

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/13/2026
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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident with impaired cognition and who had been identified as an elopement (a resident who is unsafe to be alone leaves the facility without supervision) risk, remained safely within the facility premises under adequate supervision for 1 of 3 residents (Resident 1), reviewed for accident prevention. This failure placed the resident at risk of significant hazards, including environmental exposure, potential medical complications, and the risk of being struck by a motor vehicle. A past noncompliance was initiated on 06/29/2026 related to F689 Free of Accident Hazards/Supervision/Devices, for failure to protect Resident 1 from an avoidable elopement. The facility implemented the following interventions that were initiated on 06/29/2026 and corrected by 06/30/2026:-Resident 1 was safely located at a hospital following the elopement.-Resident 1 will be placed on one-to-one supervision in the event of a return to the facility.-The identified security staff was educated on checking the facility elopement book at the beginning of every scheduled shift to identify newly identified residents at risk for elopement or other revisions.-Facility wide audits were conducted to ensure that all residents identified as an elopement risk have been appropriately identified and have appropriate interventions in place.-Alike residents have had their elopement evaluations and care plans reviewed to ensure accuracy.-Facility elopement books have been reviewed and audited for accuracy.-All-staff education on the facility's elopement policy and procedures was completed.-Security personnel/reception have been educated on checking the elopement book at the start of every shift to ensure that they were aware of updates or changes.-Periodic audits of random staff interviews would be conducted to ensure elopement policy and procedure were understood and to ensure compliance with the plan of correction.-Plan for reviewing and reporting of audit findings to the facility's Quality Assurance and Performance Improvement Program meeting scheduled for 07/16/2026, for continued quality improvement. Findings included. Review of a face sheet showed Resident 1 admitted to the facility on [DATE] with diagnosis that included anxiety disorder (a condition where worry, fear or nervousness becomes too strong, happens often, or lasts too long, and it starts to interfere with daily life). Review of an assessment titled, Brief Interview for Mental Status (BIMS - a tool used in nursing homes to measure memory and thinking ability), dated 06/26/2026, showed that Resident 1 was assessed as severely impaired with making decisions regarding tasks of daily life. It further showed that Resident 1 had a BIMS score of five out of 15, which indicated noticeable problems with memory, recall and orientation. Review of an assessment titled, Elopement Risk Evaluation, dated 06/25/2026, showed that Resident 1 was identified as an elopement risk and that Resident 1 has wandered in the past month. It further showed that Resident 1 was assessed to exhibit sign of wanting to leave. Review of Resident 1's elopement care plan, dated 06/26/2026, showed that Resident 1 was an elopement risk related to (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 505311	Facility ID: 505311 If continuation sheet Page 1 of 2

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 07/13/2026
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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	impaired cognition and active exit seeking behaviors.Review of an investigation summary report titled, Elopement, dated 06/29/2026, showed that Resident 1 was appropriately identified as an elopement risk.Security guard did not review update to elopement book and inadvertently assisted resident in exiting building. It showed that Resident 1 left the facility around 3:20 AM on 06/29/2026. It further showed that Resident 1 was located at [Name of Hospital], approximately six blocks (11-14 minute walk) from the facility.In an interview on 07/13/2026 at 1:33 PM, Staff B, Resident Care Manager, stated that Resident 1 was identified in the facility's elopement books and that an elopement book was available to all staff including the security guards. When asked if there were hazards to Resident 1 leaving the facility without supervision on 06/29/2026, Staff B stated, Yes [Resident 1] was walking unattended, and that Yes, there were hazards. Staff B further stated, I think the security guard could have paged the floor nurse and said something.In an interview on 07/13/2026 at 1:49 PM, Staff A, Administrator, stated that Resident 1 was Identified as elopement risk due to confusion.we already identified that it was not safe for [Resident 1] to be alone. Staff A further stated, My expectation is that the staff follow the elopement process by reviewing the elopement binder at the start of their shift.Reference: (WAC) 388-97-1060 (3)(g).		