

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505386	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Marysville Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 Grove Street Marysville, WA 98270	

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 a thorough investigation for 1 of 2 sampled Residents (Resident 1) reviewed for abuse/neglect and skin concerns. Failure to conduct a thorough investigation to identify the root cause(s) and all contributing factors related to Resident 1's incidents, 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 Alzheimer's Disease and cognitive communication. According to the Admission Minimum Data Set (MDS- an assessment tool) assessment dated [DATE], Resident 1 had severe cognitive impairment.</p> <p>Review of the facilities State Incident Reporting log, showed an allegation of abuse for Resident 1 dated 01/29/2025.</p> <p>Review of the facilities State Incident Reporting log, showed a bruise for Resident 1 on 02/02/2025.</p> <p>Review of the facility investigation of an allegation of potential abuse of Resident 1, dated 01/29/2025, showed it was not thorough and did not include information such as statements from staff that had worked with the resident, the resident's roommate, root cause analysis, unable to determine how the facility ruled out abuse and/or neglect.</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>Review of the facility investigation, dated 02/02/2025, showed a bruise was found on the Resident 1's lateral left elbow. The investigation was not thorough and did not include information such as statements from staff that were working with the resident, unable to determine how the facility ruled out abuse and/or neglect.</p> <p>During an interview on 02/11/2025 at 12:58 PM, Staff C, Certified Nursing Assistant, stated that they worked with Resident 1 regularly and had not observed any concerns with any of the resident's visitors. Staff C stated that if they had witnessed or suspected abuse of any resident, they would protect the resident and report the incident.</p> <p>During a joint interview and record review on 02/11/2025 at 2:00 PM, Staff A, Administrator, and Staff B, RN, Director of Nursing, Staff A stated that they had completed the abuse allegation, the incident was discussed with management and social services had followed up with the Resident 1. Staff A stated Resident 1 had a roommate at the time the allegation was reported, and during the investigation they failed to interview the roommate. Staff A stated staff were educated on the Staff Alert document which contained information and direction for staff regarding a family member who was not to visit Resident 1 and the facility Abuse Prevention Policy. Staff A was not able to provide staff statements or staff in-service documentation and stated they must have thrown it out once the investigation had been scanned. Staff B stated Resident 1's bruise was unwitnessed so there was no way to get witness statements, and because the bruise was not considered significant, the resident had not fell so it was not necessary to conduct an extensive investigation. Staff B stated going forward they would like to see a 72 hour look back for incidents.</p> <p>During a joint interview and record review on 02/11/2025 at 2:58 PM, Staff A provided management staff statements, and in-service record dated 01/30/2025 with management staff signatures. There were no statements or in-service records from direct care staff, Resident 1's roommate, social services staff, or Marysville Police Officer interview with Resident 1 regarding allegation of abuse.</p> <p>Refer to WAC 388-97-0640 (6)(a)</p> <p>Refer to WAC 388-97-0640 (6)(a)</p>		