

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505311	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/29/2024
NAME OF PROVIDER OR SUPPLIER  Seattle Medical Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE  555 16th Avenue Seattle, WA 98122	

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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48298</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure enteral nutrition/tube feeding (the delivery of nutrients through a feeding tube [a device that delivers liquid nutrition] directly into the stomach) was provided per physician's order at the prescribed rate for 1 of 3 residents (Resident 1), reviewed for tube feeding. This failure placed the resident at risk for inadequate nutrition/hydration, weight loss, and related complications.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Enteral Feeding, updated in April 2017, showed Enteral feeding parameters are ordered by a physician. The nutritional value is calculated and documented in the medical record by the Registered Dietician (RD). The licensed nurse administers the enteral feeding and medications per physician order using best practice.</p> <p>Resident 1 admitted to the facility on [DATE] with diagnoses that included diabetes (high blood sugar) and persistent vegetative state (a condition of profound non-responsiveness in the wakeful state caused by brain damage).</p> <p>Review of the April 2024 Medication Administration Record (MAR) showed Resident 1 had an order for tube feeding supplement Diabetisource AC [brand name- a tube feeding formula for individuals with diabetes) at a rate of 90 cc (cubic centimeter-a unit of measurement) per hour (hr) times 20 hours (hrs) per 24 hours [90 cc/hr x 20 hrs/24 hrs].</p> <p>Observation on 04/22/2024 at 11:07 AM, showed Resident 1's tube feeding pump (a device used to deliver liquid nutrition through the feeding tube at a controlled rate) was ongoing at a rate of 80 cc/hr.</p> <p>During a joint record review and interview on 04/22/2024 at 11:14 AM with Staff C, Registered Nurse, showed Resident 1 had a physician order of Diabetisource AC 90 cc/hr x 20 hrs/24 hours. Staff C read back the physician order and stated that there was no new tube feeding order.</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
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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Joint observation and interview on 04/22/2024 at 11:19 AM with Staff C, showed Resident 1 was receiving Diabetisource AC formula at a rate of 80 cc per hour. Staff C stated that Resident 1's tube feeding pump was ongoing at the start of their morning shift and they did not notice it. Staff C stated, It shouldn't be 80. It should be 90 cc/hr. Staff C stated that they were at Resident 1's room at 8:00 AM, at 9:00 AM, and at 10:00 AM to administer medication [Phenytoin (anti-seizure medication)], and to turn off/on Resident 1's tube feeding. Staff C further stated that during those times they did not notice that the tube feeding's rate was set at 80 cc/hr. Staff C stated, I don't know at what point it was changed to 80 cc/hr. The night nurse did not tell me if there was any change in [Resident 1's TF] rate. I should have checked or monitored the tube feeding machine [pump].</p> <p>On 04/22/2024 at 2:02 PM, Staff D, Resident Care Manager, stated that they expected staff to check the tube feeding pump's rate and follow the tube feeding order as prescribed by the physician.</p> <p>On 04/22/2024 at 2:33 PM, Staff B, Director of Nursing Services, stated that staff should have followed the physician's tube feeding order, and notified them if there was change in the tube feeding rate.</p> <p>Reference: (WAC) 388-97-1060 (3)(f)</p>		