

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505311	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Seattle Medical Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 555 16th Avenue Seattle, WA 98122	

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>Based on interview and record review, the facility failed to ensure a resident was protected from misappropriation of controlled (narcotic or opioid) pain medication for 1 of 3 residents (Resident 1), reviewed for misappropriation of controlled medications. This failure placed the resident at risk in unmet care needs, ongoing misappropriation of medications, and a diminished quality of life. Findings included. Review of the facility's policy titled, Freedom from Abuse, Neglect. Misappropriation of Resident Property. updated March 2025, showed that an example of misappropriation of resident property included Missing prescription medications or diversion of a resident's medications, including, but not limited to, controlled substances for staff use or personal gain. Review of the facility's investigation summary titled, Allegation of Misappropriation of Property, dated 03/23/2026, showed Staff B, Registered Nurse, documented administration of a controlled substance for Resident 1 and that [Resident 1] had no active [physician] orders for such medication [controlled substance] to be administered. It further showed that Resident 1's Medication Administrator Records did not show documentation related to the administration of the controlled substance and that the Facility suspected potential drug diversion by [Staff B]. [Staff B] claimed to have administered a controlled medication to a patient [Resident 1] that had no valid physician order with no documentation whether it was given or not. In an interview on 04/17/2026 at 1:17 PM, Staff A, Director of Nursing, stated that an investigation concerning misappropriation of property involving Staff B resulted from an audit of Resident 1's electronic health records. Staff A stated that misappropriation of property was not ruled out and that [Staff B] was not able to provide an explanation of where the medication [controlled substance] was. Staff A further stated they expected residents would be free from abuse, including misappropriation of property. Reference: (WAC) 388-97-0640 (2)(a), (3)(c)(d).</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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