

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 505504	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2020
NAME OF PROVIDER OF SUPPLIER COVENANT SHORES HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 9107 FORTUNA DRIVE MERCER ISLAND, WA 98040	
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. Based on interviews and record review, the facility failed to ensure one of one incidents of abuse involving one resident (#1) was reported immediately to the State survey agency, as required. Failure to timely report an incident of abuse placed the resident at risk for continued abuse. Findings included . Review of the facility's incident report, dated 04/09/2020, showed Resident # 1 reported to Staff C, Registered Nurse, at 9:45 PM on 04/09/2020, an allegation of verbal abuse and rough handling by Staff D, Certified Nursing Assistant. Further review of the above incident report showed Staff C notified Staff B, Director of Nursing, and the Resident Care Manager via email during the shift of the allegation of verbal abuse and rough handling. Review of the State Hotline Online Incident Report system, showed the allegation of abuse was reported on 04/10/2020 at 11:01 AM, more than 12 hours after the allegation was reported to facility staff. On 05/08/2020 at 10:38 AM Staff B acknowledged this allegation of abuse should have been reported to the state hotline within two hours per the guidelines. Facility failure to timely report allegations of resident abuse placed residents at risk for continued abuse. Reference (WAC) 388-97-0640(6)(c). .		
F 0610 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on interview and record review, the facility failed to ensure the safety of Resident #1 when an allegation of abuse was made. The facility failed to remove the alleged staff member from caring for all residents pending an investigation, which placed all residents at risk for abuse. Findings included . Review of the facility's incident report dated 04/09/2020, showed Resident #1 reported an allegation of abuse to Staff C, a Registered Nurse. Staff C documented in the incident report that the alleged perpetrator would be removed from caring for Resident #1 and reassigned to care for other residents. On 05/08/2020 at 10:38 AM, Staff B, Director of Nursing, stated the alleged perpetrator should have been removed from resident care when the allegation was made, pending the result of the investigation. Facility failure to protect residents by removing the alleged perpetrator from resident care, placed residents at risk for ongoing abuse. Reference (WAC) 388-97-0640(6)(a)(b). .		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.