

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50A260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Fircrest Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 15230-15th Northeast Seattle, WA 98155	

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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</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 timely reporting of abuse allegation to the State Agency for 1 of 1 resident (Resident 1), reviewed for abuse/neglect reporting. This failure placed the resident at risk for potential unidentified and ongoing abuse and lack of protection from abuse.</p> <p>Findings included .</p> <p>Review of the facility's policy subject titled, Client Abuse Reporting Under Washington State Law, dated 01/01/2022 showed, the department must immediately report and process allegations of suspected abuse. Further review of the policy showed employees mandatory reporting responsibilities are not limited to the workplace, and always apply, including off-duty hours.</p> <p>Review of the facility's policy titled, Protection from Abuse: Mandatory Reporting, issued 07/2024, showed Immediately meant there should be no delay between reporter awareness of the incident/allegation and making the report.</p> <p>Resident 1 admitted to the facility on [DATE].</p> <p>Review of Resident 1's clinical note dated 08/28/2024, showed the resident was on alert for possible psychological harm D/T [due to] allegation of inappropriate touch by a female staff during care on 08/26/2024 [08/25/2024].</p> <p>Review of the facility's Reporting Log form dated August 2024, showed an allegation was logged on 08/27/2024 for Resident 1 with a date and time of incident of 2-Aug [sic (08/25/2024)].</p> <p>Record review of Resident 1's investigation included an email from Staff D, Certified Nursing Assistant, to facility staff dated 08/25/2024, showed Staff D was reporting that around 1:00 AM that day, two staff and themselves went to attend to Resident 1. Resident 1 stated they were leaking from their bottom and needed to be cleaned up, while Staff D was cleaning their bottom, Resident 1 accused staff of putting their fingers into their private area.</p> <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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Joint record review of Resident 1's investigation email and interview on 10/01/2024 at 4:10 PM with Staff C, Registered Nurse (RN), showed Resident 1 made an allegation of abuse. Staff C stated Resident 1 alleged that staff touched them inappropriately on 08/25/2024 at 1:00 AM according to the email. Staff C stated that Staff D should have reported the allegation timely to the State Agency rather than sending an email to facility staff. Staff C further stated that they needed to report allegations of abuse to the hotline [Department's 24 hour Hotline] as soon as possible, if not within 24 hours.</p> <p>On 10/01/2024 at 4:38 PM, Staff B, RN, stated that the staff on the unit did not report the allegation that occurred on 08/25/2024 to the Department's 24 hour Hotline until 08/27/2024, and that it should have been reported on 08/25/2024. Staff B stated that the investigation was started on the morning of 08/27/2024. Joint record review of the facility's Reporting Log form dated August 2024 with Staff B, showed an allegation was logged on 08/27/2024 for Resident 1 with a date and time of incident of 2-Aug [sic]. Staff B stated that the date of the incident 2-Aug [sic] was an error and should have been 08/25/2024 when it occurred.</p> <p>On 10/01/2024 at 5:01 PM, Staff A, Nursing Facility Director, stated that everyone in the facility was a mandatory reporter. Staff A stated their expectation for staff was to report any allegations of abuse immediately. Staff A further stated that the staff should have called and reported the allegation to the Department's 24 hour Hotline instead of emailing it to the facility staff.</p> <p>Reference: (WAC) 388-97-0640 (5)(a)</p>		