

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36552</p> <p>Based on observation, interview, and record review the facility failed to assess and care plan 3 (Residents 16, 85, and 37) of 26 residents, reviewed for medication at the bedside, self-administration of medications. Failure to assess residents' ability to self-administer medication increased the risk for medications to be administered incorrectly and placed residents at risk for receiving less than necessary treatment benefits.</p> <p>Findings included .</p> <p>Review of the facility's Self-Administration of Medications policy revised in December 2016 showed, As part of their overall evaluation, the staff and practitioner will assess each resident's mental and physical abilities to determine whether self-administering medications is clinically appropriate for the resident [.] the staff and practitioner will document their findings and the choices of residents who are able to self-administer medications.</p> <p>Resident 16</p> <p>Review of Resident 16's Admission Record showed Resident 16 was originally admitted on [DATE] with diagnoses including cerebral palsy and diffuse traumatic brain injury.</p> <p>Review of Resident 16's 12/09/2021 Quarterly Minimum Data Set (MDS - an assessment tool) revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated Resident 16 was cognitively intact and able to make their own decisions.</p> <p>Record review revealed a 02/22/2022 Behavior Care Plan (CP) addressing Resident 16's history of behaviors including refusals to take medications and requests for the nurse to leave medications at the bedside. This CP's interventions included: one-to-one support for the resident PRN [as needed]; encourage the resident to discuss their feelings and acknowledge them; and provide information, emotional support, and reassurance as appropriate.</p> <p>The Refusals of Care intervention, revised 02/22/2022, directed staff to: approach Resident 16 calmly; explain necessary task(s); take time during care; encourage the resident to participate to the extent able; assess the reasons for refusal and accommodate as able; reapproach/come back later if they refused their medication or became agitated; redirect and reorient the importance of taking the medication and explain that LN should not leave any medication.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 505017	If continuation sheet Page 1 of 46

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 16's comprehensive clinical record assessments revealed no self-administration of medication screening was performed.</p> <p>Review of the Physician's Orders (POs) revealed a 02/24/2022 order for Hydrocortisone Lotion 2% apply to right hand palm and fingers [sic] topically three times a day for Contact dermatitis for 14 days.</p> <p>Review of Resident 16's March 2022 Medication Administration Record (MAR)/ Treatment Administration Record (TAR) revealed Staff FFF (Licensed Practical Nurse - LPN) charted that hydrocortisone lotion was administered on the morning of 03/01/2022.</p> <p>Observation on 03/01/2022 at 1:01 PM revealed a medication cup with white cream sitting on the windowsill.</p> <p>During an interview on 03/01/22 at 1:01 PM, Resident 16 stated the nurse did not put the medication on their hand this morning and the white cream on the windowsill was Cortisone 10 that was ordered for their right hand because of suspected ringworm infection.</p> <p>During an interview on 03/01/2022 at 1:15 PM, Staff FFF confirmed they did not know who left the topical medication in the resident's room but that they held the dose this morning because Resident 16 was having an episode. Staff FFF further stated that sometimes the resident had behaviors and this morning was yelling at staff while a nursing assistant attempted to weigh them. Staff FFF threw the medication in the trash at end of interview.</p> <p>Resident 85</p> <p>Review of the Admission Record indicated Resident 85 originally admitted on [DATE] with diagnoses including type 2 diabetes mellitus.</p> <p>Review of Resident 85's 01/24/2022 Quarterly MDS revealed a BIMS score of 15 out of 15, indicating Resident 85 was cognitively intact and able to make their own decisions.</p> <p>Review of Resident 85's CP revealed a 12/12/2021 Behavioral Symptoms CP that addressed refusal of care including medication refusals and included interventions for staff to approach calmly, explain task(s), take time during care, encourage resident to participate to the extent able. Assess reasons for refusal and accommodate as able.</p> <p>Review of the resident's clinical record revealed no evidence staff completed a self-administration of medication assessment for Resident 85.</p> <p>Review of Resident 85's March 2022 MAR showed on 03/01/2022, Staff FFF administered Aspirin 81 mg (for risk for stroke), Cyanocobalamin (for anemia) 1000 mcg, Glipizide (for diabetes) ER 5mg, Acidophilus (for overgrowth of bacteria) (no dosage included), Famotidine (for gastric reflux) 20mg, Lactulose (for constipation) 10 gm/15ml, Metformin (for diabetes) 1000 mg, Quetiapine Fumarate (for dementia) 25mg, Tylenol extra strength (for pain) 500mg, and Simethicone (for indigestion) 80mg at 8:00 am.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation and interview on 03/01/2022 at 10:08 AM showed Resident 85 had eight pills left at their bedside in a medication cup. Resident 85 stated they did not know why the medications were left there but acknowledged they were theirs.</p> <p>Staff FFF stated in an interview on 03/01/2022 at 1:13 PM, they left Resident 85's medications at the bedside that morning per the resident's preference. Staff FFF spoke with Resident 85, and they agreed to take all medications except Simethicone that were left at the bedside.</p> <p>During an interview on 03/03/2022 at 12:09 PM, Staff GG (Licensed Practical Nurse/Unit Manager) stated all residents that would like to administer their own medications required self-administration screening, must be A&O (alert and oriented) x 4 (person, place, time, situation) in order to be approved for medication self-administration and currently there were no residents on the 3rd floor who self-administer medications. Staff GG stated the policy regarding medication administration did not permit leaving medication at the bedside without an assessment and directed nurses to observe the resident taking their medication before leaving the room. Staff GG stated nurses should not document medication as administered until they observe resident take the medication.</p> <p>Resident 37</p> <p>Review of Resident 37's Admission Record revealed Resident 37 admitted to the facility on [DATE] with diagnoses including congestive heart failure.</p> <p>Review of Resident 37's 12/19/2021 Quarterly MDS revealed a BIMS score was 15 out of 15, indicating Resident 37 was cognitively intact and able to make their own decisions.</p> <p>Review of Resident 37's POs revealed a 03/01/2022 order for Spironolactone [a diuretic] tablet 50 milligrams (mg) give one tablet by mouth two times a day for CHF [congestive heart failure].</p> <p>Review of Resident 37's March 2022 MAR revealed administration of Spironolactone was scheduled for 11:00 AM and 4:00 PM daily.</p> <p>On 03/01/2022 at 10:00 AM, a round yellow tablet in a white paper cup was observed on the table next to Resident 37's bed. Resident 37 stated the agency nurse brought it to them at 8:00 AM with their morning medications. Resident 37 stated, I am not supposed to take it until 11:00 AM because I take my other water pill at 8:00 AM. I told her to leave it and I would take it at 11:00 AM.</p> <p>Review of the March 2022 MAR showed on 03/01/2022 the Spironolactone was signed by Staff BBB (LPN) as administered at 11:00 AM.</p> <p>Review of Resident 37's comprehensive clinical medical record and CP revealed no self-administration of medication objective was documented.</p> <p>During an interview on 03/03/2022 at 10:00 AM, Staff C (Interim Director of Nursing) stated the facility was unable to provide evidence Resident 37 was evaluated for self-administration of medication.</p> <p>REFERENCE WAC: 3888-97-0440</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42531</p> <p>Based on record review and interview, the facility failed to ensure a resident's right to formulate or refuse an Advanced Directive upon admission relating to healthcare in the event that the resident became incapacitated for 15 of 26 residents (Residents 97, 428, 430, 16, 25, 60, 70, 84, 85, 108, 123, 13, 30, 41, and 74) reviewed for advanced directives. This failure detracted from the resident's ability to make an informed decision regarding formulation of an AD and placed residents at risk for losing the right to have their preferences and choices honored regarding emergent and end-of-life care.</p> <p>Findings included .</p> <p>Review of the ,d+[DATE] Advanced Directives policy showed, Upon admission, the resident will be provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so . Prior to or upon admission of a resident, the social services director or designee will inquire of the resident, his/her family members and/or his or her legal representative, about the existence of any written advanced directives. Information about whether the resident has executed an advance directive shall be displayed prominently in the medical record. If the resident indicates that he or she has not established advance directives, the facility staff will offer assistance in establishing advance directives. The resident will be given the option to accept or decline the assistance, and care will not be contingent on either decision. Nursing staff will document in the medical record the offer to assist and the resident's decision to accept or decline assistance .</p> <p>Review of Important Documents Needed Upon Admission for the Patient undated, found in Admission Packet has the following questions: Durable Power of Attorney Papers: yes/ no; Do you need [assistance formulate] advance directive: yes/no</p> <p>Resident 97</p> <p>Review of Resident 97's undated Admission Record showed Resident 97 originally admitted to the facility on [DATE] with a diagnosis of dementia.</p> <p>Review of Resident 97's [DATE] quarterly Minimum Data Set (MDS, an assessment tool) showed a Brief Interview for Mental Status (BIMS) score of 14 out of 15 indicating Resident 97 was cognitively intact and able to make their own decisions.</p> <p>Review of Resident 97's Care Plans (CP) initiated on [DATE], showed no Advanced Directives (AD) to include what interventions the resident or resident representative wanted to have in place if Resident 97 was unable to make their decisions.</p> <p>Review of Resident 97's clinical record revealed no AD was included.</p> <p>Review of Resident 97's comprehensive clinical record showed that an admission packet was not completed and there was no proof a discussion regarding an advance directive occurred.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 1:14 PM, Resident 97 did not remember anyone asking if the resident had an AD or offering assistance in formulating one.</p> <p>Resident 428</p> <p>Review of Resident 428's undated Admission Record, showed Resident 28 admitted to the facility on [DATE] with diagnoses that included dementia and chronic kidney disease.</p> <p>Review of Resident 428's entire clinical record showed the record lacked evidence that an admission packet was completed along with proof a discussion regarding an advance directive occurred.</p> <p>Review of Resident 428's [DATE] admission MDS, indicated a BIMS score of 9 out of 15 indicating that Resident 428 was moderately impaired cognitively.</p> <p>During an interview on [DATE] at 10:19 AM, Registered Nurse (Staff UU) stated that Resident 428 should have an AD that came with them from the hospital on their admission. At this time Staff UU confirmed Resident 428 did not have an AD in place.</p> <p>Resident 430</p> <p>Review of Resident 430's undated Admission Record, indicated Resident 430 admitted to the facility on [DATE] with diagnoses including Coronavirus, pneumonia, acute (sudden) respiratory failure, and chronic kidney disease.</p> <p>Review of Resident 430's clinical record revealed no evidence that Resident 430 and/or their representative were asked if they had an AD or was offered and declined assistance to formulate one upon admission.</p> <p>During an interview on [DATE] 10:20 AM, Staff UU indicated that Resident 430 should have an AD that came with them from the hospital on admission and confirmed Resident 430 did not have an AD in place and there was no evidence that they were offered assistance in formulating one.</p> <p>Resident 16</p> <p>Review of the Admission Record showed Resident 16 originally admitted on [DATE] with diagnoses including cerebral palsy and diffuse traumatic brain injury with a loss of consciousness of unspecified duration.</p> <p>Review of Resident 16's [DATE] quarterly MDS showed a BIMS score of 15 out of 15, which indicated Resident 16 was cognitively intact and able to make their own decisions. The MDS also showed Resident 16 had diagnoses of cerebral palsy and traumatic brain injury.