STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505527	A. Building B. Wing	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Ridge Post Acute	21008 76th Avenue West Edmonds, WA 98026

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 49619 Based on interview and record review, the facility failed to ensure a fall incident was thoroughly investigated for 1 of 3 residents (Resident 1), reviewed for abuse investigations. This failure placed the residents at risk for repeated incidents, unidentified abuse, and inappropriate corrective actions. Findings included . Review of the facility policy titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating, revised in September 2022, showed, All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported. The policy further showed, The individual conducting the investigation as a minimum: .d. interviews the person(s) reporting the incident; . f. interviews the resident (as medically appropriate) or the resident's representative; . h. interviews staff members (on all shifts) who have had contact with the resident during the period of the alleged incident; i. interviews the resident's roommate, family members, and visitors; . l. documents the investigation completely and thoroughly. Review of Resident 1's face sheet printed on 05/13/2025, showed they admitted to the facility with diagnoses that included, Alzheimer's Disease (a brain disorder that gradually impairs memory, thinking, and other cognitive abilities) and vascular dementia (a form of memory loss caused by decreased blood flow to the brain, leading to damage and loss of brain cells). Review of Resident 1's admission Minimum Data Set (an assessment tool) dated 12/22/2024, showed Resident 1 had severe cognitive impairment. Review of Resident 1's Cognitive Impairment care plan initiated on 01/01/2025, showed Resident exhibits cognitive loss related to dementia. Review of Resident 1's Order Summary Report printed on 05/13/2025, showed an order dated 01/14/2025 to, OK [okay] to send to ER [emergency room] to eval [evaluate] for head injury, bleed r/t [related to] recent fall, hematoma [a localized collection of blood outside of blood vessels, typically caused by injury], skull fracture per [Collateral Contact 1 (CC1)] request. (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
	505527	A. Building B. Wing	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Ridge Post Acute	21008 76th Avenue West Edmonds, WA 98026

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident 1's hospital ER note dated 01/14/2025, showed, patient [resident] had a fall yesterday and he was on Eliquis [blood thinner medication] and was brought to the ER today for evaluation. The [CC1] states that he was with the patient yesterday around noon time and states that he had to leave the room to take care of something and he was only away for 8 minutes however states that when he returned back, patient was facedown on the ground. He states that he tried to help the patient up and the patient could not stand by himself and states that he could not, had to ask staff around to help him assist him back to the bed. He states that the swelling around the patient's face and forehead have gotten worse and he asked the facility to send the patient to the ER to be evaluated. Patient currently states that he has no complaints or symptoms but states that when he touches the front of his head, hurts . He cannot remember how he fell . An additional hospital ER note dated 01/14/2025 showed, In regards to today's visit, due to fall yesterday and concern for inadequate care, patient's [CC1] wanted him [to be] brought in for a CT [Computed Tomography scan- a medical imaging test that uses X-rays and a computer to create detailed images of the body] . The note showed, [CC1] was [trying] to get the patient back up on his own into the bed for about 10 minutes and reports that he had no assistance from staff at the facility. The note further showed Resident 1 had a mild nasal fracture (break in one of the bones of the nose) and frontal (forehead) scalp hematoma. Review of Resident 1's hospital ER provider note dated 01/14/2025, showed, Moderate sized hematoma to right side of forehead w/ [with] tenderness to palpation [touch] over affected area, supraorbital [a bony elongated opening located above the orbit (eye socket) and under the forehead] ecchymosis [a discoloration of the skin resulting from bleeding underneath, typically caused by bruising] present around bilateral eyes, slight swelling over bridge of the nose. Review of Resident 1's investigation report dated 01/13/2025, showed the following: -SSD [Social Service Director] reported to this nurse [resident] fell . This nurse immediately assessed [resident]. [The resident] was found in bed with right forehead hematoma and pain. -Resident 1 stated, I turned on my right side, and fell out of bed. -Under section, Injuries Observed at Time of Incident, there was a hematoma to the top of scalp. -Under section, Mental Status, a check mark indicated Resident 1 was orientated to person and place. An additional note under mental status at time of incident indicated the resident was, alert to self, forgetful of time place and situation. -Under section, Injuries Report Post Incident, a bruise to Resident 1's face and localized tissue edema (swelling) to the top of their scalp was noted. -Resident 1 had dementia, was alert, and had decreased cognition. The investigation conclusion further showed Resident 1 was alert to self, sometimes place time and situation but forgetful, and that Resident 1 was at risk for falls related weakness, unsteady gait and decreased mobility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505527	A. Building B. Wing	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Ridge Post Acute	21008 76th Avenue West Edmonds, WA 98026

