

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER Snohomish of Cascadia, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 800 10th Street Snohomish, WA 98290	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47104</p> <p>Based on interview and record review the facility failed to conduct an investigation for 1 of 3 sampled Residents (Resident 1) reviewed for falls. Failure to conduct an investigation to identify the root cause(s) and all contributing factors related to Resident 1's incident, placed the resident at risk for unidentified abuse or neglect, risk for injury, and unmet care needs.</p> <p>Findings included .</p> <p>According to the Washington State Reporting Guidelines for Nursing Homes (Purple Book), dated October 2015, A thorough investigation is a systematic collection and review of evidence/information that describes and explains an event or a series of events. It includes guidelines for prevention and protection, incident identification, investigation and reporting for nursing homes, the facility investigation should end with the identification of who was involved in the incident, and what, when, where, why, and how the incident happened including the probable or reasonable cause.</p> <p><RESIDENT 1></p> <p>Resident 1 admitted to the facility on [DATE], with diagnoses including Hemiplegia (paralysis on one side of the body) and Hemiparesis (Weakness on one side of the body) following Cerebral Infarction (a condition where blood flow to the brain is interrupted causing brain tissue damage) affecting left non-dominant side. According to the Admission Minimum Data Set (MDS- an assessment tool) assessment dated [DATE], Resident 1 had moderate cognitive impairment.</p> <p>Review of the facilities State Incident Reporting log, for April 2025 did not show an investigation for Resident 1's fall on 04/25/2025.</p> <p>Review of Resident 1's progress note titled Health Status Note dated 04/25/2025 at 6:33 AM, Staff C, Registered Nurse (RN) documented While going to open the door for the medics, patient drops herself to the floor. Medics took her to providence hospital at 4:10 AM.</p> <p>During an interview on 05/16/2025 at 1:25 PM, Staff D, RN, stated if a resident had a fall the resident would be assessed, notifications would be made, statements from staff would be obtained and an incident report would be completed.</p> <p>During an interview on 05/16/2025 at 2:05 PM, Staff E, Licensed Practical Nurse, stated when a resident has a fall an incident report is completed in the computer.</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
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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview and record review on 05/19/2025 at 10:45 AM, Staff B, RN, Director of Nursing, Staff B reviewed Resident 1's progress notes. Staff B acknowledged documentation that the resident had fallen and stated there was not an incident report in the computer and the incident was not logged on the April 2025 reporting log. Staff B stated an investigation should have been conducted for the fall and to rule out abuse.</p> <p>Refer to WAC 388-97-0640 (6)(a)</p>		