</p> <p>Review of Resident 16's hard chart revealed a Portable Medical Orders (POLST) form signed on [DATE] which indicated Resident 16 was to receive life sustaining treatment in case of an emergency.</p> <p>Review of Resident 16's clinical record showed no advanced directive on file.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 16's clinical record revealed no evidence that Resident 16 and/or the resident representative were asked if Resident 16 had an AD or was offered and declined assistance to formulate an AD.</p> <p>During an interview on [DATE] at 1:29 PM, Resident 16 revealed they did not know what an AD was but if their heart stopped or if she stopped breathing, they would want cardiopulmonary resuscitation (CPR).</p> <p>Resident 25</p> <p>Review of the Admission Record found Resident 25 originally admitted on [DATE] with diagnoses including displaced comminuted fracture of shaft of right tibia (shin bone).</p> <p>Review of Resident 25's [DATE] admission MDS showed a BIMS score of 15 out of 15, which indicated Resident 25 was cognitively intact and able to make their own decisions. The MDS also indicated Resident 25 had fractures and other multiple traumas.</p> <p>Review of Resident 25's hard chart revealed a POLST form signed on [DATE] which indicated Resident 25 was to receive life sustaining treatment in case of an emergency, but no AD was on file.</p> <p>Review of Resident 25's clinical record lacked evidence that Resident 25 and/or their representative were asked if they had an AD or were offered and declined assistance to formulate one.</p> <p>Resident 60</p> <p>Review of the Admission Record found Resident 60 originally admitted on [DATE] with diagnoses including diabetes mellitus with diabetic neuropathy.</p> <p>Review of Resident 60's [DATE] quarterly MDS showed a BIMS score of 15 out of 15, which indicated Resident 60 was cognitively intact and able to make their own decisions. The MDS also indicated Resident 60 had diabetes mellitus with renal (kidney) failure.</p> <p>Review of Resident 60's hard chart revealed a POLST form signed on [DATE] which indicated Resident 60 was to receive life sustaining treatment in case of an emergency, but no AD was on file.</p> <p>Review of Resident 60's clinical record lacked evidence that Resident 60 and/or their representative were asked if they had an AD or were offered and declined assistance to formulate an AD.</p> <p>Resident 70</p> <p>Review of the Admission Record found Resident 70 originally admitted on [DATE] with diagnoses including encephalopathy (brain dysfunction).</p> <p>Review of Resident 70's [DATE] quarterly MDS showed a BIMS score of nine out of 15, which indicated Resident 70 was moderately cognitively impaired. The MDS showed Resident 70 had dementia, aphasia (difficulty speaking), and history of stroke.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 70's hard chart revealed a POLST form signed on [DATE] which indicated Resident 70 was not to receive life sustaining treatment in case of an emergency, but no AD was on file.</p> <p>Review of Resident 70's clinical record lacked evidence that Resident 70 and/or their representative were asked if they had an AD or were offered and declined assistance to formulate one.</p> <p>During an interview on [DATE] at 12:03 PM, with Resident 70 revealed they did not know what an advanced directive was but if their heart stopped or if they stopped breathing, they would want CPR.</p> <p>Resident 84</p> <p>Review of an Admission Record found Resident 84 was originally admitted on [DATE] with diagnoses including hepatic (liver) failure, unspecified without coma.</p> <p>Review of Resident 84's [DATE] annual MDS showed a BIMS score of 15 out of 15, which indicated Resident 84 was cognitively intact and able to make their own decisions. The MDS also indicated Resident 84 had viral hepatitis (inflammation of the liver caused by a virus) and cirrhosis of the liver.</p> <p>Review of Resident 84's hard chart revealed a POLST form signed on [DATE] which indicated Resident 84 was not to receive life sustaining treatment in case of an emergency, but no AD was on file.</p> <p>Record review showed Resident 84's clinical record lacked evidence that Resident 84 and/or their representative were asked if they had an Advanced Directive or were offered and declined assistance to formulate one.</p> <p>Resident 85</p> <p>Review of the Admission Record found Resident 85 admitted on [DATE] with diagnoses including type 2 diabetes mellitus with foot ulcer.</p> <p>Review of Resident 85's [DATE] quarterly MDS revealed a BIMS score of 15 out of 15, which indicated Resident 85 was cognitively intact. The MDS also indicated Resident 85 had diabetes mellitus and peripheral vascular disease (poor circulation)</p> <p>Review of Resident 85's hard chart revealed a POLST form signed on [DATE] which indicated Resident 85 was to receive life sustaining treatment in case of an emergency.</p> <p>Record review showed Resident 85's clinical record lacked evidence of an AD on file.</p> <p>Record review showed Resident 85's clinical record included no evidence Resident 85 and/or their representative were asked if they had an Advanced Directive or were offered and declined assistance to formulate one.</p> <p>Resident 108</p> <p>Review of the Admission Record showed Resident 108 admitted on [DATE] with diagnoses including hypertensive heart disease, chronic kidney disease with heart failure, and stage 1 through stage 4 chronic kidney disease or unspecified chronic kidney disease.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 108's [DATE] quarterly MDS revealed a BIMS score of 13 out of 15, which indicated Resident 108 was cognitively intact. The MDS also indicated Resident 108 had heart failure, hypertension, and renal failure.</p> <p>Review of Resident 108's hard chart revealed a POLST form signed on [DATE] which indicated Resident 108 was not to receive life sustaining treatment in case of an emergency.</p> <p>Record review showed Resident 108's clinical record lacked evidence of an AD on file.</p> <p>During an interview on [DATE] at 12:31 PM, Resident 108 revealed in the past they told the hospital they did not want CPR, but since they had been at the facility, they would like CPR.</p> <p>Record review showed Resident 108's clinical record lacked evidence that Resident 108 and/or their representative were asked if they had an Advanced Directive or were offered and declined assistance to formulate one.</p> <p>Resident 123</p> <p>Review of the Admission Record found Resident 123 admitted on [DATE] with diagnoses including spinal stenosis, lumbar region without neurogenic claudication (compression of spinal nerves without leg pain or difficulty walking).</p> <p>Review of Resident 123's [DATE] admission MDS revealed a BIMS score of 15 out of 15, which indicated Resident 123 was cognitively intact. The MDS also indicated Resident 123 had non-traumatic spinal cord dysfunction.</p> <p>Review of Resident 123's hard chart revealed a POLST form signed on [DATE] which indicated Resident 123 was to receive life sustaining treatment in case of an emergency.</p> <p>Record review showed Resident 123's clinical record lacked evidence of an AD on file.</p> <p>Record review showed Resident 123's clinical record lacked evidence that Resident 123 and/or their representative were asked if they had an Advanced Directive or were offered and declined assistance to formulate one.</p> <p>During an interview on [DATE] at 11:40 AM Resident 123 revealed they chose to be resuscitated if their heart were to stop or they stopped breathing. Resident 123 stated they were not sure if anyone discussed this with them during admission to the facility or if they had an AD on file.</p> <p>Resident 13</p> <p>Review of the Admission Record showed Resident 13 admitted to the facility on [DATE] with diagnoses including senile degeneration of brain, encounter for palliative care, and adult failure to thrive.</p> <p>Review of the [DATE] admission MDS revealed a BIMS score of 99, which indicated Resident 13 was unable to complete the interview due to cognitive deficits. Facility staff assessed Resident 13 as severely cognitively impaired.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the [DATE] POLST revealed Resident 13 selected do not attempt resuscitation (DNAR)/allow natural death.</p> <p>Record review showed Resident 13's clinical record lacked evidence of an AD on file and included no documented evidence that the facility assisted Resident 13 or their representative in formulating an AD.</p> <p>Resident 30</p> <p>Review of the Admission Record showed Resident 30 admitted to the facility on [DATE] with diagnoses including type II diabetes mellitus with hyperglycemia, acquired absence of right toe, and chronic kidney disease, stage II.</p> <p>Review of the [DATE] quarterly MDS revealed a BIMS score of 15 out of 15 which indicated Resident 13 was cognitively intact.</p> <p>Review of the [DATE] POLST revealed Resident 30 selected attempt resuscitation/CPR.</p> <p>Record review showed Resident 30's clinical record lacked evidence of an AD on file and included no evidence that the facility assisted Resident 30 in formulating an AD.</p> <p>Resident 41</p> <p>Review of the Admission Record showed Resident 41 admitted on [DATE] with diagnoses including unspecified dementia without behavioral disturbance and adult failure to thrive.</p> <p>Review of the [DATE] quarterly MDS revealed a BIMS score of three out of 15 which indicated Resident 41 was severely cognitively impaired.</p> <p>Review of the [DATE] POLST revealed Resident 41selected DNAR/do not attempt resuscitation (allow natural death).</p> <p>Record review showed Resident 41's clinical record lacked evidence of an AD on file and included no evidence that the facility assisted Resident 41 in formulating an AD.</p> <p>Resident 74</p> <p>Review the Admission Record showed Resident 74 admitted to the facility on [DATE] with diagnoses including Alzheimer's disease and adult failure to thrive.</p> <p>Review of the [DATE] quarterly MDS revealed a BIMS score of 99, which indicated Resident 74 was unable to complete the interview due to cognitive deficits. Facility staff assessed Resident 74 was severely cognitively impaired.</p> <p>Review of the [DATE] POLST revealed Resident 74 selected do not attempt resuscitation/DNAR (allow natural death).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review showed Resident 74's clinical record lacked evidence of an AD on file and included no evidence that the facility assisted Resident 74 in formulating an AD.</p> <p>During an interview on [DATE] at 4:29 PM, the Social Services Director (Staff H) stated the Admission Coordinator was responsible for inquiring about ADs upon admission, and that the Social Worker followed up during initial care conference to confirm AD status and preferences. Staff H stated Ads were located under the misc. [miscellaneous] tab of residents' electronic records, and confirmed that Residents 16, 25, 60, 70, 84, 85, 97, 108, and 123 did not have an AD in place.</p> <p>During an interview on [DATE] at 1:42 PM, Admissions Coordinator (Staff VV) indicated that they were responsible to ask the resident or the resident representative if they had an AD and if not if they required assistance to formulate one upon admission. Staff VV stated the AD should be scanned into the medical record. Staff VV stated that Residents 97, 428, and 430 were not asked if they had an AD or were given the opportunity for assistance in developing one.</p> <p>During an interview on [DATE] on 3:57 PM, the First Floor Unit Manager (Staff WW) stated the Admissions Coordinator should ask all residents or their responsible party about whether an AD was formulated or if they desired help to complete an AD on admission. Staff WW stated that Residents 97, 428, and 430's clinical record lacked evidence that an AD was obtained or offered.</p> <p>During an interview on [DATE] at 4:11 PM, the physician for Residents 97, 428, 430, 25, 84, 123, 30, 41 and 74 (Staff S) stated that each resident or their responsible party should be asked if an AD was in place and if not then given the opportunity to create one on admission. Staff S stated that it was important to review the AD and document resident wishes for care in case of an acute change in status.</p> <p>REFERENCE: WAC ,d+[DATE]- 0280(3)(c)(i-ii), -0300(1)(b), (3)(a-c).</p> <p>40824</p> <p>28604</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42203</p> <p>Based on interview and record review, the facility failed to provide Skilled Nursing Facility Advanced Beneficiary Notices (SNF ABN: a notification that provides an estimated cost of continuing services which may no longer be covered by Medicare. Beneficiaries may choose to continue the services but may be financially liable.) as required for one (Resident 72) of three residents, reviewed for SNF ABN, whose Medicare stay ended. This failure placed the resident and/or the resident's representative at risk for not having adequate information with which to make financial decisions regarding the resident's care.