

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

Printed: 07/31/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505416	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/28/2025
NAME OF PROVIDER OR SUPPLIER  The Broadview Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13023 Greenwood Avenue North Seattle, WA 98133	
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	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35787</b></p> <p>Based on interview and record review, the facility failed to provide the necessary supervision for 1 of 3 residents (Resident 1), reviewed for elopement. The failure to provide the necessary supervision for Resident 1 resulted in an elopement and placed the resident at risk for injury.</p> <p>Findings included .</p> <p>Review of the facility's elopement policy, revised in March 2021 showed, elopement occurs when a resident leaves a safe area without staff knowledge OR the patient enters an unsafe area without staff knowledge or presence. The policy further showed all residents were assessed for exit seeking, wandering behavior on admission, quarterly and as needed using the Elopement/Wandering Risk Assessment.</p> <p>Review of the admission Minimum Data Set assessment (a required assessment) dated 05/01/2025 showed the resident was admitted to the facility on [DATE], had impaired memory and required assistance to walk safely.</p> <p>Review of a nursing progress note dated 04/27/2025, showed Resident 1 was wandering in the nursing unit and was redirected from the front desk/lobby area two times by staff. The nursing progress notes documented that at 3:15 PM that day, Resident 1 was not observed on the nursing unit when Staff D, Licensed Practical Nurse, looked for them. Staff D went to the front desk, and Collateral Contact 1 (CC1) told Staff D they saw Resident 1 go out the front door and walk on the street outside the facility. The nursing progress notes further showed Resident 1 was found at 3:30 PM [that day on a busy street approximately a block away] from the facility.</p> <p>In an interview on 05/27/2025 at 3:25 PM Staff C, Front Desk Receptionist, stated that CC1 heard that we were looking for a resident and that they saw them go out the front door and walk down the street by themselves. Staff C further stated, I immediately went and told the nurse.</p> <p>In an interview on 05/27/2025 at 4:11 PM, Staff D stated that it was the beginning of their shift and Resident 1 was wandering back and forth around the nursing unit and I did not know they were able to go to the front desk by themselves. I went to the front desk to ask if anyone had seen them and CC1 heard me and stated they saw Resident 1 walking down the street by themselves.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 05/27/2025 at 4:20 PM, CC1 stated that they heard the nurses were looking for a resident, and that they told the nurses they saw a person that fit the description walking outside by themselves. CC1 further stated they did not think that person should be walking down that busy street alone, but they did not know they were a resident at the facility until they heard that the nurses were looking for resident.</p> <p>In an interview on 05/28/2025 at 3:30 PM Staff F, Corporate Nurse, stated the initial admission elopement risk assessment form dated 04/26/2025 showed Resident 1 had a history of elopement, wandering, and was at risk for elopement.</p> <p>In an interview on 05/28/2025 at 3:38 PM Staff B, Director of Nursing Services, stated Resident 1 did not receive the supervision they needed to prevent them from leaving the building.</p> <p>Reference: (WAC) 388-97-1060 (3)(g)</p>		