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	12/11/2025

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** Based on interview and record review, the facility failed to follow the care plan for 1 of 1 resident (Resident 1), reviewed for accident hazards. The failure to follow two-person assistance when providing toileting care and repositioning placed the resident at risk for further falls, injury, and diminished quality of life. Findings included.Review of the facility policy titled, Activities of Daily Living (ADLs), Supporting, revised on March 2018, showed, appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care. Resident 1 was readmitted to the facility on [DATE] with diagnoses that included paraplegia (loss of muscle function in the lower half of the body) and Multiple Sclerosis (a disease of the brain and spine that can cause balance issues and muscle spasms).Review of the quarterly Minimum Data Set (an assessment tool) dated 11/03/2025, showed Resident 1 had intact cognition.Review of Resident 1's Care Plan Kardex (summary of care plan) printed on 12/11/2025, showed Resident 1 required two-person assistance for incontinence (toileting) care and repositioning.Review of a nursing progress note dated 11/25/2025 showed that on 11/25/2025 at 4:35 AM, Resident 1 had witnessed a fall during incontinence care.In an interview on 12/11/2025 at 2:24 PM, Resident 1 stated they fell out of bed on 11/25/2025 while a staff [Staff C, Certified Nursing Assistant] was changing their brief. Resident 1 stated that while two staff members normally help with care, only one staff member was performing care at the time of the fall.In an interview on 12/11/2025 at 2:45 PM, Staff C stated they were assisting Resident 1 with a brief change in bed, when the resident turned, they rolled and fell from the bed. Staff C stated Resident 1 was care-planned for two-person assist or incontinence care and stated, I did it by myself because we did not have enough staff to help. Staff C further stated they should have used two people and they did not.In an interview and joint record review on 12/11/2025 at 3:15 PM, Staff B, Director of Nursing Services, stated that staff were required to follow the resident's care plan, which specified a two-person assist for incontinence care. A joint record review of the nursing progress note dated 11/25/2025 with Staff B showed that Staff C provided incontinence care by themselves and did not follow the care plan as required.Reference: (WAC) 388-97-1060(3)(g).

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