STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505474	A. Building B. Wing	04/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Martha and Mary Health Service	19160 Front Street Northeast Poulsbo, WA 98370

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** Based on interview and record review, the facility failed to report an allegation of abuse to the state agency timely for 1 of 3 residents (Resident 1) reviewed for abuse. This failure placed residents at risk of abuse, fear and delayed investigation.Findings included.Review of the facility's policy titled, Abuse and Neglect Protocol, revised July 2024, showed that the following definitions of abuse are sexual abuse is defined as but is not limited to, sexual coercion or sexual assault, and an incident or suspected incident of resident abuse be reported immediately, but not later than two hours after allegation is made if the events involve abuse.Resident 1 was admitted on [DATE] with diagnoses of dementia. The Quarterly Minimum Data Set Assessment, an assessment tool, dated 12/23/2025, showed Resident 1 had severe cognitive impairment and was dependent on staff for toileting hygiene.Resident 1's progress notes dated 03/07/2026, showed Resident 1 verbalized to an aide that a person inserted a finger into their vagina at around 2:00 PM.On 04/06/2026 at 3:19 PM, Staff B, Certified Nursing Assistant, said they were providing care to Resident 1 on 03/07/2026. Staff B said Resident 1 told them they had woken up the previous night with two fingers in their bottom. Staff B said they immediately reported it to their licensed nurse. Staff B said they did not report to the state agency because they were agency staff and were not familiar with the resident and situation.Resident 1's incident report dated 03/23/2026, showed during a chart review the LN [licensed nurse] noticed an entry made on 03/07/2026 that showed the resident reported to staff that they were allegedly touched inappropriately by another person. The report showed the facility reported the allegation to the state agency on 03/23/2026 - 16 days after the allegation was made. On 04/06/2026 at 4:06 PM, Staff A, Director of Nursing, said any allegation of abuse should be reported to the state agency within two hours. Staff A said Resident 1's allegation was an abuse allegation. Staff A said they were not aware of the allegation until they were conducting a chart review on 03/23/2026 and read the progress note. Staff A said the staff should have reported to the state abuse hotline when they became aware of the allegation and then to management.Reference WAC 388-97-0640(5)(a)

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