

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505453	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Kin on Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4416 South Brandon Street 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)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45146</p> <p>49619</p> <p>Based on observation, interview, and record review the facility failed to ensure possible allegations of abuse were investigated for 4 of 4 residents (Residents 1, 2, 3 & 4), reviewed for abuse investigations. This failure placed the residents at risk for unidentified abuse, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Abuse, Neglect and Exploitation, dated 09/07/2023, showed physical marks such as bruises or physical injury of a resident of unknown source were possible indicators of abuse. The policy also showed that an immediate investigation would be warranted when suspicion of abuse occurred. The policy further showed an investigation would be completed and have thorough documentation.</p> <p>RESIDENT 1</p> <p>Record review of the quarterly Minimum Data Set (MDS - an assessment tool), dated 07/18/2024, showed Resident 1 admitted to the facility on [DATE] AND had moderately impaired cognition.</p> <p>Review of Resident 1's nursing progress note dated 07/25/2024 showed that a nurse aide reported Resident 1 had a discoloration/bruising over their left upper arm measuring 7 centimeters (cm- unit of measurement) x 3 cm and over their left lower arm measuring 6 cm x 2 cm. The progress notes further stated Resident 1 was unaware of the cause.</p> <p>Review of the facility's July 2024 Incident Log showed Resident 1's bruises of unknown origin were not logged.</p> <p>Observation on 08/01/2024 at 10:52 AM, showed Resident 1 had an irregular shaped bruise on the lateral side of their left arm by their elbow.</p> <p>RESIDENT 2</p> <p>Resident 2 admitted to the facility on [DATE].</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the admission MDS dated [DATE], showed Resident 2 admitted to the facility on [DATE] AND had severely impaired cognition.</p> <p>Review of Resident 2's nursing progress note dated 07/28/2024, showed that the resident had an old skin discoloration on their left upper arm measuring 4 cm x 6 cm and was light purple in color.</p> <p>Review of the facility's July 2024 Incident Log showed Resident 2's bruise of unknown origin was not logged.</p> <p>Joint observation and interview on 08/01/2024 at 1:19 PM with Staff C, Licensed Practical Nurse showed Resident 2 had a purple bruise on their left upper arm measuring 9 cm x 6 cm. Staff C stated that they did not know how the resident obtained the bruise.</p> <p>RESIDENT 3</p> <p>Resident 3 admitted to the facility on [DATE].</p> <p>Record review of the annual MDS dated [DATE], showed Resident 3 admitted to the facility on [DATE] and had severe impaired cognition.</p> <p>Review of Resident 3's nursing progress note dated 07/27/2024, showed that the resident had a skin discoloration on their left wrist and arm. The area on the left wrist measured 1.2 cm x 0.6 cm and two areas on their left arm both measured 0.7 cm x 0.7 cm. The areas were purplish in color. Further review of Resident 3's progress notes showed no root cause was identified on how these areas were obtained.</p> <p>Review of the facility's July 2024 Incident Log showed Resident 3's bruises of unknown origin were not logged.</p> <p>Joint observation and interview on 08/01/2024 at 1:32 PM with Staff C, showed Resident 3 had five bruises on their left forearm. The areas measured 2 cm x 1 cm, 1 cm x 0.8 cm, 2 cm x 1.4 cm, 0.4 cm x 0.3 cm, and 1.5 cm x 2 cm. Staff C stated when a resident was found to have a bruise there would have to be an investigation.</p> <p>RESIDENT 4</p> <p>Record review of the annual MDS dated [DATE], showed Resident 4 admitted to the facility on [DATE] and had severe impaired cognition.</p> <p>Review of Resident 4's nursing progress note dated 07/30/2024, showed the resident had a discoloration measuring approximately 4 cm x 4 cm.</p> <p>Review of the facility's July 2024 Incident Log showed Resident 4's bruise of unknown origin was not logged.</p> <p>On 08/01/2024 at 1:52 PM, Staff B, Director of Nursing Service, stated bruises of unknown origin should be investigated and that no investigations were initiated to determine the root cause for Residents 1, 2, 3, and 4's bruises.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 08/01/2024 at 2:34 PM, Staff A, Administrator, stated when an injury of unknown origin occurred their expectation was for the facility to start an incident report, assessment, notification to family, and provider, and to interview residents and staff. Staff A stated this would be an investigation that would determine the root cause analysis and any trends. Staff A further stated there should have been an investigation for Residents 1, 2, 3, and 4's bruising started immediately.</p> <p>Reference: (WAC) 388-97-0640 (6)(a)(b)</p>		