, dated 10/21/2021, showed all reports of resident abuse, neglect and exploitation would be thoroughly investigated by facility management. Further review of the policy showed the facility would ensure that any further potential abuse, neglect, or exploitation would be prevented. Review of a facility policy titled Abuse, dated 10/01/2021, showed in the event of an allegation or observation of abuse, the facility would protect the resident and other residents from further abuse. Review of a facility policy titled Abuse Prevention Program, dated 10/01/2021, showed the facility would implement measures to address factors that may lead to abusive situations. &lt;Resident 1&gt;Resident 1 admitted to the facility on [DATE] with a medically complex diagnosis. The quarterly minimum data set (MDS), an assessment tool, dated 03/27/2025, showed Resident 1 was cognitively intact and used a wheelchair for mobility. Resident 1 was dependent on staff for toileting and transfer assistance. Review of the facility Incident Report Summary (ISR) titled allegation of inappropriate relationship between staff member and resident, showed on 06/15/2025, Staff D, Restorative Aide, unlocked the gym door and entered the gym. Staff D found Resident 1 and Staff C, PTA/DOR (Physical Therapy Assistant/Director of Rehab) sitting in close proximity, face to face with the lights off. When Staff C realized Staff D had entered the gym, Staff C pushed Resident 1's wheelchair further away from them. The ISR showed on 06/22/2025 Staff D observed Staff C with Resident 1 in the gym with the lights off and the gym door locked again. The ISR showed Resident 1 had made comments to other staff about kissing Staff C and giving them oral sex. Staff C was suspended pending investigation. Review of the ISR showed Staff C and Resident 1 had been texting and developed a close friendship but unsubstantiated any sexual abuse. Review of the ISR showed Staff C allowed a professional provider relationship to cross boundaries into a personal relationship with a resident with known confessed romantic feelings toward them. Review of the ISR showed Staff C was to receive disciplinary action to include education about maintenance of professional boundaries and provider relationships with residents. Review of the ISR showed two staff members provided witness statements. The facility failed to identify any further witnesses to interview. During an interview on 06/30/2025 at 1:30 PM, Resident 1, said they and Staff C had been texting and they were friends. Resident 1 said they had texted when Staff C was not at work. Resident 1 said the texts included conversations about their health condition and Staff C's family, house, car, and everyday life. Resident 1 said they do not receive therapy services at this time. During an interview on 06/30/2025 at 1:54 PM Staff D, said they entered the gym on 06/15/2025 to find Resident 1 and Staff C in the gym behind locked doors with the lights off. Staff D said the gym is usually closed on Sunday and there are no therapy staff scheduled on Sundays. Staff D said they had suspicion there was inappropriate relations occurring. Staff D said they did not immediately report this concern but talked to other staff members about it to get advice about what to do. Staff D said they spoke to 5 (Staff E, Staff F, Staff G, Staff H, and Staff I) other staff about their concerns. Staff D said they had a conversation with Staff C and asked them to stop any relationship they have with Resident 1. Staff D stated 6 days later they found Staff C and Resident 1 behind a locked door in therapy alone. During an interview on 06/30/2025 at 2:41 PM, Staff C, said they had texted with Resident 1 from their personal phone, for about a year, mostly during working hours. Staff C said they did not text with any other residents, only Resident 1. Staff C stated a year ago, they heard from other residents that Resident 1 was attracted to Staff C. Staff C stated they set boundaries at that time and told Resident 1 they were married and loved their job. Staff C said they came into the facility on [DATE] to work on scheduling. Staff C said Resident 1 came to the gym, knocked on the door, and asked if they could talk. Staff C said they let Resident 1 in, and they talked for a while. Staff C said Staff D, entered the gym, saw Staff C and Resident 1, retrieved items, and left. When the allegation was reported, Staff C said they were suspended for two days until Staff A, Administrator, told them they could come back to work. Staff C stated they did not receive discipline. Staff C said they were assigned one education assignment for HIPPA (The Health Insurance Portability and Accountability Act, a federal standard protecting sensitive health information from disclosure without a patient's consent). Staff C said they were given no directions or guidance when they returned to work. When asked what they had</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2025
NAME OF PROVIDER OR SUPPLIER Birch Creek Post Acute & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5601 S Orchard Street Tacoma, WA 98409	

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	x