</p> <p>Findings included .</p> <p>Resident 72</p> <p>According to the 01/17/2022 Medicare - 5 Day /End of PPS Part A Stay MDS (Minimum Data Set an assessment and tracking tool) Resident 72 admitted to the facility on [DATE], began their most recent Medicare coverage on 01/11/2022, and had a last covered day of 01/18/2022.</p> <p>In an interview on 03/04/2022 at 1:23 PM, Staff F (Business Office Manager) stated they could not locate ABN paperwork for Resident 72, and that it was possible the facility's social worker had not yet uploaded the form to Resident 72's electronic record.</p> <p>In an email on 03/07/2022, Staff EEE stated that ABN paperwork was not provided to Resident 72 when they were convert[ed] to Hospice.</p> <p>REFERENCE: WAC 388-97-0300(1).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40824</p> <p>Based on observation and interview, the facility failed to provide a homelike environment for 5 rooms housing residents (307, 314, 264, 310, and 317) out of 26 sampled resident rooms. Failure to provide a homelike environment placed residents at risk for receiving unsafe care and being dissatisfied with their environment.</p> <p>Findings included .</p> <p>Review of facility's undated policy titled, Resident Rights stated, You have a right to: 1) Be treated with dignity and respect: Enjoying surroundings which are safe, clean, and comfortable .</p> <p>Review of facility's undated policy titled, Maintenance Log stated, Any staff who identifies needed repairs to include in maintenance log; maintenance logs are checked daily Monday-Friday, by out maintenance department; please inform Administrator with major concerns; maintenance logs are located in each nursing station.</p> <p>Observation of room [ROOM NUMBER] on 03/01/2022 at 11:40 AM revealed the baseboard behind the bed was loose and peeling off the wall.</p> <p>Observation and interview on 03/01/2022 at 2:18 PM in room [ROOM NUMBER] revealed the heating unit mounted below the bedroom window was pulling away from the wall with wires exposed. The window was open to cool the room.</p> <p>Observations of room [ROOM NUMBER] on 03/01/2022 at 2:36 PM revealed soiled linens and dirty clothing on the floor.</p> <p>Observation on 03/01/2022 at 4:58 PM room [ROOM NUMBER] was noted to be very warm, tape was over the thermostat. Observation of room [ROOM NUMBER] on 03/04/2022 at 9:10 AM revealed power and cable cords across the wall, paint chipped throughout the room, and tape on the wall.</p> <p>Observation on 03/01/2022 at 2:54 PM in room [ROOM NUMBER] revealed the heating unit was mounted below the bedroom window and was pulled away from and falling of from the wall.</p> <p>Maintenance Assistant (Staff DDD), interviewed on 03/04/2022 at 10:00 AM, stated there was not a maintenance schedule of which they were aware. Staff DDD stated they were not aware of the heating unit in room [ROOM NUMBER] not securely attached to the wall.</p> <p>Maintenance (Staff L) stated, in an interview on 03/04/2022 at 10:10 AM, they mostly worked outside and was not aware of the heater issues in room [ROOM NUMBER]. Staff L stated they do not know when work was scheduled. Staff L stated that they got a list from the Maintenance Director (Staff K).</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Administrator (Staff A) stated, in an interview on 03/04/2022 at 10:20 AM, there was one room that was identified with the heating unit not properly attached to the wall while the fire marshal was in the building earlier that day. Staff A stated they missed the problem in room [ROOM NUMBER]. Staff A stated there was not a plan for remodeling the facility, as they were still doing major repairs with the 1st floor recently remodeled, but there was not a timeframe for the rest of the building yet.</p> <p>Maintenance Director (Staff K) stated, in an interview on 03/04/2022 at 10:35 AM, stated the maintenance staff know repairs are needed by looking at the maintenance logs at the nurses' stations. We all see them and take care of them. We make rounds daily. When asked about the heater in room [ROOM NUMBER], Staff K stated they missed it, but the maintenance assistant was fixing it right then. When asked about general repairs to paint, plaster, chair rails, wainscoting, etc. Staff K stated, the reason it's a little rough is we had COVID, and we did damage to the walls putting up barriers. The large patch areas, and holes, on the wall are from that.</p> <p>REFERENCE: WAC 388-97-0880.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42203</p> <p>Based on interview and record review, the facility failed to ensure one supplemental resident (Resident 176) reviewed for abuse was free from abuse related to the facility's failure to suspend staff when Resident 176 accused staff of abuse. This failure increased the likelihood of ongoing abuse and psychosocial harm.</p> <p>An Immediate Jeopardy (IJ) was called on 03/03/2022 at 6:30 PM related to CFR 483.12 F-600, Freedom from Abuse, Neglect and Exploitation. The IJ was removed on 03/08/2022 with a validation date of 03/08/2022 at 12:23 PM when an on-site inspection confirmed the facility implemented their removal plan by providing training to staff, interviewing all residents and suspending staff of concern.</p> <p>Refer to: F607, Develop and Implement Abuse and Neglect Policies.</p> <p>Findings included .</p> <p>The facility's 4/14/2020 Abuse and Neglect Policy defined intimidation or punishment with resulting [.] psychological harm, pain or mental anguish. The policy showed: any accused staff members will be immediately removed from the resident suspected of being abused and the resident's safety will be protected; the Administrator and the DNS [Director of Nursing Services] will investigate; the Administrator or DNS will report all allegations of abuse [.] to the State Agency. The policy defined any act that makes a resident fearful, [or] feel belittled as mental abuse.</p> <p>Resident 176</p> <p>According to the 08/25/2021 Admissions MDS (Minimum Data Set - an assessment tool) Resident 176 admitted to the facility on [DATE] and was cognitively intact. The MDS showed Resident 176 had moderate hearing impairment and adequate vision, and had no behaviors. The MDS showed Resident 176 required extensive assistance for most care needs.</p> <p>Review of the facility's September 2021 Grievance Log (a document maintained by nursing homes where all grievances from residents and/or their representatives are logged, processed and tracked) revealed an entry logged on 09/08/2021 that stated A nurse covered a resident's mouth. The log had a Resolution Description column. The entry under this column for the 09/08/2021 stated resident's story inconsistent. Care plan updated to cares and [sic] pairs. Review of the facility's September 2021 Incident Log (a document maintained by nursing homes where all incidents, accidents, and abuse allegations from residents, their representatives or staff are logged, investigated and tracked) revealed no entry logged for the potentially abusive incident involving Resident 176.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The 09/08/2021 Grievance Form associated with this grievance was completed by Staff B (Director of Nursing - DNS) who signed the form on 09/09/2021. The form showed Resident 176's Resident Representative (RR) called Staff B on 09/08/2021 to complain that Staff ZZ (Licensed Practical Nurse - LPN) was rude to the resident and Staff ZZ put their hand up to the resident's face similar to a 'stop' hand sign. The form also included a section called Grievance Officer Review that was signed by Staff B on 09/10/2021, indicating completion. The form included an Investigation and follow up action section that instructed staff to include all relevant documentation (i.e. staff inservice [sic]). This section was completed by Staff B, dated 09/10/2021 and showed that Staff ZZ denied the allegation made by Resident 176's RR. Staff B further wrote that when the facility interviewed Resident 176, the resident clarified that Staff ZZ shook their finger at Resident 176.</p> <p>In an interview on 03/03/2022 at 05:01 PM, Resident 176's RR stated they recalled discussing the potential abuse with Staff B and stated they received no follow up from Staff B after the initial discussion. The RR stated the incident with Staff ZZ traumatized Resident 176, and added it affected [Resident 176] and we all were traumatized. The RR stated they told the head nurse if it happened again, they would call the police and expressed concern for the facility's nonverbal residents.</p> <p>In an interview on 03/15/2022 at 10:37 AM, the RR stated the first time they visited Resident 176 after 09/08/2021, Resident 176 talked at length about Staff ZZ's treatment of them and that the resident relived the incident whenever they visited after that occasion. The RR stated Resident 176 was angry and upset that a male staff member treated them the way they did. The RR expressed frustration that the facility never followed up with the RR after the initial phone call.</p> <p>In an interview on 03/03/2022 at 03:25 PM, Staff B stated that staff putting an open hand up to a resident's face was potential abuse and should be investigated to rule out abuse. Staff B stated that staff wagging their finger (in a scolding gesture) was also potentially abuse and should be investigated. Staff B stated when a resident or their representative made an allegation of abuse, the facility suspended the member until abuse is ruled out by investigation, and the incident of potential abuse is reported to the department.</p> <p>Staff B reviewed the Incident Log and verified that the allegation was not logged and not reported to the state, as required. Staff B stated that Staff ZZ was not suspended until abuse was ruled out and continued to work without interruption. Staff B stated they did not know if the allegation was investigated and would provide a copy of the facility's investigation if completed. No incident investigation was provided, indicating the facility did not follow their policy's direction to identify, report, and investigate all allegations of abuse and that the facility did not protect the resident from the alleged staff.</p> <p>Reference: WAC 388-97-0640 (1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42203</p> <p>Based on interview and record review, the facility failed to implement their abuse and neglect policies. Facility failure to identify, investigate, suspend suspected staff, rule out allegations of abuse, and effectively train staff on abuse prevention left all residents at risk for abuse, and psychosocial harm.</p> <p>An Immediate Jeopardy (IJ) was called on 03/04/2022 at 10:00 AM related to CFR 483.12 F-607, Develop/Implement Abuse/Neglect Policies. The IJ was removed on 03/08/2022 with a validation date of 03/08/2022 at 12:23 PM when an on-site inspection confirmed the facility implemented their removal plan by providing training to staff, interviewing all residents and suspending staff of concern.</p> <p>Refer to: F-600</p> <p>Findings included .</p> <p>The Code of Federal Regulation (CFR) defines 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.</p> <p>Facility Policy</p> <p>The facility's 4/14/2020 Abuse and Neglect Policy's defined abuse to include intimidation or punishment with resulting physical, emotional or psychological harm, pain or mental anguish. The policy defined any act that makes a resident fearful, [or] feel belittled as mental abuse.</p> <p>The policy showed any accused staff members will be immediately removed from the resident suspected of being abused and the resident's safety will be protected and that the Administrator and the DNS [Director of Nursing Services] will investigate and report all allegations of abuse to the State Agency. The policy stated all employees must attend abuse prevention training on hire and annually, and that the training must include definitions of abuse and neglect.</p> <p>The 4/14/2020 policy included a Prevention section. This section showed all reports whether from family, residents or staff will be reported immediately to the DNS, after which, an incident report is completed.</p> <p>The policy's Investigation section showed all accused staff must be removed from contact with the resident suspected of being abused to protect the resident's safety. The Investigation section showed: The Administrator and DNS should separately interview all concerned parties; the investigation should conclude with fact-finding, root-cause analysis and comparison of information; the results of the investigation should be provided to the proper authorities and alleged violations and substantiated incidents to the appropriate state agency.