

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER Regency Coupeville Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 311 Northeast 3rd Street Coupeville, WA 98239	

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 - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43954</p> <p>Based on interview and record review, the facility failed to ensure thorough investigations were completed for 3 of 3 residents (Residents 1, 2, and 3) reviewed for allegations of abuse and/or neglect. Failure to conduct thorough investigations to identify root cause(s) and all contributing factors related to allegations of abuse and/or neglect placed all residents at risk for unidentified abuse or neglect, unidentified corrective actions, potential harm and decreased quality of life.</p> <p>Findings included .</p> <p>Review of the facility provided policy titled, Abuse/Neglect/Misappropriation/Exploitation, revised 10/2022 documented during the investigation, the data collection involved interview of the alleged resident victim, interview caregivers, family, visitors, roommates and the alleged perpetrator. The policy also documented that after an investigation was complete, action to correct the reasonable cause of the incident and prevent further recurrences must be taken.</p> <p>According to the Washington State Reporting Guidelines for Nursing Homes (Purple Book) dated October 2015, stated, A thorough investigation is a systemic collection and review of evidence/information that describes and explains an event or a series of events. It seeks to determine if abuse, neglect, abandonment personal and/or financial exploitation or misappropriation of resident property occurred, and how to prevent further occurrences.</p> <p><RESIDENT 1></p> <p>Resident 1 was admitted to the facility on [DATE] with diagnoses to include Chronic Heart Failure (chronic condition in which the heart doesn't pump blood as well as it should), malnutrition, depression, anxiety and muscle weakness. Resident 1 was discharged from the facility on 01/03/2025.</p> <p>Review of the facility Incident Report Log dated January 2025 documented there was an allegation of neglect for Resident 1 on 01/06/2025.</p> <p>Review of Resident 1's progress note dated 01/06/2025 at 9:47 AM showed Staff A, Administrator documented Resident 1's family member had care concerns related to Resident 1's stay at the facility.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER Regency Coupeville Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 311 Northeast 3rd Street Coupeville, WA 98239	
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 - Some</p>	<p>Review of Resident 1's facility investigation, dated 01/08/2025 showed the facility unsubstantiated the allegation related to potential neglect based on review of Resident 1's medical record documentation. The investigation was not thorough and missed information such as statements from all staff that were working with the resident, other residents, potential witnesses and was unable to determine how the facility ruled out abuse and/or neglect.</p> <p>During an interview on 05/22/2025 at 11:55 AM, Staff A stated there were no statements related to Resident 1's 01/06/2025 investigation.</p> <p><Resident 2></p> <p>Resident 2 was most recently admitted to the facility on [DATE] with diagnoses to include End Stage Renal Disease (final stage of chronic kidney disease), muscle weakness, recurrent clostridium difficile (bacteria that can cause a serious intestinal infection), pressure ulcer (injury to skin and underlying tissue resulting from prolonged pressure on the skin) of sacrum (tailbone) and anxiety disorder.</p> <p>Review of the facility incident reporting log dated April 2025 documented Resident 2 had an allegation of staff to resident abuse on 04/15/2025 and 04/19/2025.</p> <p>Review of Resident 2's progress note dated as a late entry for 04/15/2025 documented the resident had an incident with two Nursing Assistants Certified (NAC). No other documentation was completed on 04/15/2025 or 04/16/2025 to monitor for psychosocial harm after the allegation of abuse.</p> <p>Review of Resident 2's care plan showed no updated interventions related to the allegation of abuse on 04/15/2025.</p> <p>Review of Resident 2's facility investigation dated 04/15/2025 showed the facility unsubstantiated the allegation related to potential abuse based on staff interviews. The investigation was not thorough, the facility did not monitor for potential psychosocial harm after the allegation and did not implement any interventions to prevent recurrence.</p> <p>Review of Resident 2's progress note dated 04/19/2025 at 10:10 AM Staff D, Licensed Practical Nurse (LPN)/Resident Care Manager (RCM), documented Resident 2 reported an allegation of staff to resident abuse that occurred on 04/18/2025 during the evening.