STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505417	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saint Anne Nursing and Rehabilitation Center	3540 Northeast 110th Street Seattle, WA 98125

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35787 Based on interview and record review, the facility failed to timely report an allegation of abuse to the State Agency and failed to initiate timely investigation for 1 of 3 residents (Resident 1), reviewed for abuse reporting. These failures placed the residents at risk for abuse, unmet care needs, and a diminished quality of life. Findings Included . Review of the Abuse/Neglect Prevention Program Policy, dated April 2021, showed residents have the right to be free from abuse/neglect, this includes but is not limited to freedom from physical abuse. (8) Identify and investigate allegations of abuse. (9) Report any allegations within time frames required by the Federal Government. (10) Protect residents from further harm during investigations. Review of the quarterly Minimum Data Set assessment (MDS- an assessment tool) dated 09/02/2024, showed Resident 1 was admitted to the facility on [DATE], had impaired thinking and required assist with care and mobility. Review of a facility reported incident to the State Agency dated 09/20/2024, showed Resident 1 reported to the Business Office Manager (BOM [Staff C]) that a woman, fat, took me to the shower room and punched me, did not give me a shower, I don't like her attitude. Punched me all over my body, I have bruises all over my body. Further review of the allegation showed the incident was reported two days after Resident 1's allegation of abuse [09/20/2024]. Review of a concern and comment [grievance] form dated 09/18/2024 showed that Resident 1 reported to Staff C that a woman (fat) took them to the shower room, punched them and did not give them a shower. Further review of the grievance form showed it was changed to an incident allegation. Review of a skin assessment dated [DATE], showed Resident 1's skin was intact with normal skin color. Review of the incident form showed the allegation of abuse investigation was initiated on 09/20/2024, two days after the allegation of abuse was reported by 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 10/17/2024 at 1:43 PM, Staff C stated that on 09/18/2024 Resident 1 reported to them that an ugly, fat woman was mean and hit them all over their body, which caused bruises all over their body. Staff C stated they wrote the allegation on a concern and comment form and slid the form under the office doors of the Director of Nursing Services (Staff B) and the Administrator (Staff A) because they were not in the facility when Resident 1 made the allegation. Staff C further stated they did not call the State Agency or initiate an investigation to protect Resident 1 or other residents in the facility because they thought it should have been on a concern and comment form. In an interview on 10/17/2024 at 4:09 PM, Staff B stated that Resident 1 made the allegation of abuse on 09/18/2024, and that they did not find out about it until 09/20/2024 that was on a concern and comment form. Staff B then stated they called the State Agency on 09/20/2024 and changed the allegation of abuse from a concern and comment to an abuse investigation. Staff B stated it should have been reported to the State Agency on 09/18/2024 and an investigation should have been started to protect Resident 1 and all other residents. Staff B further stated that the allegation was reported late, and the investigation was not initiated timely and that they expected the staff to report and investigate timely. On 10/17/2024 at 4:14 PM, Staff A stated that the allegation for Resident 1 should have been reported and an investigation should have been started on 09/18/2024, not two days later [on] 09/20/2024. Staff A further stated they were made aware of the allegation of abuse by Resident 1 from Staff B. Reference: (WAC) 388-97-0640(5)(a)(7)(a).