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The policy's Mandated Reporting of Incidents section showed any employee who observed an incident or was informed by a resident, Resident Representative (RR), volunteer or visitor of potential abuse must report what they saw or heard.</p> <p>Failure To Identify/Log/Investigate</p> <p>According to the 08/25/2021 Admissions MDS (Minimum Data Set - an assessment tool) Resident 176 admitted to the facility on [DATE] and was cognitively intact. The MDS showed Resident 176 had moderate hearing impairment and adequate vision, and had no behaviors. The MDS showed Resident 176 required extensive assistance for most care needs.</p> <p>Review of the facility's September 2021 Grievance Log (a document maintained by nursing homes were all grievances from residents and/or their representatives are logged, processed, and tracked) revealed a 09/08/2021 showing A nurse covered a resident's mouth. The log had a Resolution Description column that showed resident's story inconsistent. Care plan updated to cares and [sic] pairs.</p> <p>The associated 09/08/2021 Grievance Form was completed by Staff B (Director of Nursing - DNS) who signed the form on 09/09/2021. The form showed Resident 176's RR called on 09/08/2021 to express that Staff ZZ (Licensed Practical Nurse - LPN) was rude to the resident and Staff ZZ put their hand up to their resident's face similar to a 'stop' hand sign.</p> <p>The Grievance Officer Review section of the Grievance Form was signed by Staff B on 09/10/2021, indicating completion of the process.</p> <p>The form's Investigation and follow up action section instructed staff to include all relevant documentation and gave staff in-services as an example of relevant information. This section was completed by Staff B, dated 09/10/2021, and stated that Staff ZZ denied the allegation. Staff B wrote that when the facility interviewed Resident 176, they clarified that Staff ZZ shook their finger at Resident 176.</p> <p>Review of the facility's September 2021 Incident Log revealed no entry for the potentially abusive incident.</p> <p>In an interview on 03/03/2022 at 03:25 PM, Staff B stated that both placing a hand up to a resident's face and shaking a finger at a resident were potentially abusive and should be investigated. Staff B stated when a resident or their representative made an allegation of abuse, the facility suspended the identified staff member until abuse was ruled out by investigation, and the incident of potential abuse must be reported to the department.</p> <p>Staff B reviewed the Incident Log and stated the allegation was not logged and not reported to the state. Staff B stated Staff ZZ was not suspended until abuse was ruled out and continued to work without interruption. Staff B stated they did not know if the allegation was investigated and would provide a copy of the facility's investigation, if completed. No incident investigation was later provided.</p> <p>Training Provision and Effectiveness</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 03/04/2022 at 8:45 AM Staff GGG (certified Nursing Assistant - CNA) stated that if they witnessed abuse they would Report to my nurse. When asked further, and provided cues, Staff GGG did not include any measures to protect the resident, nor indicate a need to report to the abuse hotline as a mandated reporter.</p> <p>During an interview on 03/04/2022 at 9:00 AM Staff HHH (Housekeeper) stated that abuse was fighting, hitting, and that's all I know. Staff HHH stated that if they witnessed abuse, they would tell them to stop and go report to the nurse immediately. Staff HHH did not know they were to report to the abuse hotline as a mandated reporter and when asked if they had received abuse training, Staff HHH, stated, No, not that I know.</p> <p>During an interview on 03/04/2022 at 9:15 AM Staff III (CNA) stated that forcing a resident to do something they did not want, or taking advantage of a resident was abuse. If they witnessed abuse, Staff III stated they would talk to the person (abuser), tell them not to do that and report to the nurse in charge at the time. Staff III stated they had not had abuse training at the facility as they were new and had only been in the facility two days.</p> <p>During an interview on 03/04/2022 at 9:16 AM, when asked to list the types of abuse, Staff JJJ (LPN) stated neglect, verbal, and physical. When asked for others, Staff JJJ stated, I can't think of those.</p> <p>During an interview on 03/04/2022 at 8:46 AM Staff GG stated that there was physical and mental abuse and requested to go to their office to obtain a paper on Abuse and Neglect. Reading from the paper Staff GG stated that other types of abuse included lack of care, psychosocial, assault, battery, mental, and physical.</p> <p>During an interview on 03/04/2022 at 8:54 AM when the surveyor attempted to conduct an abuse interview, Staff LLL, Housekeeper, stated, I don't understand English. The surveyor attempted verbal and visual cues and Staff LLL just smiled and stated, Sorry.</p> <p>Review of Abuse and Neglect Training documents showed Staff AAA received training on 10/11/2021 and 10/14/2021, Staff HHH received training on 10/14/2021, Staff DDD received training on 10/12/2021. There was no documented training for Staff III or Staff LLL. Staff ZZ was not listed as in attendance at the 10/11/2021 Abuse in-service, and was noted to be on vacation on the 10/14/2021 in-service attendance records.</p> <p>During an interview on 03/04/2022 at 9:35 AM Staff EE (Staffing Coordinator) stated that it was Staff CCC's first day at the facility as agency and they did not receive facility abuse training prior to being placed on the floor.</p> <p>During an interview on 03/04/2022 at 9:30 AM staff II (Staff Development) stated that the facility had the capability of virtual/computer training and they planned to sign staff up for abuse and neglect training the following week.</p> <p>In an interview on 03/04/2022 at 12:19 PM, Staff II stated the facility did not, but should, have a system to ensure that staff who are not available at the time receive required in-service training.</p> <p>Reference: WAC 388-97-0640(2)(a)(b)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42531</p> <p>Based on record review, and interviews the facility failed to ensure three of three residents (Residents 125, 430, and 123) reviewed for baseline Care Plans had person-centered baseline CPs, that met professional standards of practice, developed within 48 hours of admission. This failure placed newly admitted residents at risk for receiving less than required care and services from staff who were unaware of the residents' care needs.</p> <p>Findings included .</p> <p>Resident 125</p> <p>Review of Resident 125's undated Admission Record indicated Resident 125 was admitted to the facility on [DATE] with diagnoses including a history of falls, recent diagnosis of Coronavirus (COVID-19), and generalized weakness.</p> <p>Review of Resident 125's 02/20/2022 Admission Minimum Data Set (MDS, a comprehensive assessment) showed that Resident 125 required extensive help with Activities of Daily Living (ADL) that included bed mobility, transfers, dressing, and toileting, and had a limited range of motion in the bilateral lower extremities. The MDS showed a Brief Interview for Mental Status (BIMS) score of 10 of 15 indicating Resident 125 cognition was moderately impaired.</p> <p>Review of Resident 125's 02/16/2022 New Admit Note showed . [Resident 125] has been non-ambulatory for ~ [approximately] 6 weeks and needing 2-3 person assist . with [admitting diagnosis] Admin. Dx: FTT [failure to thrive] and generalized weakness .</p> <p>Review of a Progress Note dated 02/16/2022, showed Resident 125 required extensive assistance with incontinence care and dressing.</p> <p>Review of Resident 125's 02/17/2022 Care Plan (CP) showed no individualized resident-centered goals and/or interventions in the area of ADLs for Resident 125 that meet the resident's immediate care needs.</p> <p>During an interview on 03/01/2022 at 10:59 AM, Resident 125 stated that they had a decline in their ability to perform ADL care for themselves and they were at the facility for strengthening so they could move in with their family.</p> <p>During an interview on 03/04/2022 at 3:51 PM, Registered Nurse Unit Manager on the first floor (Staff WW) stated that Resident 125's baseline CP did not include ADL individualized resident-centered goals and interventions.</p> <p>Resident 430</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 430's undated Admission Record, showed Resident 430 was admitted to the facility on [DATE] with diagnoses that included Coronavirus (COVID), pneumonia, acute (sudden) respiratory failure, and chronic kidney disease.</p> <p>Review of Resident 430's 02/23/2022 admission MDS showed the assessment was still, in progress.</p> <p>During an interview on 03/01/2022 at 4:00 PM, Resident 430's Resident Representative (RR A) stated that the facility used an interpreter to communicate with Resident 430.</p> <p>During an interview on 03/02/2022 at 09:56 AM, Registered Nurse (Staff UU) stated that Resident 430 did not speak any English and required an interpreter for anything more than basic things such as water, drink, coffee, yes and no. Staff UU stated the facility called Resident 430's family to interpret when needed. Staff UU stated that the resident's communication needs should be addressed in a resident's CP upon admission.</p> <p>During an interview on 03/04/2022 at 3:51 PM, Staff WW indicated the facility utilized an interpreter service line and when needed and the family was called to translate as well. Staff WW stated that Resident 430's communication needs were not addressed in the resident's baseline CP.</p> <p>Resident 123</p> <p>Review of the Admission Record showed Resident 123 was admitted on [DATE] with diagnoses including type 2 diabetes without complications.</p> <p>Review of Resident 123's 02/16/2022 admission MDS revealed a BIMS score of 15 out of 15, which indicated Resident 123 was cognitively intact. The MDS also indicated Resident 123 had diabetes mellitus.</p> <p>Review of Resident 123's physician's order dated 02/11/2020, revealed an order for Glipizide 5mg (2 tabs by mouth twice daily for diabetes).</p> <p>Review of Resident 123's Baseline Care Plan dated 02/11/2022, revealed the care plan did not address type 2 diabetes.</p> <p>During an interview on 03/01/2022 at 11:40 AM, Resident 123 confirmed they had diabetes with fluctuating blood sugar readings.</p> <p>Interview with Registered Nurse (Staff CCC) on 03/04/2022 at 12:37 PM confirmed Resident 123 care plan did not address diabetes.</p> <p>During an interview on 03/03/2022 at 3:09 PM, the MDS coordinator indicated that the admission nurse created the base line care plan, and the Resident Care Coordinator (RCM) verified that the base line care plan is developed and reflected the needs of the resident upon admission.</p> <p>During an interview on 03/03/2022 8:43 PM, the Interim Director of Nursing (Staff C) indicated their expectation was that baseline care plans are completed within 48 hours to reflect the immediate needs of the resident in order to provide appropriate care. Staff C indicated at this time that the facility does not have a baseline care plan policy.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/04/22 at 12:26 PM, the (Staff A) Administrator indicated that it is his expectation that base line care plans are completed upon admission by the admission nurse as the staff need to use it to direct care given to the resident.</p> <p>REFERENCE: WAC 388- 97 - 1020 (3).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28604</p> <p>Based on interview and record review, the facility failed to develop a person-centered comprehensive care plan (CP) that included measurable objectives and timeframe's to meet one of one resident (Resident 13) reviewed for hospice in a total sample of 28 residents, medical, nursing, mental and psychosocial needs to maintain the resident's highest practicable level of well-being. This failure placed Resident 13 at risk for receiving less than required supportive care and services.</p> <p>Findings included .</p> <p>Review of the facility's Comprehensive Assessment and Care Delivery Process policy, revised December 2016, showed, comprehensive assessments, care planning, and the care delivery process involve collecting and analyzing information, choosing and initiating interventions, and then monitoring results and adjusting interventions . 4. Decision making leading to a person-centered plan of care includes a. selecting and implementing interventions, based on the results of the above.</p> <p>Resident 13</p> <p>Review of Resident 13's undated Admission Record showed Resident 13 was admitted to the facility on [DATE] with diagnoses including senile degeneration of brain, encounter for palliative (supportive) care, and adult failure to thrive.</p> <p>Review of Resident 13's 12/06/2021 Physician's Orders showed Resident 13 was on hospice services for senile degeneration of brain.