STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505299	A. Building B. Wing	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Puget Sound Care	4001 Capitol Mall Dr Southwest Olympia, WA 98502

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** .Based on interviews and record reviews, the facility failed to report an allegation of neglect for 1 of 4 sampled residents (Resident 1) reviewed for neglect. This failure placed residents at risk for ongoing neglect and a diminished quality of life.Findings included.Record review of the facility policy titled, Abuse Prevention and Reporting: Resident Mistreatment, Neglect, Abuse, Including Injuries of Unknown Source, and Misappropriation or Resident Property dated August 2025, showed When allegations that meet the definition of abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property are received, the center shall:(1) Ensure that all alleged violations are reported immediately. Resident 1 was admitted to the facility on [DATE] for long term care services. The 5-day Minimum data set, an assessment tool, dated 03/14/2026 indicated Resident 1 was moderately cognitively impaired.Review of the facility's incident/accident logging records dated for both March and April 2026, showed no entries regarding an allegation of neglect for Resident 1.Record review of Resident 1's care plan, dated 02/04/2025 showed Resident 1 was incontinent of bowel and bladder and required 2 person assist with all adl's (activities of daily living) care.In an interview with Staff C 04/23/2026 at 2:33 PM, Staff C, Nursing Assistant Certified (NAC) said they came on shift on March 29th, 2026, and found Resident 1's bed saturated with urine. Staff C said the bed was wet enough to cause urine to pool underneath Resident 1 to include 2 pillows up behind her head. Staff C said both pillows had to be replaced due to urine saturation. Staff C said the entire bedding had to be changed due to linen being soaked. Staff C said she notified the nurse and was informed to also notify the Director of Nursing (DNS). Staff C said she sent the DNS a text message of her concerns regarding Resident 1's urine-soaked bed. Staff C said the nurse then asked her to write a statement regarding Resident 1's unkept condition when she found her. Staff C said they then filed an online report as a mandatory reporter because she was concerned the facility would not investigate the potential allegation of neglect.In a joint interview with Staff A, Administrator and Staff B, Director of Nursing and Registered Nurse on 05/08/2026 at 10:23 AM, stated they had heard a concern about care following shift change. Staff A said he thought the nurse addressed the issue in real time, and that neglect was not considered. Staff B said she had received a text from Staff C about a wet bed on Resident 1. Staff C said the NAC failed to do shift change rounds with the off going shift, so there was no way to know how long the bed was wet. Staff B said she did not log the concern as Staff C did not complete shift change rounds. Staff B said they did not treat this as an allegation of neglect because Staff C did not use that terminology. Staff B said she usually logs and reports all concerns about abuse and neglect but did not for this situation. Reference WAC 388-97-0640(5)

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