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	02/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cascades of St Anne	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35787 Based on interview and record review, the facility failed to provide the necessary supervision for 1 of 1 resident (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. Findings included . Review of the admission Minimum Data Set assessment (MDS-a required assessment) dated 08/15/2024 showed the resident was admitted to the facility on [DATE] with diagnosis that included dementia (impaired memory). The MDS assessment also showed the resident required assistance for all care and used a wheelchair for mobility. Review of the facility's investigative report dated 11/11/2024 showed that on 11/11/2024 at approximately 5:15 PM, Resident 1 was unable to be found in the facility. The investigative report documented that the facility staff initiated a facility search inside and outside of the facility. A facility staff member walked around the neighborhood of the facility and staff did not find the resident. The facility staff called the police, Resident 1's Collateral Contact and primary care physician. The police found Resident 1 approximately one- and one-half miles away from the facility at a shopping center at 6:35 PM. The resident's Collateral Contact was notified that Resident 1 was found by the police at a shopping center, and they went and picked up Resident 1 in their private vehicle and returned them to the facility at approximately 6:55 PM that day. The facility nursing staff assessed the resident for pain and injuries after the resident was returned to the facility. There was no indications of pain or injury that occurred from the elopement. Review of the care plan dated 11/06/2024 showed Resident 1 was at risk of elopement related to a history of attempts to leave the facility unattended, the care plan further showed a device was placed on Resident 1 to alert staff when Resident 1 approached the monitored doors that exit the facility and for the placement of the device to be checked every shift. In an interview on 02/03/2025 at 3:16 PM Staff E, Maintenance Supervisor, stated there were eight door that led out of the facility, and all the doors were alarmed to sound when Resident 1 got close to the doors. Staff E stated the monitor, and the doors were tested daily to ensure they functioned properly. Staff E further stated that the alarms could be heard throughout the facility and required staff to turn the alarm off to mute the sound. (continued on next page)

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
	505417	A. Building B. Wing	02/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cascades of St Anne	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 02/03/2025 at 4:12 PM Staff C, Certified Nursing Assistant, stated Resident 1 tried to get out of the facility before, and now wore a device on their wrist that would alarm and let staff know if Resident 1 got close to the door. In an interview on 02/03/2025 at 4:18 PM Staff D, Registered Nurse, stated Resident 1 was at risk of elopement and tried to elope before. Staff D stated Resident 1 wore a device on their wrist that would alarm if Resident 1 got too close to the doors that lead outside of the facility. Staff D further stated that all the doors that lead out of the facility had alarms on them and that the sound could be heard all throughout the facility. In an interview on 02/03/2025 at 4:56 PM Staff B, Director of Nursing Services, stated that they did not know how Resident 1 got out of the facility, the alarms could be heard throughout the facility. Staff B further stated they would have to assess and see if Resident 1 was adequately supervised when they eloped from the facility. Reference: (WAC) 388-97-1060 (3)(g)