</p> <p>Review of Resident 13's 12/12/2021 admission Minimum Data Set (MDS, a comprehensive assessment) showed a Brief Interview for Mental Status (BIMS) score of 99, which indicated Resident 13 was unable to complete the interview due to cognitive deficits. Facility staff assessed Resident 13 as severely cognitively impaired. This MDS showed Resident 13 received hospice care while in the facility.</p> <p>Review of Resident 13's 12/06/2021 CP listed the focus as End of Life Care/Hospice Care due to terminal diagnosis 1. Senile degeneration of the brain. The CP did not show how to contact the hospice service 24 hours a day, or how the coordination between the hospice and the nursing home would occur.</p> <p>Review of Resident 13's 12/06/2021 Progress notes showed, .Res [Resident] is on Hospice service with Admit Dx [diagnosis] as follows (which is the Hospice terminal Dx): Senile degeneration of brain, other Hospice Dx [diagnosis] to include but not limited to: Dementia without behavioral disturbance, Severe protein cal [calorie] malnutrition, AFF [adult failure to thrive], Pneumonitis [lung inflammation] due to inhalation of food and vomit, AKI [acute kidney injury], Essential HTN [hypertension] and acute pulmonary edema and Acute metabolic encephalopathy . This LN [licensed nurse] also requested that Hospice RN [registered nurse] come out tomorrow to meet staff and RCM [resident care manager] in order to establish Hospice plan of care .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/03/2022 at 1:50 PM, First Floor Unit Manager (Staff WW) stated the admitting nurse was responsible for developing the baseline CP and making updates to CP.</p> <p>During an interview on 03/03/2022 at 3:09 PM, Licensed Practical Nurse (Staff DD) stated the Residential Care Manager completed the comprehensive CP and should have added the coordination of care with the hospice provider including the name and phone number of the hospice provider.</p> <p>During an interview on 03/03/2022 at 3:35 PM, LPN (Staff EE) stated the RCM should have updated the comprehensive CP when the hospice CP was provided by the hospice nurse.</p> <p>REFERENCE: WAC 388-97-1020(1)(2)(a)(b)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40824</p> <p>Based on record review and interview the facility failed to revise care plans (CPs) for 1 (Resident 108) of 3 residents reviewed for care plans and 1 supplemental resident (Resident 19). The failure to revise and update CPs to reflect changing care needs left residents at risk for unmet care needs.</p> <p>Findings included .</p> <p>Resident 108</p> <p>Review of an undated Admission Record found in Resident 108's showed Resident 108 was admitted on [DATE].</p> <p>Review of Resident 108's hard copy chart, revealed a 09/08/2020 Admission Nursing Evaluation that showed Resident 108 has own lower teeth and full upper dentures.</p> <p>Review of Resident 108's 06/09/2021 physician orders (PO) showed an order for dental consult for new upper denture and hygienist.</p> <p>Review of Resident 108's 02/10/2022 quarterly Minimum Data Set (MDS, a comprehensive assessment) a Brief Interview for Mental Status (BIMS) score of 13 out of 15, which indicated Resident 108 was cognitively intact and able to make their own decisions.</p> <p>During an interview on 03/01/2022 at 2:24 PM, Resident 108 stated they had no top teeth and that after they were admitted to the facility their dentures were lost.</p> <p>Review of Resident 108's CP initiated on 09/08/2020 showed the resident had full upper dentures with lower natural teeth. Instruction to staff initiated on 11/11/2020 was to, remove denture, clean, and soak overnight. The facility's CP revision on 07/09/2021 showed staff failed to update the resident's oral/dental status.</p> <p>Licensed Practical Nurse Unit Manager 1 (Staff GG), interviewed on 03/03/2022 at 12:25 PM stated, Resident 108 had no top teeth and lost her dentures last year. Staff GG stated the dental/oral status on the CP should have been updated but was not.</p> <p>42531</p> <p>Resident 19</p> <p>According to the 12/23/2021 Admission/Medicare 5 Day MDS, Resident 19 had multiple medically complex diagnoses including Heart Failure, Hypertension, Diabetes Mellitus and Depression.</p> <p>Review of Resident 19's 02/08/2022 progress notes showed the resident had a fall on 02/08/2022 that required the resident to go to the hospital on 02/09/2022.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 19's February 2022 PO's showed Resident 19 received Citalopram (an Antidepressant medication) and Melatonin for sleeping.</p> <p>Review of Resident 19's CPs showed no CP was developed to address falls, Depression, Antidepressant medication or the Melatonin for sleeping.</p> <p>Review of Resident 19's comprehensive CP showed a CP revised on 12/17/2021 that showed Resident 19 was receiving an Intravenous (IV-in the vein) Antibiotic.</p> <p>Review of Resident 19's current Physician's Orders showed no order for IV Antibiotic medications.</p> <p>In an interview on 03/04/2022 at 10:35 AM, Staff DD (Nurse Manager) stated that Resident 19's CP should have but were not revised and updated by staff to reflect Resident 19's current status regarding depression/antidepressant use, Melatonin/sleep issues, the history of falls, and that the IV antibiotic should have been discontinued.</p> <p>45941</p> <p>REFERENCE: WAC 388-97-1020 (2) (c) (d).</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42531</p> <p>Based on record review and interview the facility failed to establish a discharge plan to include goals and interventions for discharge upon admission for one of one resident (Resident 127) reviewed for discharge out of a total sample of 27 residents. This failure had the potential to prevent a successful continuation of the resident's care and treatment plans.</p> <p>Findings included .</p> <p>Review of Resident 127's undated Admission Record showed Resident 127 was originally admitted to the facility on [DATE] for rehabilitation after knee surgery. Review of the Admission Record showed Resident 127 was transferred to another facility on 12/09/2021.</p> <p>Review of Resident 127's admission 12/07/2021 Minimum Data Set (MDS, a comprehensive assessment) showed a Brief Interview for Mental Status (BIMS) score of 0 out of 15 indicating that Resident 127 was severely cognitively impaired and unable to make their own decisions.</p> <p>Review of Resident 127's 12/04/2021 Care Plan (CP) found in the EMR under the Care Plan did not show a discharge plan to include goals and interventions.</p> <p>Review of Resident 127's 12/09/2021 Progress Note showed: This LN [Licensed Nurse] was told by SW [Social Worker] that resident would possibly transfer to [Facility] SNF [Skilled Nursing Facility] today. This is an unplanned discharge from PEP [transportation company]. [Facility] require a Rapid Covid test prior to leaving. Floor nurse has done the test and result was negative. This LN was waiting for PEP to call for pick-up time. At 1600, PEP transportation came and picked up resident with all her belonging. Nurse to nurse report was given by evening nurse.</p> <p>During an interview on 03/04/2022 at 02:54 PM, Social Services Director (Staff H) stated that they were in communication with Resident 127's social worker from [outside agency] and indicated that (the resident) was being transferred to [facility]. Staff H stated that they usually make a discharge plan on admission, it should be in the resident's care plan, but they did not make a discharge plan. Staff H stated that they do not have any documentation of the conversation with the social worker from the outside agency.</p> <p>During an interview on 03/04/2022 at 03:30 PM, RN Unit Manager First Floor (Staff WW) stated that Resident 127 should have a discharge plan in place upon admission and it is the Social Worker's responsibility to complete the discharge CP. Staff WW stated that Resident 127 did not have a discharge CP developed upon admission after review of the resident's clinical record.</p> <p>During an interview on 03/04/2022 on 04:41 PM, the Administrator (Staff A) indicated that it was their expectation that the discharge CP was completed upon admission. Staff A stated that development and documentation of the discharge CP was the responsibility of the Social Worker.</p> <p>REFERENCE: WAC 388-97-0080(7)(a)(b)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40824</p> <p>Based on observation, interview, and record review the facility failed to provide bathing assistance to two Residents (Resident 25 and 108) of 26 residents reviewed for Activities of Daily Living (ADL) care. This failure had the potential to affect resident's comfort, self/body image, and increased the risk for infections.</p> <p>Findings included .</p> <p>Review of the facility's 03/2018 Activities of Daily Living (ADL), Supporting policy showed, Resident will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene . Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: . hygiene (bathing, dressing, grooming, and oral care) .</p> <p>Resident 25</p> <p>Review of Resident 25's Admission Record showed Resident 25 was originally admitted on [DATE] with diagnoses including displaced comminuted fracture of shaft of right tibia (shinbone).</p> <p>Review of Resident 25's 12/15/2021 admission Minimum Data Set (MDS, a comprehensive assessment) showed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated Resident 25 was cognitively intact and able to make their own decisions. The MDS showed Resident 25 required one-person physical assist with part of bathing and extensive two-person physical assistance with dressing.</p> <p>Review of Resident 25's 12/12/2021 Care Plan, showed Resident 25 required assistance with ADLs in the following areas: bathing, dressing, personal hygiene . 1 person assist with dressing . 1-2 person assist with bed bath (res preference) 2xs weekly .</p> <p>Review of the facility's Third Floor Shower Schedule revised on 02/11/2022, showed Resident 25 was to be bathed on Wednesday and Saturday afternoons.</p> <p>Review of Resident 25's February 2022 Treatment Administration Record (TAR) showed Resident 25 was bathed on 02/01/2022, 02/08/2022, 02/17/2022, and 02/26/2022.</p> <p>During an interview on 03/01/2022 at 4:19 PM, Resident 25 stated they had not had a shower since they were admitted to the facility and that their last bed bath was last 02/26/2022.</p> <p>The LPN (Licensed Practical Nurse) Unit Manager 1 (Staff GG) interviewed on 03/04/2022 at 2:01 PM stated Resident 25 should be bathed on Wednesday and Saturday afternoons. Staff GG wasn't aware that Resident 25 was not being bathed twice weekly but should have been.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident 108</p> <p>Review of Resident 108's Admission Record showed the resident was admitted on [DATE] with diagnoses including hypertensive heart and chronic kidney disease.</p> <p>Review of Resident 108's 02/10/2022 quarterly MDS showed the resident had a BIMS score of 13 out of 15, which indicated Resident 108 was cognitively intact and able to make their own decisions. The MDS indicated Resident 108 required one-person physical assist with bathing and extensive one person assistance with dressing.</p> <p>Review of Resident 108's Care Plan, revised on 01/12/2022 showed the resident required, assistance with ADLs in the following areas: bathing, dressing . and 1 person limited to extensive assist with dressing and as needed . 1-person extensive assist with bed bath/shower twice a week. Prefer bed bath.</p> <p>Review of Resident 108's February 2022 Treatment Administration Record (TAR) showed Resident 108 was not bathed on 02/01/2022, 02/06/2022, 02/12/2022, 02/15/2022, 02/19/2022, and 02/26/2022. The January TAR showed 2022 Resident 108 was bathed on 01/09/2022, 01/11/2022, 01/16/2022, 01/18/2022, 01/23/2022, 01/25/2022 and 01/30/2022.</p> <p>Review of the Third Floor Shower Schedule, revised on 02/11/2022, showed Resident 108 was to be bathed on Tuesday and Saturday afternoons.</p> <p>During an interview on 03/01/2022 at 2:22 PM, Resident 108 stated they were bathed approximately once weekly and that they would prefer to be showered.</p> <p>Interviewed on 03/04/2022 at 2:01 PM Staff GG stated Resident 108 should be bathed on Tuesday and Saturday afternoons. Staff GG stated they were unaware that Resident 108 was not being bathed twice weekly but should have been.</p> <p>REFERENCE: WAC 388-97-1060(2)(c)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40824</p> <p>Based on observation, interview, and record review the facility failed to provide restorative services as ordered for one of one resident (Resident 108) reviewed for restorative nursing services. This failure had the potential to decrease Resident 108's physical functioning, quality of life, and independence.</p> <p>Findings include:</p> <p>Review of the facility's Restorative Nursing Services policy revised 07/2017 showed, Residents will receive restorative nursing care as needed to help promote optimal safety and independence . 