STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505017	A. Building B. Wing	08/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Washington Care Center	2821 South Walden Street Seattle, WA 98144

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 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Administer the facility in a manner that enables it to use its resources effectively and efficiently. 45987 Based on observation, interview and record review the Administration failed to utilize resources to operate the facility with functional essential equipment and infrastructure, and for fire watch (a tour of the entire facility to ensure there is no fire or smoke in the facility) conducted every 15 minutes throughout the nursing facility, which encompasses three floors, five units, and 139 current residents, while the automatic and manual fire alarm system was not functional, as directed by the State Fire Marshal. The failure to perform fire watch, in the absence of a functioning automatic and manual fire alarm system, in the event of an actual fire would likely cause a delayed response, which placed all residents at risk for smoke inhalation, burns, displacement from their homes, and death, and constituted an immediate jeopardy (IJ) to resident health and safety. Findings included . On 07/13/2022 at 11:00 AM, during and unannounced Complaint Investigation, the facility failed to maintain their automatic and manual fire alarm system which would not properly operate in the event of a fire, which would endanger the residents, staff and visitors within the facility. The fire alarm panel was reading trouble status. The Deputy State Fire Marshal (DSFM) directed the facility to perform 15-minute checks until the system was repaired. This was discussed with the facility Maintenance Director who stated they were aware of the trouble status. On 07/13/2022: The facility was cited at the F (widespread) Scope and Severety level in K-345 Fire Alarm Sysytem - Testing and maintenance. The facility was going to conduct fire watching until having a functioning fire alarm system. Meanwhile, the facility tried to apply for a waiver to use unauthorized parts to repair the fire alarm system panel, which was denied by the State Fire Marshal's Office. The above was discussed and acknowledged by the Facility Maintenance Director interviewed on 08/02/2022 at 9:40 AM who stated he was aware of the trouble status and that a repair vendor was schedule for 07/14/2022 to locate and replace the defective duct detector. (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
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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 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Review of the Facility Policy titled Emergency Response, Emergency Procedure-Fire Watch, revised October 2012, stated Fire Watch tours occur at one-half hour intervals, 24 hours a day. The policy described the fire watch tour as a periodic walking tour of the entire facility by one or more assigned and trained staff. The tour monitors the facility through direct observation of all rooms, including resident rooms, mechanical and electrical rooms, kitchen, laundry, etc. for possible signs of fire. Fire watch tours were documented with findings noting date, time, and staff initials. Fire watch tours were to be performed by personnel solely dedicated to the fire watch with no other facility-related activities or events. The policy also states that the Fire Watch is not terminated until all fire protection equipment has been restored to normal operating condition and upon the authority of the Administrator/Incident Commander or designee. Observation on 08/02/2022 at 9:28 AM, during an unannounced Complaint Investigation the fire watch was not done appropriately. In an interivew on 08/02/2022 at Staff D Assistant Director of Nursing stated that maintenance was inchange of fire watch and yes the facility was still on fire watch. Review of the Life Safety Code statement of deficiencies dated July 13, 2022, based upon observation and staff interviews on 07/13/2022 during the physical tour of the facility between approximately 1100 and 1130 hours the facility failed to maintain their automatic and manual fire alarm system in accordance with NFPA 72. This could result in a failure of the fire alarm system to properly operate in the event of a fire, which would endanger the residents, staff and/or visitors within the facility. According to the SDFM, Staff W on 08/02/2022 at 11:30 AM the fire alarm panel was entering trouble status intermittently due to a defective duct detector. The facility was unable to determine which detector was malfunctioning. During observations and interview on 08/02/2022 at 9:28AM Staff D, Assistant Director of Nursing (ADON), was observed not performing fire watch duties. While being observed, Staff D stated the facility was still on fire watch, and the facility Maintenance was in charge of fire watch, and the fire watch logs were at the nurse's station. When asked if they could locate the fire watch logs they stated no they could not, they did not have them, and they did not know where they were at, and they had not completed any in quite awhile. During observations on 08/02/2022 at 10:00AM Fire watch logs could not be located on the 1st floor nurse's station, 2nd floor nurse's stations, and 3rd floor nurse's station. In an interview on 08/02/2022 at 9:30AM Staff O, Restorative Assistant, stated they did not see or hear anything that would indicate they were on fire watch. Maybe they fixed it [The fire alarm sysytem]? In an interview on 08/02/2022 at 9:32AM Staff E, Registered Nurse (RN), stated they knew nothing about fire watch but could find out. When asked if they performed any fire watch duties they stated No I have not. When asked where the fire watch forms were located, they stated they did not know. In an interview on 08/02/2022 at 9:37AM Staff P, Lab employee, stated they were not aware of or were notified of the facility was doing fire watch. (continued on next page)

