STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505516	A. Building B. Wing	04/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Washington Soldiers Home	1301 Orting-Kapowsin Hwy E Orting, WA 98360

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** 39501 Based on interview and record review, the facility failed to identify an allegation of neglect and failed to report the allegation to the state agency with the required timeframe for 1 of 3 sampled residents (Resident 1) reviewed for reporting alleged violations. These failures placed the resident at risk for ongoing abuse/neglect, unmet needs and a decreased quality of life. Findings included . Review of the facility operating procedure titled, Abuse and Neglect, dated December 18, 2024, showed that neglect is an act or omission that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult's health, and can also mean a failure to provide a resident with the goods and services necessary to avoid physical harm. The operating procedure further showed that employees witnessing or having cause to suspect that abuse or neglect has occurred must report the concern to a licensed nurse and report it to the State Agency hotline. Review of the electronic medical record (EMR) showed Resident 1 admitted to the facility on [DATE] with diagnoses to include atherosclerotic heart disease (buildup of fats, cholesterol and other substances in and on the artery walls). The medical record showed Resident 1 had a history of heart attack and placement of a coronary stent (a small tube that is placed inside an artery of the heart to keep it open, preventing narrowing and blockage, and allowing blood flow). Review of the facility incident report and investigation, dated 03/27/2025 and 03/28/2025, showed on 03/24/2025 Resident 1 had reported to facility staff about an incident occuring on 03/08/2025, around 2:00-3:00 AM, that they had been experiencing chest pain and reported it to staff three times, and staff did not do anything in response until several hours later. During interview on 04/08/2025 at 12:21 PM, Resident 1 stated that in the early morning of 03/08/2025 they felt like they were dying, and that they could not breathe. Resident 1 stated they went to the nurse about it, concerned because they had heart attacks in the past, and was told they were fine; they were just having a panic attack. Resident 1 further stated they were finally sent to the hospital about four hours later. Resident 1 stated that they did not have another heart attack, but they did have pneumonia (infection causing inflammation and fluid buildup in the air sacs of the lungs, making it difficult to breathe). (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
	505516	A. Building B. Wing	04/08/2025

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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	Review of a hospital discharge summary, dated 03/18/2025, showed that Resident 1 had a hospital stay from 03/08/2025 to 03/18/2025 and was treated for pneumonia. Review of a grievance form, dated 03/24/2025, written by facility staff, showed that Resident 1 reported to staff that they had gone to their nurse, on the morning of 03/08/2025, and said that they were having chest pain and could not breathe. The grievance form showed Resident 1 informed staff they couldn't breathe, and felt a lot of pressure on their chest, but staff did not call the doctor. They felt like they were going to die waiting for someone to actually listen to their plead of not being able to breathe. The grievance noted the staff member receiving this complaint reported it to their supervisor. Review of the online State Agency reporting confirmation, dated 03/27/2025 at 1:58 PM, showed that the facility reported Resident 1's allegation of neglect to the State Agency. The facility reported the allegation to the State Agency three days after the resident voiced the allegation to facility staff. During interview on 04/08/2025 at 1:26 PM, Staff A, Director of Nursing Services (DNS), stated that it was their expectation that the staff who received Resident 1's allegation of neglect would have immediately reported the allegation to a nurse and to the State Agency. Staff A, DNS, stated that it was not acceptable to wait three days to report an allegation of neglect to the State Agency. Reference WAC 388-97-0640 (5)(a)