STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	50A260	A. Building B. Wing	05/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fircrest Nursing Facility	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)
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. 49619 Based on observation, interview, and record review, the facility failed to ensure timely reporting of an injury of unknown source to the State Agency for 1 of 3 residents (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. Findings included . Review of the facility's policy subject titled, Detection and Prevention of Abuse and Neglect, dated 05/01/2019, showed, Guidance is provided by NF [Nursing Facility] Purple Book, DDA [Developmental Disabilities Administration] policy, state and federal regulation. Review of the facility's policy subject titled, Protection from Abuse: Mandatory Reporting, issued on 07/2024, showed All administration employees, contractors, volunteers, interns, and work-study students must report every incident of observed, reported, or suspected abuse, neglect, exploitation, and abandonment, as well as injuries of unknown origin. The policy further showed, Immediately meant there should be no delay between reporter awareness of the incident/allegation and making the report and that a mandated reporter's responsibilities applied at all times, including off-duty hours. Review of Resident 1's Clinical Note dated 04/17/2025 (at 2:35 AM), showed, Resident 1 had partially discoloration, yellowish, blue, to their left first toe. An additional Clinical Note dated 04/17/2025 (at 2:07 PM) showed, it was reported Resident 1 had a red, swollen toe, and that upon assessment they were noted to have, Dark, patchy ecchymosis [a discoloration of the skin resulting from bleeding underneath, typically caused by bruising]. Further review of the note showed there was left first toe trauma, with unknown cause, and an X-ray was pending. Review of Resident 1's Clinical Note dated 04/18/2025, showed that at 1:30 PM, the Medical Doctor called and noted that Resident 1 had a left foot 5th distal (away from center) metatarsal bone fracture (broken foot bone). (continued on next page)

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
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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 Resident 1's investigation report showed that on 04/17/2025, the Registered Nurse (RN) observed bruising and discoloration to resident's left great toe and notified the provider. The provider ordered an x-ray and on 04/18/2025 confirmed a fracture of the fifth metatarsal in the left foot. The investigation also showed there was no probable cause for the injury. Further review of the investigation showed that the incident was reported into the State Agency on 04/21/2025. On 05/19/2025 at 12:53 PM, Staff C, Licensed Practical Nurse 2, stated that if a resident had bruise that would be suspicious of abuse or neglect, they would need to call the hotline and report it to the State Agency. Staff C stated that Resident 1 was on alert charting for a left foot distal metatarsal bone fracture and that they did not know how they got it. Staff C further stated that Resident 1 was on a one on one followed by staff and was able to get around easily. Observation on 05/19/2025 at 1:00 PM, showed Resident 1 self-propelling in their wheelchair with staff following closely behind them. Resident 1 was wearing a protective orthopedic boot shoe to their left foot. On 05/19/2025 at 3:01 PM, Staff B, RN 4, stated that they would expect staff to report an injury of unknown source to the State Agency immediately or within 24 hours. Staff B stated that on 04/17/2025 they did not know the cause of Resident 1's bruising/discoloration to their foot and that they would have expected it to be reported to the State Agency by 04/18/2025 not on 04/21/2025 when it was reported. On 05/19/2025 at 4:37 PM, Staff A, Administrator, stated that Resident 1's injury was reported on 04/21/2025 when staff made a connection, between Resident 1's bruising/discoloration on their left foot and the results of the x-ray indicating a left foot fracture. Reference: (WAC) 388-97-0640 (5)(a)