STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505442	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Caroline Kline Galland Home	7500 Seward Park Avenue South Seattle, WA 98118

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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on interview and record review the facility failed to electronically submit complete and accurate direct care staffing information to the Centers for Medicare and Medicaid Services (CMS - a federal agency managing health care programs and health insurance standards) for Quarter 4 (October 1, 2025 to December 31, 2025) reviewed for Payroll Based Journal (PBJ - mandatory reporting of staffing information based on payroll data) submission. This failure affected the accuracy of Nursing Home (NH) staffing level data collected by CMS and had the potential to impact the provision of resident care and services.Findings included.Review of the facility's 02/06/2026 CMS PBJ - Upload Data File confirmation page showed the data file was sent by the facility to CMS on 02/06/2026 at 12:50 PM. The confirmation page showed the submission was received and would be checked for errors within 24 hours. The confirmation page provided a reminder that the facility should check back for a system generated PBJ Final File Validation Report within 24 hours to verify the quarterly PBJ data was reflected in the CMS records. Instructions and links to check the status were provided on the confirmation page.Review of the 02/06/2026 CMS Submission Report - PBJ Submitter Final File Validation Report showed the facility electronically submitted the required data on 02/06/2026 at 12:50:44 PM and the processing completion time showed completed on 02/06/2026 at 12:51:23 PM. The validation report showed one employee's hours needed correction. The validation report showed a status of File Rejected.Review of the Certification and Survey Provider Enhanced Reports (CASPER) PBJ Data Report showed the facility failed to submit data for Quarter 4 (October 1, 2025 - December 31, 2025) and the facility triggered a one-star staffing ratingIn an interview and record review, on 05/28/2026 at 10:12 AM, with Staff A (Administrator) and Staff B (Chief Financial Officer) showed the facility's Upload Data File confirmation page and the PBJ Submitter Final File Validation Report for Q4 2025 and stated the data the facility submitted on time was rejected. Staff A stated the staff who submitted the file was new to their position and were not aware that they were required to complete a post-submission verification step to ensure CMS accepted the data submitted by the facility or if it was returned for errors. Staff A stated there was no notification, such as an email or an error message, from CMS that there were questions or errors in the data submitted. Staff B stated the facility was not aware of the rejected file until 04/22/2026 when a letter was received in the mail from CMS. Staff B stated they tried to resubmit the data after the letter was received, but it was too late for Q4 data to be submitted to CMS.REFERENCE: WAC 388-97-1090.

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