

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/31/2025
Form Approved OMB
No. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505500 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/28/2025 |
| NAME OF PROVIDER OR SUPPLIER Mission Healthcare at Bellevue | | STREET ADDRESS, CITY, STATE, ZIP CODE 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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49619</p> <p>Based on interview and record review, the facility failed to ensure staff followed and implemented abuse and neglect policies and procedures for the protection of residents during an abuse investigation for 1 of 3 residents (Resident 1), reviewed for abuse allegations. This failure placed the residents at risk for lack of protection from abuse.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Abuse Prevention Program, dated November 2017, showed, the administration/designee will: Protect our residents from abuse by anyone including, but not necessarily limited to: facility staff, other residents, consultants, volunteers, staff from other agencies, family members, legal representatives, friends, visitors, or any other individual and develop and implement policies and procedures to aid our facility in preventing abuse, neglect, or mistreatment of our residents. The policy showed the investigation would identify and interview all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations.</p> <p>Review of the facility's policy titled, Abuse Investigation and Reporting, dated November 2017, showed, The Administrator/Designee will suspend immediately any employee who has been accused of resident abuse, mistreatment, neglect or exploitation pending the outcome of the investigation.</p> <p>Review of Resident 1's admission Minimum Data Set (an assessment tool) dated 05/08/2025, showed Resident 1 was cognitively intact.</p> <p>Review of Resident 1's Investigation Report dated 05/12/2025, showed the following:</p> <ul style="list-style-type: none">- Social worker reported that patient [resident] told her that on the 1st [first] or 2nd [second] day here around 10-11 [10:00 to 11:00] pm one of the staff told her to go to sleep.- Staff C, Director of Social Services, statement dated 05/12/2025 showed, Patient in [room] 221 during our care conference today expressed feelings of discomfort regarding an interaction that occurred late at night with a staff member. She reported that a tall nurse, identified by the patient as the head of nurses approached her and said What do you want? Why are you up? You will get a penalty if you stay up. The patient shared this information hesitantly and expressed she did not want to get anyone in trouble and didn't [did not] want me to use her name. She felt uneasy about the exchange . <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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: 505500 | Facility ID: 505500 If continuation sheet Page 1 of 3 |

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| <p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>- Resident 1's follow-up interview on 05/12/2025, conducted by Staff B, Director of Nursing, showed, Met with [Resident 1], her [representative] in room as well. Patient states 1st or 2nd night here between 1100 [11:00 pm] and 12 (midnight) a staff member made her feel threatened and fearful. States stood over her and while pointing finger at her told her she needed to go to sleep, or she would have to bring her out into the hall. Felt like she was being punished or put on time out. Reports she felt fearful and is still afraid . PT [patient/resident] states cannot remember her name, but it is a tall black pretty girl with long black curly hair, it might be braided . At no time during conversation did she mention the tall head of nursing as a description. That would be me [Staff B], but I have not been in the building on night shift for quite some time.</p> <p>- The report showed that staff matched Staff D, Certified Nursing Assistant (CNA), to Resident 1's description the closest provided in the interview on 05/12/2025 to Staff B.</p> <p>Further review of Resident 1's Investigation Report dated 05/12/2025, did not show that Staff B was ruled out/suspended as a possible alleged perpetrator based on Resident 1's initial description of tall nurse, and head of nurses. The report showed that Staff B conducted a follow-up interview with Resident 1 in which Resident 1 provided a different description of the alleged perpetrator.</p> <p>On 05/28/2025 at 1:54 PM, Staff E, CNA, stated that if a resident reported feeling threatened or afraid of a staff member the alleged staff member would have to be suspended pending the investigation, and they would report it to their supervisor and/or the State Agency.</p> <p>On 05/28/2025 at 2:04 PM, Staff F, Licensed Practical Nurse, stated that if a resident reported feeling threatened or afraid of a staff member then that staff member would be sent home until the investigation was completed. When asked who the head of nurses was Staff F stated Staff B or a charge nurse.</p> <p>On 05/28/2025 at 2:14 PM, Staff C stated that it was important to suspend the alleged perpetrator during an investigation because, we do not want it to happen to anyone else, and they would investigate to see if anybody else was mistreated as well. When asked who the head of nurses was, Staff C stated it was Staff B. Staff C further stated that Staff B further investigated the incident for Resident 1.</p> <p>On 05/28/2025 at 3:40 PM, Staff B stated that if a resident reported to feel threatened or afraid by a staff member, they would protect the resident, report it to the State Agency, suspend the alleged perpetrator, and complete an investigation. When asked who the head of nurses was Staff B stated, it's [it is] me, sometimes it would be the charge nurse. Staff B stated that Staff C had reported to them what Resident 1 said on 05/12/2025. When asked about Resident 1's investigation report from 05/12/2025, Staff B stated that the alleged perpetrator could potentially be them based on Resident 1's initial description of tall nurse, and head of nurses. Staff B stated that they received a different description from Resident 1 on their follow-up interview and ruled themselves out as the alleged perpetrator because they had not been in the building at nighttime or met the resident prior. Staff B stated that if the allegation was made towards them, they should not have done the follow up interview with Resident 1.</p> <p>On 05/28/2025 at 4:12 PM, Staff A, Executive Administrator, stated they would expect staff to follow the facility's abuse and neglect policies.</p> <p>(continued on next page)</p> | | |

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| F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | Reference: (WAC) 388-97-0640 (2) | | |