2. Residents may be started on a restorative nursing program upon admission, during the course of stay, or when discharged from rehabilitative care .</p> <p>Review of an Admission Record found in Resident 108's showed Resident 108 was admitted on [DATE] with diagnoses including hypertensive heart and chronic kidney disease with heart failure</p> <p>Review of Resident 108's 02/10/2022 quarterly Minimum Data Set (MDS, a comprehensive assessment) showed a Brief Interview for Mental Status (BIMS) score of 13 out of 15, which indicated Resident 108 was cognitively intact and able to make their own decisions. The MDS showed that the resident required extensive assistance with bed mobility, dressing, toilet use, personal hygiene, and bathing and received restorative nursing.</p> <p>Review of Resident 108's Care Plan (CP) last revised 02/04/2022 showed, Resident 108 had limited impaired physical mobility due to weakness/deconditioning/chronic pain and included the interventions; active range of motion to BUE (bilateral upper extremities)/BLE (bilateral upper extremities), all joints, all planes x5-10 reps (repetitions) with 1-3# (pounds) of added resistance's on (the residents) UE (upper extremities) encourage SLR (strait leg raise) BLE, to tolerance 1-2# of added resistance on the LE's (lower extremities) for ROM (range of motion) (6x/week, 15 minutes) initiated 09/25/2020, revised 11/19/2021.</p> <p>Review of Resident 108's 09/08/2020 physician's order included an order for restorative nursing program.</p> <p>Review of the Restorative Aide tasks showed Resident 108 did not receive restorative services in February 2022 on 02/05/2022, 02/08/2022, 02/12/2022, 02/13/2022, 02/16/2022, 02/17/22, 02/19/22, 02/22/22, 02/23/22, and 02/26/22. In January 2022 Resident 108 did not receive services on 01/01/2022 through 01/06/2022, 01/08/2022, 01/09/2022, 01/12/2022,01/13/2022, 01/15/222, 01/19/2022,01/20/2022, 01/22/2022, and 01/24/2022.</p> <p>Review of Resident 108's restorative nursing schedule document provided by Certified Nursing Assist (CNA) 1 (Staff KK) confirmed Resident 108 was to receive restorative services daily x 15 minutes, except on Fridays.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident 108 interviewed on 03/01/2022 at 2:06 PM stated they thought they were supposed to be getting restorative nursing services, but it wasn't happening.</p> <p>Licensed Practical Nurse Unit Manager 1 (Staff GG) interviewed on 03/03/2022 at 12:36 PM stated Resident 108 had 11/19/2021 orders for restorative range of motion six times per week. Staff GG stated currently the facility had one restorative aide, CNA Lead Restorative Aide (Staff PP). Staff PP was not available for interview on 03/03/2022 or 03/04/2022.</p> <p>Interview with Staff KK on 03/04/2022 at 1:37 PM confirmed Resident 108 was scheduled to receive restorative nursing services 6 days a week (daily except for Fridays) x 15 minutes. Staff KK confirmed that if services were not documented, services were not provided. Staff KK stated they did not know why services were not provided as prescribed. Staff KK stated that if the resident refused services, staff were to document that in the medical record.</p> <p>REFERENCE: WAC 388-97-1060(3)(d)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36552</p> <p>Based on observation, interview, record review, the facility failed to provide appropriate care and services for three of nine Residents (376, 7, and 90) reviewed for indwelling urinary catheters. The failure of the facility to secure catheters to prevent tension on the urethral opening, position catheters to facilitate the flow of urine, positioned catheters off of the floor to prevent infection and/or provide appropriate catheter care placed residents at risk for complications such as urethral tears, catheters being dislodged, and urinary tract infections.</p> <p>Findings included .</p> <p>Review of the facility's Catheter Care Urinary policy revised in September 2014 showed The purpose of this procedure is to prevent catheter-associated urinary tract infections . check the resident frequently to be sure he or she is not lying on the catheter and to keep the catheter and tubing free of kinks . be sure the catheter tubing and drainage bag are kept off the floor . ensure the catheter remains secured with a leg strap to reduce friction and movement at the insertion site.</p> <p>Resident 376</p> <p>Review of Resident 376's Admission Record showed Resident 376 was admitted to the facility on [DATE]. Admission diagnoses included acute kidney failure, kidney calculus (kidney stones), retention of urine, and hematuria (blood in the urine).</p> <p>Review of Resident 376's 12/20/2021 admission Minimum Data Set (MDS, a comprehensive assessment) showed Resident 376 required extensive assistance of two persons for bed mobility, toileting, and personal hygiene. Resident 376's Brief Interview for Mental Status (BIMS) score was 15 out of 15, indicating Resident 376 was cognitively intact and able to make their own decisions. This MDS revealed Resident 376 was incontinent of urine and feces.</p> <p>Review of Resident 376's 03/01/2022 Order Summary Report showed Resident 376 was Currently utilizing a 3-way IFC [Indwelling Foley Catheter] for continuous irrigation due to hematuria and chronic IFC use due to urinary retention. Check leg strap placement every shift, check for proper catheter placement that encourages proper drainage.</p> <p>On 03/02/2022 at 10:03 AM, Resident 376 was observed lying on their back in bed. A catheter drainage bag was on the floor under the left side of the bed. Dark red blood was in the catheter drainage tubing and the drainage bag. The bladder irrigation bag was infusing the irrigation solution (Sodium Chloride-salt water) by way of gravity on an IV (Intravenous) pole. The tubing from the bladder irrigation bag was connected to the three-way IFC. Observation revealed Resident 376 was lying on the catheter drainage tubing and the bladder irrigation tubing. Both tubing's were under the resident's left thigh and were kinked where the disposable brief was around the resident's left leg. There was no catheter leg strap in place to secure the catheter to prevent tension on the urethral opening.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During the observation on 03/02/2022 at 10:03 AM, Resident 376 stated, I told them yesterday that my catheter was leaking, and I was lying in a puddle of urine. At first they had a strap on my thigh but when it came off, they didn't put it back on.</p> <p>On 03/02/2022 at 2:40 PM, Resident 376 was lying on her back in bed. The catheter tubing and the irrigation tubing were under the resident's right thigh and kinked where the incontinent brief was placed. There was no leg strap to prevent the tubing from pulling against the urethral opening or to prevent the catheter from dislodging from the bladder.</p> <p>On 03/03/2022 at 10:57 AM, Resident 376 was lying on their back in bed. The tubing from the Sodium Chloride infusion to the bladder was placed under the resident's right thigh. The catheter drainage bag was on the right side of the bed and clipped to the bed frame. The IV pole with the irrigation saline solution was on the left side of the bed. Resident 376 was lying on the catheter tubing and there was no leg strap to prevent the catheter from pulling against the urethral opening or to prevent the catheter from dislodging from the bladder. Registered Nurse (Staff Y) moved the IV pole to the right side of the bed, repositioned the catheter and infusion tubing over the right thigh and stated, She should not be lying on the tubing and she needs a leg strap. I will get one.</p> <p>On 03/04/2022 at 9:27 AM Certified Nursing Assistant (Staff OO) stated, Yesterday [03/03/2022] I changed (resident's) brief [referring to Resident 376] and I didn't know she was lying on her tubing. Yesterday the nurse told me I should always use a leg strap and make sure (the resident) is not laying on the tubing.</p> <p>Resident 7</p> <p>Review of Resident 7's Admission Record showed Resident 7 was admitted to the facility on [DATE]. Admission diagnoses included neuromuscular dysfunction of bladder, retention of urine, and chronic kidney disease.</p> <p>Review of Resident 7's 12/02/2021 admission MDS showed Resident 7 required extensive assistance of two persons for bed mobility, toileting, and personal hygiene. The BIMS score was 15 out of 15 indicating Resident 7 was cognitively intact and able to make their own decisions. This MDS showed Resident 7 was incontinent of urine and feces.</p> <p>Review of Resident 7's 03/01/2021 Order Summary Report showed the resident was, Currently utilizing IFC due to urinary retention, check leg strap placement every shift, check for proper catheter placement every shift.</p> <p>On 03/02/2022 at 11:43 AM, Resident 7 was observed lying on their back in bed. The catheter bag was clipped to the left side of the bed frame and the catheter tubing was under their left thigh. There was no leg strap to prevent tension on the urethral opening</p> <p>On 03/03/2022 at 10:46 AM, Resident 7 was observed lying on their back in bed. The catheter bag was clipped to the left side of the bedrail. The catheter tubing was placed over their left thigh. There was no leg strap to prevent tension on the urethral opening or to prevent dislodgment of the catheter from the bladder.</p> <p>Resident 90</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 90's Admission Record showed Resident 90 was admitted to the facility on [DATE]. Admission diagnoses included chronic kidney disease, retention of urine, and acute kidney failure.</p> <p>Review of Resident 90's quarterly MDS with an ARD of 01/31/2022 revealed Resident 90 required extensive assistance of two persons for bed mobility, toileting, and personal hygiene. The BIMS score was 15 out of 15, indicating Resident 90 was cognitively intact and able to make their own decisions. The MDS showed Resident 90 was incontinent of urine and feces.</p> <p>Review of Resident 90's 03/01/2022 Order Summary Report showed the resident was, Currently utilizing a 3-way IFC [Indwelling Foley Catheter] for continuous irrigation due to hematuria and chronic IFC use due to urinary retention. Check leg strap placement every shift, check for proper catheter placement that encourages proper drainage.</p> <p>On 03/02/2022 at 2:16 PM, Resident 90 was lying on their back in bed. The catheter drainage bag was attached to the right side of the bed frame and the catheter tubing was over the right thigh. The catheter tubing was not secured with a leg strap to prevent tension on the urethral opening.</p> <p>On 03/03/2022 at 11:31 AM, Resident 90 was on their back in bed. The catheter drainage bag was clipped to the bed frame. The catheter tubing was over the resident's right thigh and there was no leg strap to prevent tension on the urethral opening.</p> <p>During an interview on 03/04/2022 at 3:01 PM, the Medical Director (Staff D) was informed of the issues with resident's urinary catheter management. Staff D stated they were disappointed as they always write an order for each resident with a catheter to include the use of a leg strap, and catheter placement to allow proper drainage. Staff D stated that they expected staff to ensure the tubing was free of kinks and residents were not lying on tubing. Staff D stated the drainage bag should be covered and kept off the floor.</p> <p>REFERENCE: WAC 388-97-1060(3)(c)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40824</p> <p>Based on observation, interview, and record review the facility failed to ensure dietary orders were implemented for one (Resident 84) of 26 residents reviewed for nutritional status and therapeutic diets. This failure caused Resident 84 to receive a meal with added sodium and had the potential to adversely affect the resident's prescribed treatment regimen.</p> <p>Findings include:</p> <p>Review of the facility's undated Job Description- Dietary Service Manager policy showed the Dietary Service Manager Supervises and enforces strict quality assurance compliance to assure customer food preferences and prescribed diet compliance [.] Regularly updates and records diet orders and changes in the computerized tray card system .</p> <p>Review of the facility's 11/2015 Resident Nutrition Services policy showed, The multidisciplinary staff, including nursing staff, the Attending Physician and the Dietitian will assess each resident's nutritional needs, food likes, dislikes and eating habits. They will develop a resident care plan based on this assessment. Nursing personnel will ensure that residents are served the correct food tray. If an incorrect meal has been delivered, nursing staff will report it to the Food Service Manager so that a new food tray can be issued .</p> <p>Review of the facility's 09/2012 Admission Notes showed, When a resident is admitted to the nursing unit, the admitting nurse must document the following information (as each may apply) in the nurses' notes, admission form, or other appropriate place, as designated by facility protocol . The time the dietary department was notified of the diet order .