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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 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	In an interview on 08/02/2022 at 9:40AM Staff Q, Minimum Data Set (MDS) Nurse stated they participated in the morning meetings (a daily meeting held with all managers and administration), but denied knowledge of fire watch being completed in the facility. In an interview on 08/02/2022 at 9:45AM Staff C, Maintenance Director, stated maintenance was doing fire watch checks facility wide and the nurses were doing fire watch on their units as a double check in case one person missed an area. When asked if maintenance or the nurses had other duties assigned to them they stated yes, their regular job. Staff C stated that the Administrator gave each unit the forms to complete. When asked to show the location of the fire watch binders they were not able to be located. On 08/02/2022 between 9:20AM to11:55AM the surveyor walked throughout the facility, including all three floors, five nursing units, individual resident rooms, offices, and other areas in an attempt to observe staff conducting fire watch. No staff were observed walking around with a fire watch log. In an interview on 08/02/2022 at 9:50AM Staff F, Licensed Practical Nurse (LPN), stated they worked full time and were not aware of the fire watch status. I think two weeks ago we were but not now I don't think. This staff denied receiving notification of fire watch or duties related to fire watch. Observation of Units 2 East and [NAME] nurse's station showed a fire watch binder could not be located by the staff. In an interview on 08/02/2022 at 9:55AM Staff G, LPN, stated they were not made aware of fire watch or duties related to fire watch. In an interview on 08/02/2022 at 10:00AM Staff H, RN, stated the facility was on fire watch about three weeks ago, they did it for about a week, but not anymore. This staff denied knowledge of fire watch sheets at the nurse's station. Observation of the 3rd floor Nurses station showed a fire watch binder could not be located by the staff. In an interview on 08/02/2022 at 10:05AM Staff I, RN, stated we check our rooms every 15-30 minutes. We used to do it on paper but not anymore. When asked if they had knowledge if the system was functional they stated that would be a question for maintenance. Staff I was unable to locate a fire watch binder at the nurse's station. In an interview on 08/02/2022 at 10:45AM Staff A, Administrator, stated the facility was still on fire watch. This staff stated the nurses performed fire watch on the nursing units and maintenance and the managers performed fire watch also. Fire watch was being performed in every single room, every 15 minutes. The fire watch binder had been delivered to the nurse's stations but must have been misplaced. When asked if the nurses were aware of the binders or fire watch duties Staff A did not comment. In an interview on 08/02/2022 at 10:55AM Staff S, Dietary Manager, stated maintenance usually does fire watch. Staff S stated they were unaware the facility was currently on fire watch, and denied completing any fire watch duties. (continued on next page)

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	On 08/02/2022, IJ in K-345 Fire Alarm System -Testing And Maintenance was called by the State Fire Marshal due to the facility failure to have maintained the fire alarm system in function and failure to conduct fire watch per state issued guidance and policy. Multiple unsuccessful attempts by the DSFM were made to activate the automatic and manual fire system. 08/04/2022: IJ K-345 was removed after an onsite validation by the State Fire Marshall. The new conditions for 24/7 continuous fire watching remaining in effect, as well as the requirement of repairing the Fire Alarm System. During observations on 08/09/2022 at 10:20AM Staff J, Fire Watcher, was observed doing fire watch on 1st floor. Observation of Staff J performing a fire watch rotation showed multiple rooms, offices, and other locations not observed in the 15 minute observation. Those rooms missed included all resident rooms and bathrooms, administrative offices, dining room and soiled linen room. When asked who is responsible for the resident rooms Staff J stated Not sure, I think someone else. When the question was asked Do you know who is responsible for the resident rooms and the rest of the 1st floor, they stated Not exactly. When asked who educated them on fire watch duties, Staff J was unable to identify a staff member that had educated them, but the directions for doing a fire watch were in the Fire Watch binder. In an interview and observation on 08/09/2022 at 10:43AM Staff I, RN, stated they were doing 15-minute checks of their assigned unit. During observation Staff I missed a resident room and bathroom. During observations on 08/09/2022 at 10:50AM, Staff T, RN, missed multiple resident rooms, on their assigned unit, during their fire watch