

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/18/2026
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)		
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to conduct a complete and thorough investigation for 1 of 1 sampled resident (Resident 1) reviewed for abuse and neglect. This failure placed residents at risk for unidentified abuse or neglect, potential ongoing abuse/neglect, and a diminished quality of life. Findings included .Review of a facility policy titled Abuse-Conducting an Investigation, reviewed 04/01/2026, documented: It is the policy of this facility that allegations of abuse are promptly and thoroughly investigated. Procedure-8. The written summary of the investigation should include, but is not limited to: h. Interviews with staff members on all shifts having contact with the resident at the time of the incident. i. Interviews with the resident's roommate, family, and/or visitors who may have information regarding the incident. j. Interviews with other residents who received care or services from the alleged perpetrator. k. A review of all circumstances surrounding the incident. 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. <RESIDENT 1>Resident 1 admitted to the facility on [DATE] with diagnoses including pulmonary aspergillosis (a lung infection caused by mold), chronic pain, delirium, and disorientation. According to the admission Minimum Data Set (MDS-an assessment tool) assessment dated [DATE], the resident was cognitively intact. Review or Resident 1's electronic medical record (EMR) documented the resident was incontinent of bowel and bladder and required 2-person assistance with toileting. Review of the facilities Reporting log, dated June 2026 showed documentation of an incident for Resident 1 of sexual abuse, on 06/01/2026. Review of the facility investigation did not show statements from licensed staff, staff that met the resident's description, interview with the resident's roommate, or interviews with other resident's. In an interview on 06/16/2026 at 3PM, Staff C, Licensed Practical Nurse, stated Staff B, Registered Nurse, Director of Nursing, completes abuse investigations. Staff C stated staff statements are obtained for incidents. In a joint interview and record review on 06/18/2026 at 2:23 PM, with Staff A and Staff B, Staff B stated they and/or Staff A complete abuse investigations. Staff B stated staff and residents are interviewed and questions are tailored to the situation. Staff B stated Resident 1 required two-person assist with incontinent care. Staff B stated they ruled out abuse based on the information they had, interviews with male staff, and other residents and Resident 1 was having a change in condition, being treated for a fungal infection, and on 05/27/2026 the resident became confused. Staff A stated male staff were interviewed but they did not document the specific questions asked during the interviews. Staff B stated interviews with female staff were conducted and stated, if the interviews were not documented on the staff interview sheet, we did not do it. Staff B reviewed the staff interview sheet and stated staff interviews listed in the investigation are all the male nursing assistants assigned to the unit, the list did not include female staff. Staff B stated resident interviews were conducted but were not documented. Staff A and Staff B stated resident 1 (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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	had a roommate. Staff B stated if Resident 1 had a roommate they were not interviewed individually. Staff A stated there was no other information they wanted to add. Reference WAC 388-97-0640(6)(a)		