

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505517	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/20/2026
NAME OF PROVIDER OR SUPPLIER Washington Veteran Home-Retsil		STREET ADDRESS, CITY, STATE, ZIP CODE 1141 Beach Drive PT Orchard, WA 98366	
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	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 observation, interview, and record review the facility failed to ensure the safety of 2 out of 3 residents (Resident 1 and Resident 2) reviewed for the right to be free from abuse. This failure caused both Resident 1 and Resident 2 to sustain minor injuries at the hands of Resident 3 and placed other residents at risk for harm and a diminished quality of life. Findings included. An Abuse and Neglect policy, dated 12/18/2024, defined abuse as the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment of a vulnerable adult. Resident 1 admitted to the facility on [DATE]. The quarterly Minimum Data Set (MDS), an assessment tool, dated 04/17/2026, showed Resident 1 was severely cognitively impaired and had a history of Dementia. The Behavioral Care Plan, dated 06/23/2023, showed Resident 1 had the potential to be physically abusive to staff and other residents. Resident 2 admitted to the facility on [DATE]. The admission MDS showed Resident 2 was severely cognitively impaired and had a history of Vascular Dementia (decline in thinking skills caused by conditions that block blood flow to the brain). The Behavioral Care Plan, dated 05/20/2026, showed Resident 2 had a behavioral problem related to Dementia with severe agitation. Resident 3 admitted to the facility on [DATE]. The quarterly MDS showed Resident 3 was severely cognitively impaired and had a history of Alzheimer's. The Behavioral Care Plan, dated 08/21/2025, showed Resident 3 had the potential to be physically abusive to staff and other residents. Resident 1, Resident 2, and Resident 3 all resided in the secured memory care unit in the facility. An Incident Report, dated 06/20/2026, documented at 12:25 that day, Resident 3 approached Resident 2 by the nurse's station and punched them in the left shoulder and left neck. Resident 3 then approached Resident 1 and punched them in the mouth causing their lower lip to bleed. It documented the aides were busy getting other residents ready for lunch. On 07/20/2026 at 2:50 PM, Staff B, Certified Nursing Aide, said staffing had been good, but it was still difficult to always anticipate and intervene when altercations broke out between the residents. On 07/20/2026 at 3:00 PM, Staff C, Recreation Therapist, was observed in a gathering area about 10 feet from the entrance to the memory care unit. A person from an outside agency was engaged in guiding 9 residents through breathing exercises. There were no nurses or certified nursing aides around the area. When asked what they would do if any altercation were to suddenly break out, Staff C said they would try to intervene by removing one of the residents but could not provide any care as they were not licensed. When asked if they had a radio or a phone to call for help, Staff C said the facility did not provide those at that time. On 07/20/2026 at 3:33 PM, Staff A, Director of Nursing Services, said these types of incidents were unfortunate but hard to avoid as there isn't enough staffing for each resident to have their own staff member monitoring them. Reference WAC 388-97-0640(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
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