rounds. In an interview and observation on 08/09/2022 at10:53AM, Staff K, Admissions Assistant, and Staff N, Nurse's Assistant, showed both staff members completed their fire watch duties. Twenty three minutes later the staff members stated they had finished their fire watch round. The entire East side of the facility was missed during their rounds. Fire watch logs showed staff signed a complete fire watch round was completed. In an interview and observation on 08/09/2022 at 11:54AM Staff L was observed completing their fire watch rounds. Multiple rooms were missed including resident rooms and bathrooms. During interview with Staff L they were asked How do you check rooms that are closed with a sign on the door, or rooms that have the middle curtain closed, they were unable to give response as they were told by Staff V, Regional Chief Nursing Officer (RCNO) to not stop their rounds because they were being timed. During an interviews on 08/09/2022 at 11:09AM Staff F, LPN, stated they were doing fire watch on their assigned unit but were unable to complete it at times due to their other duties of taking care of the residents. Observation of fire watch logs provided by Staff F showed missing data entries. During observations on 08/09/2022 at 11:09AM Staff F, LPN, was observed during fire watch. Multiple resident rooms were missed during fire watch rounds. During an interviews on 08/09/2022 at 11:15AM Staff M, Licensed Practical Nurse (LPN), stated they were assinged fire watch duties for their unit but were unable to complete them during busy times, such as medication pass times. (continued on next page)

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F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	During an interview and observations on 08/09/2022 at 11:21, Staff U, LPN, stated this was their first day working at the facility. Staff U was observed documenting fire watch logs on the wrong log. Staff U stated they put the information on the wrong log but were unable to do a complete fire watch due to other duties. Observation on 08/09/2022 at 11:58AM showed Staff C re-training Staff J on fire watch. During observation Staff C and Staff J missed a staff bathroom near the nurse's station. 08/09/2022: Another IJ in K-346 - Fire Alarm System - Out Of Service was called by State Fire Marshal due to the facility failing to conduct fire watches as required by the conditions. The IJ in K-346 was unremoved when the Fire Marshal exited the facility on 08/10/2022. The Fire Watch logs provided on 08/02/2022 showed that one fire watch round of the building was taking 2-3 hours per floor to finish. The faclility policy indicated the entire facility would be checked for fires every 15 minutes. On 08/02/2022 at 9:40AM Staff C stated the fire watch was completed by staff who had other duties assigned to them. Staff C stated the nurses had their nursing duties to perform and Maintenance had to complete their duties in addition to fire watch rounds. Record review of the Fire Watch Log Sheets dated 07/23-08/02/2022 showed that it required six hours for the entire building to be checked by Staff C. Fire watch logs provided by the facility showed staff checked the facility four times in the 24-hour period, not every 15 minutes. Review of Fire Watch logs provided 08/09/2022 at 10:30AM showed on 08/05/2022 multiple times where fire watch had not occured as directed. Multiple time slots showed lack of documentation and only certain areas of the floor were watched, not the entire floor. The Maintenance Department, on 08/02/2022, was the designated person completing the required fire watch. When asked the Maintenance Director stated he was conducting his regular duties while he was making his fire watch rounds. Through interview and Department investigations it was observed that the Fire Watch documentation form was being pre-filled out prior to watches being conducted. The above was discussed and acknowledged by the facility staff. IJ in K346 and F835 both were not removed prior to exit. F921-Safe/functional/sanitary/comfortable Enviroment was cited at scope and severity level F, due to the facility unable to ensure a safe enviroment for the residents. Reference F921 for further details.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 17346 Based on observation, interview, and record review, the facility failed to maintain a safe environment when the fire suppression system failed, and fire watch was not performed as directed. The failure to perform fire watch, in the absence of a functioning automatic and manual fire alarm system, would likely cause a delayed response, which placed residents at risk for smoke inhalation, burns, displacement from their homes, and death. Findings included . On 07/13/2022 at 11:00AM, during an unannounced Complaint Investigation, the facility failed to ensure their automatic and manual fire alarm system was functional in the event of a fire, which would endanger the residents, staff, and visitors within the facility. The fire alarm panel read trouble status.The Deputy State Fire Marshal (DSFM) directed the facility to perform 15-minute checks (a periodic walking tour of the entire facility through direct observation of all rooms and areas, including, but not limited to resident rooms, mechanical and electrical rooms, kitchen, laundry, and restroom), until the system was repaired. This was discussed with the facility Maintenance Director on 07/13/2022 at 12:00PM, who stated they were aware of the trouble status. In an interview on 08/02/2022 at 