</p> <p>Review of Resident 84's Admission Record showed Resident 84 was originally admitted on [DATE] with diagnoses including hepatic (liver) failure.</p> <p>Review of Resident 84's 01/20/2022 annual Minimum Data Set (MDS, a comprehensive assessment) showed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated Resident 84 was cognitively intact and able to make their own decisions and had diagnoses of heart failure and kidney disease. This MDS showed Resident 84 required a, therapeutic diet while a resident.</p> <p>Review of Resident 84's 08/05/2021 physician's orders showed Resident 84 was to have a no added salt diet regular texture with thin liquid consistency.</p> <p>Review of Resident 84's 02/10/2022 Dietician Quarterly Review dated 02/10/2022 showed Resident 84 should have no added salt, regular texture, with thin liquids and to continue current care plan.</p> <p>Observation on 03/02/2022 at 12:40 PM, confirmed Resident 84 received a regular diet that was not low sodium.</p> <p>Interview on 03/03/2022 at 10:41 AM, with Dietary Director (Staff G), confirmed Resident 84 received a regular diet. Review of dietary records with Staff G showed the records did not include the updated 08/10/2021 order for no added salt diet.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Unit Manager 1 Licensed Practical Nurse (Staff GG) interviewed on 03/03/2022 at 3:52 PM stated nurses are supposed to fill out a dietary form indicating proper diet orders. Staff GG stated they were not aware that Resident 84 was not receiving a no added salt diet.</p> <p>The Interim Director of Nursing (Staff C) interviewed on 03/03/2022 at 4:54 PM stated the facility did not have a specific policy regarding dietary changes.</p> <p>Interview on 03/03/2022 at 6:30 PM with Doctor (Staff S) confirmed Resident 84 had orders for a no added salt diet related to ascites (fluid buildup in the abdomen) and cirrhosis of the liver. Staff S was not aware the dietary orders were not implemented.</p> <p>REFERENCE: WAC 388-97-1060(3)(h)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42203</p> <p>Based on observation, interview, and record review the facility failed to ensure sufficient staff to ensure supervision and provision of care, in accordance with established clinical standards, resident care plans, and identified preferences as evidenced by the responses of 6 residents (Residents 7, 123, 48, 108, 24, and 25) of 25 Residents interviewed. Failure to have sufficient staff detracted from the facility's ability to promptly respond to call lights and provide bathing assistance. Facility failure to provide timely assistance to call lights and provide bathing as needed left residents at risk for unmet care needs and frustration.</p> <p>Findings included .</p> <p>Call Lights</p> <p>On 03/01/2022 at 12:20 PM, the call light for room [ROOM NUMBER] was observed to be on. No staff were observed to respond to the light. On 03/01/2022 at 12:40 PM an unidentified CNA (Certified Nursing Assistant) entered the room to provide care. In an interview at that time, Resident 7 stated they pressed the call light to receive assistance with toileting and that the twenty-minute wait was typical.</p> <p>In an interview on 03/01/2022 at 11:40 AM, Resident 123 stated the facility was understaffed, that staff are rushed and that they have waited as long as 26 minutes for assistance, and added sometimes they don't even answer the red button [the call light].</p> <p>In an interview on 03/01/2022 at 03:33 PM Resident 48 stated staff treat her well when there is enough staff: and explained they waited as long as three hours for assistance after using their call light.</p> <p>In an interview on 03/01/2022 at 02:06 PM, Resident 108 stated staff didn't answer call lights timely, and sometimes didn't come at all.</p> <p>In an interview on 03/04/2022 at 02:17 PM, Resident 24 stated the facility was understaffed and stated the facility's Shower Aides were recently converted to regular CNAs.</p> <p>On 03/01/22 at 02:58 PM the call light for room [ROOM NUMBER] was observed to be on. Continuous observation from 02:58 PM to 03:15 PM revealed no staff answered the light and assisted the resident.</p> <p>Review of the facility's Resident Council meeting minutes showed concerns with call light response times were identified during the two last meetings held. According to the 10/21/2021 Resident Council minutes in the New Business section, an unidentified resident stated it took 30-60 minutes to get assistance after using a call light, that sometimes they needed to yell for help and that they heard other residents yelling for help. According to the 11/18/2021 Resident Council minutes, in the Old Business section, an audit of call lights was conducted and staff were in-serviced on call light responses. According to the 11/18/2021 Resident Council minutes New Business section, staff were still answering call lights too slowly and should be responding more quickly.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 03/03/2022 12:09 PM Staff GG (Resident Care Manager - RCM/Licensed Practical Nurse - LPN) stated they were aware of resident concerns about call light response times.</p> <p>In an interview on 03/04/2022 at 03:12 PM, Staff A (Administrator) stated the facility policy directed staff to answer call lights as soon as possible.</p> <p>Showers</p> <p>Resident 25</p> <p>In an interview on 03/01/2022 at 04:19 PM, Resident 25 stated they did not receive a shower since admission and had not received a bed bath since 02/26/2022.</p> <p>Review of Resident 25's 12/12/2021 ADL Assistance Care Plan showed Resident 25 required 1-2 person assistance with bathing, and the facility's Third Floor Shower Schedule showed Resident 25 was schedule for bathing on Wednesday and Saturday afternoons.</p> <p>Review of Resident 25's February 2022 Treatment Administration Record (TAR) showed Resident 25 was bathed on 02/01/2022, 02/08/2022, 02/17/2022, and 02/26/2022.</p> <p>In an interview on 03/03/2022 12:09 PM Staff GG stated that until recently the facility employed dedicated Shower Aides but that this changed in February 2022 when the Shower Aide positions were merged with the CNA workforce.</p> <p>In an interview on 03/04/2022 at 02:47 PM Staff GG stated the Shower Aides were moved to the floor to assist with the CNA workload and to minimize the facility's reliance on agency nurse staffing.</p> <p>In an interview on 03/04/2022 at 03:12 PM, Staff A (Administrator) stated that the facility had merged the Shower Aide positions into the CNA workforce. Staff A stated that this was done for administrative reasons rather than staffing reasons and that nursing staffing is always a struggle and was not more difficult than usual at that time.</p> <p>REFERENCE: WAC 388-97-1080 (1), -1090 (1)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45941</p> <p>Based on observations, interview, and record review the facility failed to ensure 1 (Resident 19) of 5 residents reviewed for unnecessary medications, were free from unnecessary psychotropic drugs related to the failure to: identify and monitor individualized Target Behaviors (TBs), develop individualized personal care plans, and review the effectiveness of the medications which deterred the facility from initiating a gradual dose reduction (GDR). These failures placed residents at risk for receiving unnecessary psychotropic medications, unnecessary psychotropic medication side effects, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's Antipsychotic Medication Use policy revised on December 2016 showed, Antipsychotic medications will be prescribed at the lowest possible dosage for the shortest period of time and are subject to gradual dose reduction and re-review. The staff will observe, document, and report to the attending physician information regarding the effectiveness of any interventions, including antipsychotic medications.</p> <p>Resident 19</p> <p>According to the 12/23/2021 Admission/Medicare 5 Day Minimum Data Set (MDS a comprehensive assessment tool), Resident 19 originally admitted to the facility on [DATE] and readmitted on [DATE] with multiple medically complex conditions including Depression, which required the use of antidepressant medications.</p> <p>Review of the 07/19/2021 Physician Orders (POs) showed Resident 19 received Citalopram daily for depression.</p> <p>Review of the July 2021 Medication Administration Records (MAR) showed no behavior monitoring related to depression.</p> <p>Review of the June and July, 2021 records including progress notes, showed no documentation that showed the reason for starting the antidepressant medication.</p> <p>According to the 02/18/2022 PO, staff must monitor and document the number of episodes of TB; tearfulness/sadness and lack of interest/withdrawal.</p> <p>According to 02/24/2022 MDS, Resident 19 denied depression when asked if he felt depressed in last 2 weeks.</p> <p>Review of the January, February and March 2022 MARs showed Resident 19 demonstrated no TBs but received Antidepressant medication from July 2021 through March 4, 2022. There was no documentation to support the facility attempted a GDR during this period.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observations of Resident 19 were made on 03/01/2022 at 12:50 PM and at 3:15 PM, 03/02/2022 at 09:00 AM and at 5:10 PM, and on 03/04/2022 at 12:40 PM. The resident demonstrated no symptoms of depression.</p> <p>In an interview on 03/04/2022 at 12:40 PM, Resident 19 denied being depressed.</p> <p>In an Interview on 03/04/2022 at 10:55 AM, Staff DD (Nurse Manager) stated Resident 19 did not show any symptoms of depression.</p> <p>In an interview on 03/04/2022 at 04:33 PM, Staff H (Social Services Director) stated the Interdisciplinary Team (IDT) met monthly to review the effectiveness of the psychotropic medications and if no TBs were noted for a resident, they would try a GDR but they did not for Resident 19.</p> <p>REFERENCE: WAC 388-97- 1060 (3) (k) (i)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36552</p> <p>Based on interview and record review the facility failed to administer medications as ordered by the physician to one (Resident 37) of 26 residents reviewed for medication administration. This failure had the potential for Resident 37 to experience adverse symptoms related to being untreated and placed all residents at risk for receiving less than required medical treatment.</p> <p>Findings include:</p> <p>Review of facility's Documentation of Medication Administration policy revised in April 2007 showed, The facility shall maintain a medication administration record to document medications administered. A nurse shall document all medications administered to each resident on the resident's medication administration record. Administration of medication must be documented immediately after it is given.</p> <p>Resident 37</p> <p>Review of Resident 37's Admission Record, showed Resident 37 was admitted to the facility on [DATE] with diagnoses that included congestive heart failure, hyperlipidemia (an abnormally high concentration of fats or lipids in the blood), glaucoma (a condition of increased pressure within the eyeball, causing gradual loss of sight), opioid dependence, and atrial fibrillation (heart palpitations, shortness of breath, and fatigue the treatment of which can include the use of blood thinners), and dry-irritated eyes.</p> <p>Review of Resident 37's 12/19/2021 quarterly Minimum Data Set (MDS, a comprehensive assessment) showed the Brief interview for Mental Status (BIMS) score was 15 out of 15, indicating Resident 37 was cognitively intact and able to make their own decisions.</p> <p>Review of Resident 37's 03/01/2022 Order Summary Report showed Spironolactone tablet 50 milligrams (mg) give one tablet by mouth two times daily for CHF [congestive heart failure], Atorvastatin calcium tablet give 10 mg by mouth in the evening related to hyperlipidemia, Latanoprost solution 0.005 percent instill one drop in both eyes one time daily for glaucoma, oxycodone HCL tablet 7.5 mg by mouth in the evening for chronic back pain, Eliquis tablet give 5 mg by mouth two times a day for A Fib [atrial fibrillation] and artificial tears solution instill one drop in both eyes four times a day for dry/irritated eyes.</p> <p>During an interview on 03/01/2022 at 10:00 AM, Resident 37 stated they did not receive their evening medications on 02/25/2022. Resident 37 stated, There are lots of agency staff and they didn't know what meds I take. I left a note for the Director of Nursing, Staff B, and left it in their mailbox.</p> <p>Review of Resident 37's February 2022 Medication Administration Record (MAR) showed five medications were not documented by Licensed Practical Nurse LPN (Staff JJ) as having been administered on the evening of 02/25/2022. The medications staff did not sign for included;</p> <p>1. Atorvastatin Calcium tablet give 10 mg by mouth in the evening related to hyperlipidemia.