

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER McKay Healthcare & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 127 Second Avenue Southwest Soap Lake, WA 98851	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>27590</p> <p>Based on interview, and record review, the facility failed to ensure an allegation of neglect was reported to the State Survey Agency, as required, for one of three sampled residents (Resident 1), reviewed for abuse. Failure to report alleged neglect placed Resident 1 and additional residents in the facility at risk for continued neglect and poor quality of life. Findings included .</p> <p>Review of the facility's policy titled Abuse, Neglect and Misappropriation Policy, dated 09/10/2023, showed the facility was to report all alleged violations to the Administrator, State Agency, and all other required agencies in specified time frame.</p> <p>Review of the facility assessment, dated 12/15/2023, showed Resident 1 had diagnoses which included a neurological disorder. The resident was able to make their needs known.</p> <p>Per a facility investigation, initiated on 04/17/2024, Resident 1's representative reported to the facility they felt Resident 1 was being neglected and denied liquids. The allegation had not been reported to the State Agency, as required.</p> <p>During an interview on 04/25/2024 at 2:17 PM, Staff A, Director of Nursing (DNS), stated they had received the phone call from Resident 1's representative who alleged Resident 1 had been neglected. Staff A stated an investigation was done and neglect had not been suspected, so didn't think it met the criteria to call it to the State Agency.</p> <p>F-609 Reporting of Alleged Violations is a repeat deficiency; See Statement of Deficiencies dated 02/09/2024.</p> <p>Reference: WAC 388-97-0640 (5) (a)</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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