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

Printed: 08/28/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505042	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2022	
NAME OF PROVIDER OR SUPPLIER  Ballard Center		STREET ADDRESS, CITY, STATE, ZIP CODE 820 Northwest 95th Street Seattle, WA 98117		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG		ARY STATEMENT OF DEFICIENCIES eficiency must be preceded by full regulatory or LSC identifying information)		
F 0600 Level of Harm - Actual harm Residents Affected - Few	[Each deficiency must be preceded by full regulatory or LSC identifying information]  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** 39651  Based on interview and record review, the facility failed to prevent physical abuse for 1 of 3 residents (Resident 1) reviewed for abuse and neglect. As a result of this failure, Resident 1 suffered physical injury, pain, and experienced psychosocial harm including refusal to take her medications, not wanting and/or refusing to eat, and it affected her sleep and mood.  Findings included.  The Code of Federal Regulations (CFR) define abuse as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain, or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.  According to the [NAME] State Reporting Guidelines for Nursing Homes (Purple Book) dated October 2015, Abuse is the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult.  Resident 1 was a long-term care resident of the facility. The resident's diagnoses list included stroke with left sided weakness and depression.  Review of Resident 1's quarterly Minimum Data Set (MDS) assessment dated [DATE] showed the resident had mild cognitive impairment and needed two-person extensive assistance for bed mobility and transfer.  Review of the facility's August 2022 incident reporting log (IRL) showed Resident 1 was involved in a resident-to-resident altercation with another resident (Resident 2) on 08/01/2022. The IRL showed that the incident had resulted injuries to both Resident 1 and Resident 2.			

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 505042

If continuation sheet Page 1 of 3

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

Printed: 08/28/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505042	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2022	
NAME OF PROVIDER OR SUPPLIER  Ballard Center		STREET ADDRESS, CITY, STATE, ZIP CODE  820 Northwest 95th Street Seattle, WA 98117		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 - Actual harm Residents Affected - Few				

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

Printed: 08/28/2024 Form Approved OMB No. 0938-0391

			No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505042	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2022
NAME OF PROVIDER OR SUPPLIER Ballard Center		STREET ADDRESS, CITY, STATE, ZIP CODE  820 Northwest 95th Street Seattle, WA 98117	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 - Actual harm Residents Affected - Few	and assaulted Resident 1. Residen head, and even her when she tried because she could not use her arm she was slapped and hit several tin hitting me with her walker. Residen intervene but even after that, Resid w****.  On 08/17/2022 at 1:00 PM, both St confirmed the physical and verbal a 08/01/2022 at around 2:00 PM. Both documented injuries from the incide time differently to separate them ar	nt 3 stated that Resident 2 came out to t 3 stated that Resident 2 started slapp to intervene. According to Resident 3, and only tried to cover her face. Residents. When I tried to stop Resident 2, slt 3 further stated that there was a staff lent 2 still called Resident 1 all kind of reaff A, Administrator and Staff B, Interinal tercation between Resident 1 and Resident 1 and Resident 3 and 3 staff A and Staff B stated that both rent and acknowledged that they should dead that the facility had revised both the risk of the reoccurrence of the incident	Resident 1 on the face and Resident 1 was defenseless dent 1's face was so red because the then turned on me and started member that came right away to names, such as B**** and Fat an Director of Nursing stated and sident 2 that happened on esidents had sustained and have scheduled their smoking resident's care plans (including