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	05/19/2026

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure freedom from abuse, during a resident-to-resident altercation, for 1 of 3 residents (Resident 2) reviewed for resident abuse. This failure placed the residents at risk for injury, psychological harm, diminished feelings of safety and security, and a decreased quality of life. Findings included. Review of the electronic health record on 05/19/2026 showed that Resident 2 admitted to the facility on [DATE], and had diagnoses to include dementia/cognitive decline, stroke with left-sided weakness. Resident 2 was able to make need known, and required minimal to moderate assistance with activities of daily living. Review of the facility incident report dated 05/06/2026 showed that Resident 2 was in the dining room and had moved another resident's (Resident 1) name plate to a different location in the dining room as a joke. When Resident 1 entered the dining room, they sat at the new assigned seat, but staff tried to advocate for Resident 1 and told Resident 2 that they needed to move the name plates back to their assigned places. Resident 2 responded by saying that Resident 1 could, just be a man. At that point Resident 1 physically attacked Resident 2 by grabbing Resident 2's neck from behind and placing them in a headlock. Staff were able to intervene and separate Residents 1 and 2 without injury to either resident. During interview on 05/19/2026 at 11:40 AM Resident 2 stated that they wanted to sit closer to a friend in the dining room, so they moved Resident 1's name tag to a different place, and that didn't go over too well. Resident 2 stated, Resident 1 assaulted me. Physcially. Put me in a head lock. Resident 2 went on to say that it did not cause any injury or pain, and that there wasn't enough force behind it to really do any damage. During interview on 05/19/2026 at 11:54 AM Resident 1 stated that Resident 2 moved their place to another table and attacked their manhood, so they felt offended and attacked Resident 2. Resident 1 demonstrated crooking their arm as if having someone in a headlock and stated, I tried to break [Resident 2's] neck. During interview on 05/19/2026 at 1:30 PM Staff C, Quality Assurance Nurse, stated after the facility investigation was conducted, they did not feel that abuse had occurred since Resident 2 did not feel that they had been abused, and no one had gotten hurt. During interview on 05/19/2026 at 2:00 PM Staff A, Administrator, and Staff B, Director of Nursing, stated that they would not have concluded that there was failed facility practice because there was not anything that the staff could have done differently, and no one could have foreseen the altercation, but stated understanding of the expectation that residents be free from abuse. WAC Reference 399-97-0640(1).

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