9:20AM Staff D, Assistant Director of Nursing (ADON) stated Maintenance was in charge of the fire watch, and the facility was still on fire watch. Staff D stated the fire watch sheets were at the nurse's station. When asked if they could locate the fire watch logs Staff D stated no they could not, they did not have them, and they did not know where they were at. Follow up interview at 10:10AM on 08/02/2022, Staff D stated they had not performed fire watch in quite awhile. Observation of the 1st floor nurse's station showed a fire watch binder could not be located by the staff. In an interview on 08/02/2022 at 9:30AM Staff O, Restorative Assistant, stated they did not see or hear anything that would indicate they were on fire watch. Maybe they fixed it [The fire alarm sysytem]? In an interview on 08/02/2022 at 9:32AM Staff E, Registered Nurse (RN), stated they knew nothing about fire watch but could find out. When asked if they performed any fire watch duties they stated No I have not. When asked where the fire watch forms were located, they stated they did not know. In an interview on 08/02/2022 at 9:37AM Staff P, Lab employee, stated they were not aware of or were notified of the facility was doing fire watch. In an interview on 08/02/2022 at 9:40AM Staff Q, Minimum Data Set (MDS) Nurse stated they participated in the morning meetings but denied knowledge of fire watch being completed in the facility. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	In an interview on 08/02/2022 at 9:45AM Staff C, Maintenance Director, stated maintenance was doing fire watch checks facility wide and the nurses were doing fire watch on their units as a double check in case one person missed an area. When asked if maintenance or the nurses had other duties assigned to them they stated yes, their regular job. Staff C stated that the Administrator gave each unit the forms to complete. When asked to show the location of the fire watch binders they were not able to be located. On 08/02/2022 between 9:20AM to11:55AM the surveyor walked throughout the facility, including all three floors, five nursing units, individual resident rooms, offices, and other areas in an attempt to observe staff conducting fire watch. No staff were observed walking around with a fire watch log. In an interview on 08/02/2022 at 9:50AM Staff F, Licensed Practical Nurse (LPN), stated they work full time and were not aware of the fire watch status. I think two weeks ago we were but not now I don't think. This staff denied receiving notification of fire watch or duties related to fire watch. Observation of Units 2 East and [NAME] nurse's station showed a fire watch binder could not be located by the staff. In an interview on 08/02/2022 at 9:55AM Staff G, LPN, stated they were not made aware of fire watch or duties related to fire watch. In an interview on 08/02/2022 at 10:00AM Staff H, RN, stated the facility was on fire watch about three weeks ago, they did it for about a week, but not anymore. This staff denied knowledge of fire watch sheets at the nurse's station. Observation of the 3rd floor Nurses station showed a fire watch binder could not be located by the staff. In an interview on 08/02/2022 at 10:05AM Staff I, RN, stated we check our rooms every 15-30 minutes. We used to do it on paper but not anymore. When asked if they had knowledge if the system was functional they stated that would be a question for maintenance. Staff I was unable to locate a fire watch binder at the nurse's station. In an interview on 08/02/2022 at 10:45AM Staff A, Administrator, stated the facility was still on fire watch. This staff stated the nurses performed fire watch on the nursing units and maintenance and the managers performed fire watch also. Fire watch was being performed in every single room, every 15 minutes. The fire watch binder had been delivered to the nurse's stations but must have been misplaced. When asked if the nurses were aware of the binders or fire watch duties Staff A did not comment. In an interview on 08/02/2022 at 10:55AM Staff S, Dietary Manager, stated maintenance usually does fire watch. Denied completing any fire watch duties. In an interview on 08/09/2022 at 11:45AM Staff A, stated the fire control system was functional but trouble status on the fire panel. Stated the fire alarm system will alarm if there is a fire. Also stated the facility had eight companies assess the system and all stated it was functional, when asked for documentation to support they were fully functional and would alarm in case of fire, none was provided. It was all verbal. Staff A requested Staff C to obtain documentation, none was provided. Documentation of completed fire watch rounds was not provided when requested for the dates of 07/13/2022-08/02/2022. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	In an interview on 08/09/2022 at 11:51AM follow up interview with Staff C, stated the fire alarm system was not fully functional, it would alarm for smoke or fire in some of the units but not all. Some of the units are not working. It is not 100% functional, fires in the corridor would not alert the system. During a conference call on 08/02/2022 at 11:58AM with Staff A, Staff C, and the Chief Deputy State Fire Marshal (CDSFM), Staff A and Staff C stated that the fire watch was being completed every 15 minutes by staff that had other duties also assigned. CDFM explained a fire watch consisted of a dedicated staff member for each floor of the facility, conducting 15-minute checks of the entire facility, including every room, every door, and fire watch was not completed as directed or per the facility policy. Review of an unannounced complaint survey conducted 07/13/2022 by the DSFM, the facility was cited for failure to maintain their automatic and manual fire alarm system which would not properly operate in the even of a fire. The DSFM tested the system via a smoke detector test and the fire pull stations. With each test the Fire Alarm system failed to activate. The issue was discussed and acknowledged by the facility administration. The facility was placed on fire watch. On 08/09/2022 at 10:10AM, during an unannounced complaint survey, observations and interviews showed fire watch was not completed per State Fire Marshal guidance, and facility policy. In an interview on 08/09/2022 at 10:20AM Staff C, stated fire watch was completed properly every 15 minutes, and the facility had nine dedicated staff to do the fire watch on 08/09/2022. In an interview on 08/09/2022 at10:23AM a copy of the Fire Watch schedule was requested and provided. It showed Staff J, Fire Watcher, was assigned to 1st Floor. Observation of Staff J performing a fire watch rotation showed multiple rooms, offices, and other locations not observed in the 15 minute observation. Those rooms missed included all resident rooms and bathrooms, administrative offices, dining room and soiled linen room. When asked who is responsible for the resident rooms Staff J stated Not sure, I think someone else. When the question was asked Do you know who is responsible for the resident rooms and the rest of the 1st floor, they stated Not exactly. When asked who educated them on fire watch duties, Staff J was unable to identify a staff member that had educated them,but the directions for doing a fire watch were in the Fire Watch binder. In an interview on 08/09/2022 at10:40AM interview with Staff I, RN, stated they were doing fire watch on their assigned area, but someone else was also doing fire watch on the 1st floor. Observation of Staff I during fire watch rounds showed multiple missed rooms of their assigned area. In an interview on 08/09/2022 at10:50AM observation of Staff T, RN, showed they entered two resident rooms, went back to medication cart, documented fire watch complete but had missed several resident rooms and bathrooms. Staff B, Director of Nursing, stated the expectation for fire watch duties for the nursing staff included all rooms, nursing staff was secondary fire watchers. In an interview and observation on 08/09/2022 at10:53AM, Staff K, Admissions Assistant, and Staff N, Nurse's Assistant, showed both staff members completed their fire watch duties. Twenty three minutes later the staff members stated they had finished their fire watch round. The entire East side of the facility was missed during their rounds. Fire watch logs showed staff signed a complete fire watch round was completed. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	In an interview on 08/09/2022 at11:09AM Staff F, LPN, stated they had completed their fire watch rounds. Fire watch rounds documentation showed missing data entries. In an interview on 08/09/2022 at11:15AM Staff M, RN, stated they were unable to complete fire watch rounds during times of the shift, like medication pass times. In an interview on 08/09/2022 at11:21AM Staff U, LPN, stated they were doing fire watch rounds on their assigned unit but denied being able to complete full fire watch during medications pass or busy times. Provided copy of fire watch logs showed Staff U signed on the wrong log for multiple 15-minute checks. Staff U was observed sitting at the nurse's station filling in multiple time slots on the fire watch form, then stood up and walked to the nurse's cart without performing fire watch duties. During a conference call on 08/09/2022 at 11:50AM Staff A, and Staff C, it was discussed that fire watch had not occured as instructed. Staff A, stated I don't know what happened this morning, we are micromanaging like crazy, they (fire watch) have been completed like they were supposed to be done. In an interview and observation on 08/09/2022 at.11:54AM Staff L was observed completing their fire watch rounds. Multiple rooms were missed. During interview with Staff L they were asked How do you check rooms that are closed with a sign on the door, or rooms that have the middle curtain closed, they were unable to give response as they were told by Staff V, Regional Chief Nursing Officer (RCNO) to not stop their rounds because they were being timed. During an observation on 08/09/2022 at.12:10PM Staff C, and Staff J, were observed doing fire watch rounds of the 1st floor after Staff J was re-educated by Staff C. They completed the fire watch round in 15 minutes but missed employee restroom located across from the nurse's station. Staff C stated it was occupied. Continuous observation of the restroom showed it was not occupied during fire watch round. Sprinkler room and hallway were also missed. Record review of the Fire Watch Log Sheets dated 07/23-08/02/2022 showed that it required six hours for the entire building to be checked by Staff C. The facility provided documentation showed staff checked the facility four times in the 24-hour period, not every 15 minutes. Review of Fire Watch logs showed on 08/05/2022 multiple times where fire watch had not occured as directed. Multiple time slots showed lack of documentation and only certain areas of the floor being watched, not the entire floor. Similar findings were noted for Fire Watch logs dated 08/06-08/09/2022.