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The root cause of the fall was determined to be the resident repositioning to the right side of bed and falling out. The investigation further showed Resident 1, was sent out to ER per [CC1] request to eval [evaluate] for injuries, and Right forehead hematoma swelling increased and bruising noted on nose area, provider and [CC1] updated and was sent to ER [on] 1/14/25 [01/14/2025]. Res not yet returned from ER visit, no update from [resident's CC1]. [Resident] was last toileted [at] 10:35 [am] and last seen 12:30 [pm] lying in bed. Floor was dry, not cluttered . [Resident] mood/behavior was monitored while working with staff, no changes noted, plan of care was being followed by staff, thus abuse and neglect ruled out. -a witness statement dated 01/13/2025 from a Certified Nursing Assistant stated they last saw Resident 1 around 10:45 AM in their room sleeping. The statement showed that Resident 1 was last toileted at 10:35 AM and Lay down, at 12:30 PM. The statement showed that Staff C was the nurse that checked Resident 1. The statement further showed under the question, What did you do to help the resident? Assist back to bed obtain VS [vital signs- reflect essential body functions, including heartrate, breathing rate, temperature, and blood pressure]. Further review of Resident 1's Investigation Report dated 01/13/2025 did not show an interview from the social services director that reported that Resident 1 had a fall or how they knew that Resident 1 had a fall. The report did not show an interview from CC1 who was at the facility [visiting] on 01/13/2025. The report did not show how Resident 1 was found by the staff that assisted them back into their bed after the fall. The report showed conflicting statements regarding Resident 1's cognition, and did not include other staff interviews that encountered Resident 1 on 01/13/2025. On 05/05/2025 at 11:33 AM, Staff D, Registered Nurse (RN), stated that if a resident had a fall, they would check on the resident, their positioning, complete a nursing assessment, check for major injuries, and if safe to do so assist them back into their bed. On 05/05/2025 at 12:10 PM, CC1 stated that on 01/13/2025 they had been visiting Resident 1. CC1 stated that they stepped away from Resident 1's room for less than ten minutes, and when they returned, they could hear someone calling out for help. CC1 stated that they turned the resident to their side and were unable to physically assist Resident 1 back into bed, so they asked an [unknown] staff in a nearby room to assist Resident 1 back to bed. CC1 stated that they asked [unknown] staff to send Resident 1 to the hospital on the same day. CC1 stated that Resident 1 had three huge lumps, on their head. CC1 further stated that an [unknown] charge nurse came to assess the resident 20 minutes later. On 05/13/2025 at 12:48 PM, Staff C, RN, stated that the social worker reported to them that Resident 1 had a fall. Staff C stated that when they went to assess the resident he was already in bed with a hematoma on their forehead. Staff C stated that Resident 1 stated they had fallen when they turned to their side. Staff C stated that CC1 knew first about Resident 1's fall and had informed the social worker. On 05/13/2025 at 5:14 PM, Staff A, Director of Nursing, stated that based on the investigation, the social worker reported that Resident 1 had a fall to Staff C. When asked if they would expect there to be an interview included from the social worker, Staff A stated, not necessarily, as they notified nursing right away and there would have been additional information. Staff A further stated that if CC1 was in the room and stated they got the resident back into bed then they would expect to interview CC1. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505527	A. Building B. Wing	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Ridge Post Acute	21008 76th Avenue West Edmonds, WA 98026

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/14/2025 at 3:44 PM, Staff C stated that they would expect an investigation to be thoroughly investigated. Staff C stated that they completed the investigation for Resident 1's fall and that they did not recall which social worker reported the fall. Staff C stated that they did not know how the social worker became informed of Resident 1's fall [which was a different statement from Staff C's interview on 05/13/2025 at 12:48 PM]. When asked how abuse and neglect could be ruled out if the reporter was not interviewed, Staff C stated, you can ask the social worker, and that they did their assessment and checked on Resident 1 when they were notified. On 05/14/2025 at 4:34 PM, Staff B, Assistant Director of Nursing, stated they would expect an investigation to be thoroughly investigated. When asked how the social worker became informed of Resident 1's fall, Staff B stated, I cannot really answer that question. I would have to ask her. Staff B further stated that they assumed someone must have informed them most likely the resident or the family. On 05/14/2025 at 5:03 PM, Staff A stated that they would be ruling out abuse and neglect when interviewing the residents. When asked if they would expect to follow their abuse and neglect policy and interview the resident's representative, Staff A stated, sure, and that it really depends on the nature of the incident for abuse and neglect. Staff A further stated that they did not suspect abuse with Resident 1's fall and that they thought CC1 placed Resident 1 back into bed. Reference: (WAC) 388-97-0640 (6)(a)