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ol style="list-style-type: none"> 2. Latanoprost solution 0.005 percent instill one drop in both eyes one time daily for glaucoma. 3. Oxycodone HCL tablet 7.5 mg by mouth in the evening for chronic back pain. 4. Eliquis tablet give 5 mg by mouth two times a day for A Fib [atrial fibrillation]. 5. Artificial tears solution instill one drop in both eyes four times a day for dry/irritated eyes. <p>During an interview on 03/02/2022 at 9:35 AM, Resident 37 stated, The Director of Nursing talked to me last night and said they would try to take care of it. I haven't seen that agency nurse since Friday night [02/25/2022]. I don't think I had any adverse effects from not getting my meds, I just don't want it to happen again.</p> <p>During an interview on 03/02/22 at 10:19 AM, the Director of Nursing DON (Staff B) stated, I saw (Resident 37's) MAR and there were medications that were not signed for.</p> <p>REFERENCE: WAC 388-97-1060(3)(k)(iii)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40824</p> <p>Based on observation, interview, and record review the facility failed to provide one (Resident 108) of 26 residents, reviewed for dental services, routine or emergency dental services in a timely manner. The failure to assist Resident 108 in replacing their upper dentures in a timely manner placed the resident at risk for weight loss and dissatisfaction with their dining experience.</p> <p>Findings include:</p> <p>Review of the facility's Dental Services policy revised 12/2016, stated Routine and emergency dental services are available to meet the resident's oral health services in accordance with the resident's assessment and plan of care. 1. Routine and 24-hour emergency dental services are provided to our residents through: a. a contract agreement with a licensed dentist that comes to the facility monthly; b. referral to the resident's personal dentist; c. referral to community dentists; or d. referral to other health care organizations that provide dental services .6. Social services representatives will assist residents with appointments, transportation arrangements, and for reimbursement of dental services under the state plan, if eligible .8. Dentures will be protected from loss or damage to the extent practicable, while being stored. 9. Lost or damaged dentures will be replaced at the resident's expense unless an employee or contractor of the facility is responsible for accidentally or intentionally damaging the dentures. 10. If dentures are damaged or lost, residents will be referred for dental services within 3 days. If the referral is not made within 3 days, documentation will be provided regarding what is being done to ensure that the resident is able to eat and drink adequately while awaiting the dental services; and the reason for the delay .</p> <p>Resident 108</p> <p>Review of Resident 108's undated Admission Record showed the resident was admitted on [DATE] with diagnoses that included hypertensive heart and chronic kidney disease.</p> <p>Review of Resident 108's 02/10/2022 quarterly Minimum Data Set (MDS, a comprehensive assessment) showed a Brief Interview for Mental Status (BIMS) score of 13 out of 15, which indicated Resident 108 was cognitively intact and able to make their own decisions.</p> <p>Review of Resident 108's 09/08/2020 Admission Nursing Evaluation showed that the resident, has own lower teeth and full upper dentures.</p> <p>Review of Resident 108's 06/09/2021 physician orders (PO) showed a PO for dental consult for new upper denture and hygienist.</p> <p>Record review of Resident 108's 09/16/2021 Progress Note showed a unit secretary spoke with Resident 108 about a dental appointment for new dentures. Resident 108 told staff they were trying to get implants and they would handle making the appointment themselves. Resident 108 later decided implants were too expensive and they would like to obtain a denture evaluation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 108's 10/12/2021 Progress Note showed Resident 108 went to a dental appointment at Clear choice Dental Implant Centers at 1:20 PM and was to return at approximately 3:30 PM. Transportation provided by Hope link.</p> <p>Review of a document from Smile Seattle Dentures dated 11/02/2021 showed a dentist assessed Resident 108 and recommended new upper dentures.</p> <p>Review of Resident 108's progress notes showed the Social Services Director (Staff H) documented on 03/03/2022: Spoke to resident to clarify rather she wants dentures as RCM [resident care manager] alerted SW [Social Worker] that resident has indicated she wants dentures. Reminded resident regarding her wishes to get teeth implants back in [DATE]. They wanted \$33,000; I did not know they were so expensive. I still need teeth so I will go for the dentures. Will refer resident to Appointment's coordinator so appointment for denture fitting can be made.</p> <p>Observation on 03/01/2022 at 2:24 PM revealed Resident 108 had no upper teeth and had natural bottom jaw teeth intact. Interview on 03/01/2022 at 2:24 PM with Resident 108 revealed they had no top teeth and that after they were admitted to the facility their dentures were lost.</p> <p>Interview on 03/03/2022 at 12:25 PM with Licensed Practical Nurse, Unit Manager 1 (Staff GG) stated Resident 108 had no top teeth and lost her dentures last year. Staff GG stated Resident 108 originally told staff they wanted implants. The facility provided a community dental visit and Resident 108 decided dental implants were too expensive, so they decided they wanted dentures sometime last year. Staff GG confirmed the original referral date was 09/16/2021. Resident 108 was seen by a community dentist on 10/13/2021 for a dental implant assessment; Resident 108 declined implants due to cost. Then on 11/02/2021 Resident 108 was seen by a dentist in the facility who recommended dentures. Staff GG confirmed that a follow-up appointment was not made at the of time of survey but should have been.</p> <p>Interview on 03/03/2022 at 1:45 PM with Staff R, Secretary, stated Staff GG asked Staff R to schedule a dental appointment for Resident 108. Staff R stated Resident 108 was seen by Smile Seattle Dentures on 11/02/2021 and the dentist indicated Resident 108's gum tissues were red and irritated, had medium plaque build-up, calculus, bone loss and missing all upper teeth. The Dentist recommended new upper dentures.</p> <p>Interview on 03/04/2022 at 8:12 AM with Staff R confirmed Resident 108 needed denture replacement.</p> <p>REFERENCE WAC: 388-97-1060 (1)(3)(j)(vii)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40824</p> <p>Based on observation, interview, and record review the facility failed to properly label food, remove expired food, and did not properly cover prepared/left over foods in the refrigerator. These failures had the potential to increase the risk of food borne illnesses and affect 129 of 136 residents who relied on the facility's dietary department for meal provision.</p> <p>Findings include:</p> <p>Review of the facility's ,d+[DATE] Food Receiving and Storage policy showed [.] Dry foods that are stored in bins will be removed from original packaging, labeled and dated (use by date). Such foods will be rotated using a first in- first out system [.] 7. All foods stored in the refrigerator or freezer will be covered, labeled, and dated (use by date) [.] 13.d. Beverages must be dated when opened and discarded after twenty-four (24) hours [.] E. Other opened containers must be dated and sealed or covered during storage [.]</p> <p>Review of the facility's ,d+[DATE] Refrigerators and Freezers policy showed, [.] 7. All food shall be appropriately dated to ensure proper rotation by expiration dates. Received dates (dates of delivery) will be marked on cases and on individual items removed from cases for storage. Use by dates will be completed with expiration dates on all prepared food in refrigerators. Expiration dates on unopened food will be observed and use by dates indicated once food is opened. 8. Supervisors will be responsible for ensuring food items in pantry, refrigerators, and freezers are not expired or past perish dates. Supervisors should contact vendors or manufacturer guidelines will be scheduled and followed .</p> <p>During the initial tour of the kitchen conducted on [DATE] at 9:10 AM, Dietary Director (Staff G) provided initial tour of the kitchen.</p> <p>Observations on [DATE] at 9:10 AM revealed the following opened, undated food items in the walk-in refrigerator:</p> <ol style="list-style-type: none"> 1. thickened cranberry cocktail, opened container, almost full, no opened date on container, no delivery date on container, manufacturer use by date [DATE] 2. thickened apple juice, opened container, ,d+[DATE] full, delivery date [DATE], no delivery date or opened date on container 3. apple juice, opened container, ,d+[DATE] full, no delivery date or opened date on container 4. thickened orange juice from concentrate, ,d+[DATE] full container, no delivery date or opened date on container 5. thickened orange juice from concentrate, ,d+[DATE] full, delivered [DATE], no delivery date or opened date on container <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>6. metal pan with shredded lettuce, covered with plastic wrap, undated</p> <p>7. metal pan with lettuce leaves, covered with plastic wrap, undated</p> <p>8. scrambled eggs in a metal pan, uncovered and undated</p> <p>9. x2 metal pans with baked chocolate cake, covered with plastic wrap, undated</p> <p>10. teriyaki sauce, ,d+[DATE] full, opened [DATE], manufacturer use by date on container [DATE], no delivery date</p> <p>11. sweet and sour sauce container, ,d+[DATE] full, no opened date, no manufacturer use by date, no delivery date</p> <p>12. coleslaw dressing, ,d+[DATE] full, no opened date</p> <p>Observations on [DATE] 11:18 AM-11:28 AM revealed the following opened and undated dry food items stored above food preparation area:</p> <p>1. garlic powder, ,d+[DATE] full, manufacturer use by date of [DATE]</p> <p>2. parsley flakes, ,d+[DATE] full, manufacturer use by date of [DATE]</p> <p>3. basil leaves, almost empty, manufacturer use by date of [DATE]</p> <p>4. cinnamon, ,d+[DATE] full, manufacturer use by date of [DATE]</p> <p>5. ground white pepper, ,d+[DATE] full, manufacturer use by date of [DATE]</p> <p>6. cayenne pepper, ,d+[DATE] full, manufacturer use by date of [DATE]</p> <p>Observations on [DATE] at 11:28 AM in the walk-in refrigerator revealed:</p> <p>1. thickened lemon-flavored water was opened and undated with manufacturer use by date of [DATE].</p> <p>2. container with ham dated [DATE] was not closed all the way</p> <p>3. cheese slices dated [DATE] was not closed all the way</p> <p>4. tuna salad dated [DATE] was not closed all the way</p> <p>5. stuffed green peppers on cart defrosting, lid not closed properly, foil wrapper not on properly</p> <p>Interview on [DATE] at 9:10 AM with Licensed Practical Nurse Unit Manager 1 (Staff GG) stated all opened food containers must have opened date listed on container, along with date of delivery. Staff GG confirmed that food items observed during initial tour of the kitchen were opened, undated, and without delivery date as required. Staff GG stated they did not know if the expired teriyaki sauce was served to residents or if the scrambled eggs were cooked that morning.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/08/2022
NAME OF PROVIDER OR SUPPLIER Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on [DATE] at 11:22 AM with Staff G, Dietary Director, stated all staff were trained for food handling and all food items should be dated; if food is expired and served to any residents there would be a potential for food poisoning the patients, which would be very dangerous.</p> <p>Interview on [DATE] at 11:30 AM with Staff GG confirmed items in refrigerator were not stored properly and additionally, all food items should be properly covered.</p> <p>45941</p> <p>Resident 107</p> <p>According to the [DATE] Quarterly MDS (Minimum Data Set - an assessment tool) Resident 107 admitted to the facility on [DATE] with multiple complex conditions including Non-Alzheimer's Dementia, Malnutrition, Heart Failure, Depression and Anxiety. This MDS showed Resident 107 was assessed to be cognitively intact.</p> <p>On [DATE] at 12:27 PM and [DATE] at 11:07 AM, sandwiches dated [DATE], [DATE] were observed on Resident 107's over-the-bed table.</p> <p>During an interview on [DATE] at 11:10 AM, Resident 107 stated they kept the sandwiches to eat later when they got hungry.</p> <p>In an interview on [DATE] at 11:15 AM, Staff CC stated the staff should have removed the old sandwiches from the resident's rooms and give fresh if they need.</p> <p>During in interview on [DATE] at 10:45 AM, Staff DD stated the staff should have checked resident's room every day and removed any old, spoiled, or unpalatable food.</p> <p>REFERENCE: WAC [DATE](i)(1)(2)</p>