STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505500	A. Building B. Wing	03/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Healthcare at Bellevue	2424 156th Avenue Northeast Bellevue, WA 98007

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. 46912 Based on interview and record review, the facility failed to ensure local law enforcement was notified for reasonable suspicion of abuse for 1 of 4 residents (Resident 1), reviewed for abuse. This failure placed the resident at risk for lack of protection from potential abuse and diminished quality of life. Findings included . Review of the Nursing Home Guidelines, The Purple Book, dated October 2015 (sixth edition, showed that incidents involving staff-to-resident concerns must be reported to law enforcement. It further showed that circumstances where findings were made against licensed, certified, or registered health care workers the State Department of Health must be notified. Review of the facility's policy titled, Abuse Investigation and Reporting, dated November 2017, showed, All alleged violations involving abuse .will be reported by the facility Administrator, or his/her designee, to the following persons or agencies, as applicable and per Washington State and federal regulations .law enforcement officials. Review of a grievance form dated 02/13/2025, showed Resident 1 stated that Staff C, Certified Nursing Assistant, took Resident 1 to the shower room and Staff C expected me to do it all and didn't ask me if I had limitations. It further showed that Resident 1 stated, I told her not to touch me [drying her off after the shower], but she wouldn't stop. Again, she made me feel like I didn't matter. She made me feel like she was abusing my power, I had no rights, no power, vulnerable, and nude. I've never been in this situation before, I was panicked. Review of the facility's incident log for 02/01/2025 through 02/28/2025, showed Resident 1's allegation of abuse was reported to the state agency. Review of the facility's investigation report, dated 02/13/2025, showed no documentation that law enforcement was notified. Review of Resident 1's clinical and/or electronic health record showed no documentation that law enforcement was notified of the reasonable suspicion of abuse. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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	In an interview on 03/10/2025 at 1:09 PM, Staff B, Director of Nursing, stated that after Resident 1 filled out the grievance form, which showed that Resident 1 had asked [Staff C] to stop touching her and [Staff C] didn't, so then it [the incident] was looked at as an abuse allegation. When asked who the facility reported the incident to, Staff B stated, we didn't call the police. In an interview on 03/10/2025 at 2:55 PM, Staff A, Executive Administrator, stated that they did not call law enforcement when there was a reasonable suspicion of abuse and they should have. Reference: (WAC) 388-97-0640 (5)(a)