</p> <p>Review of Resident 2's care plan showed no updated interventions related to the reported allegation of abuse on 04/19/2025.</p> <p>Review of Resident 2's facility investigation dated 04/21/2025 showed the facility unsubstantiated the allegation related to potential abuse/neglect based on there being no physical injury and it was an isolated event. The investigation was not thorough and missed information such as statements from all staff that were working with the resident, potential witnesses and was unable to determine how the facility ruled out abuse and/or neglect.</p> <p>During an interview on 05/22/2025 at 11:55 AM with Staff A stated there were no statements related to Resident 2's 04/19/2025 investigation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER Regency Coupeville Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 311 Northeast 3rd Street Coupeville, WA 98239	
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 - Some</p>	<p>In an interview on 05/22/2025 at 1:38 PM, Resident 2 stated the facility had not put any interventions into place to avoid recurrence from the 04/15/2025 allegation of abuse that included staff waking them too early for care, medications and/or to obtain vital signs. Resident 2 stated it made them mad to be woken so early and it had continued repeatedly.</p> <p>In an interview on 05/22/2025 at 2:18 PM, Staff D stated after an allegation of abuse, they would get statements from the Resident involved in the allegation and sometimes will get a staff statement and stated facility management takes over and obtains the rest of the needed statements. Staff D stated there should be witness statements in every investigation. Staff D stated alert documentation was to be completed for at least 72 hours after an allegation to monitor residents for psychosocial harm. Staff D acknowledged and confirmed the care plan interventions had not been updated for Resident 2, and it should have been.</p> <p><RESIDENT 3></p> <p>Resident 3 was admitted to the facility on [DATE] with diagnoses to include cerebral palsy (congenital disorder of movement, muscle tone, or posture due to abnormal brain development), expressive language disorder (lifelong condition that affects a person's ability to use language), and cognitive communication deficit (difficulty communicating due to problems with cognitive functions).</p> <p>Review of the facility incident reporting log dated April 2025 documented there was an allegation of abuse related to Resident 3 on 04/18/2025.</p> <p>Review of Resident 3's progress note dated 04/18/2025 at 10:36 AM, Staff D documented</p> <p>Resident 3's roommate reported an allegation of staff to resident abuse.</p> <p>Review of Resident 3's facility investigation dated 04/22/2025 showed the investigation was not thorough and missed information such as statements from the resident that reported the allegation, witness and/or staff statements. Unable to determine how the facility ruled out abuse and/or neglect when a thorough investigation was not completed.</p> <p>Review of Resident 3's care plan documented no updated interventions after the allegation of abuse was reported on 04/18/2025.</p> <p>During an interview on 05/22/2025 at 11:55 AM with Staff A stated there were no statements related to Resident 3's investigation dated 04/18/2025.</p> <p>In an interview on 05/22/2025 at 2:43 PM, Staff E, LPN/RCM, stated allegations and alert documentation to monitor for psychosocial harm should be completed to monitor residents after an allegation of abuse. Staff E stated resident care plans should be updated based on the allegation. Staff E stated staff and witness statements should be obtained and in the investigation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2025
NAME OF PROVIDER OR SUPPLIER Regency Coupeville Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 311 Northeast 3rd Street Coupeville, WA 98239	
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 - Some</p>	<p>In an joint interview on 05/22/2025 at 3:46 PM, with Staff B, Registered Nurse (RN), Interim Director of Nursing Services (DNS) and Staff C, RN, Assistant Director of Nursing Services (ADNS), Staff B and Staff C stated the expectations for a thorough investigation would be to interview staff, have staff write statements, and obtain witness statements. Staff B and Staff C agreed there should be documentation related to the allegation in the resident medical record, in a progress note, and alert documentation for a minimum of 72 hours to monitor for psychosocial harm. Staff B stated investigations are completed to rule out abuse/neglect, and a thorough investigation needed to be completed.</p> <p>Reference WAC 388-97-0640 (6)(a)(b)</p>		