

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2024
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Kirkland		STREET ADDRESS, CITY, STATE, ZIP CODE  10101 Northeast 120th Street Kirkland, WA 98034	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47130</b></p> <p>Based on interview and record review, the facility failed to provide adequate nutritional care and services including assessments and interventions to address significant weight loss for 1 of 3 residents (Resident 1), reviewed for nutrition/hydration. This failure placed the resident at risk for decline in nutritional status, nutrition related complications, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Resident at Risk (RAR), revised on 04/25/2023, showed the facility conducts weekly resident at risk meeting to review residents identified with problems or concerns related to their nutritional status or have an unidentified risk factor that may lead to nutrition and hydration issues. Ensure the physician, resident and/or responsible party have been notified of any significant changes. Make recommendations to the resident's physician including but not be limited to frequency of monitoring weights, initiation and/or changes regarding food portions and meal fortification, liberalization of the diet order, initiation and/or changes in snacks or nutritional supplements.</p> <p>Resident 1 readmitted to the facility on [DATE].</p> <p>Review of the admission Minimum Data Set (MDS - an assessment tool) dated 02/05/2024, showed Resident 1 had no weight loss in the last month or in the last 6 months. The MDS showed Resident 1 was on a mechanically altered (food altered to facilitate easy chewing and swallowing) and therapeutic (food prescribed for treatment of health condition or illness) diet.</p> <p>Review of Resident 1's hospital record dated 02/01/2024, showed Resident 1's most recent weight was 175 pounds (lbs. - unit for measuring weight).</p> <p>Review of the nutrition assessment dated [DATE], showed Resident 1 was at risk for malnutrition (a condition that results from lack of nutrients in the body) related to inadequate oral intake due to dysphagia (swallowing problem). The assessment showed Resident 1 accepted current diet and texture and had been averaging meal intakes to 76-100% (percent). Resident 1's nutritional needs included 2,250 to 2,700 kilo calories per unit of kilogram per day (kcal/day - unit of energy to measure the amount of energy in food and protein needs of 25-30 kcal/kg. Interventions included vitamins/minerals, liberalizing diet, encourage protein intake and monitor nutritional status.</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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 1's physician orders dated 02/08/2024, showed an order for Weekly weights (every Thursdays) and a diet order of sodium restricted (limits high salt in foods and beverages) diet, easy to chew texture, thin consistency, dated 02/14/2024. Further review of the physician order showed no orders for nutritional supplements (products to complement a resident's dietary needs) for Resident 1.</p> <p>Review of the care plan revised on 02/13/2024, showed Resident 1 was at risk for weight fluctuation related to current health status and their goal was to maintain current weight. The care plan showed interventions including diet order to liberalized to regular, regular thin [liquids] with no salt packet for optimal oral intake.</p> <p>Review of Resident 1's Weight Summary report showed the following weights:</p> <p>02/01/2024=166.3 lbs.</p> <p>03/07/2024=166.0 lbs.</p> <p>03/09/2024=149.8 lbs.</p> <p>03/11/2024=146.2 lbs.</p> <p>Review of the February 2024 and March 2024 Medication Administration Record showed the following weights:</p> <p>02/01/2024=166.3 lbs.</p> <p>02/02/2024=166.3 lbs.</p> <p>02/03/2024=166.3 lbs.</p> <p>02/15/2024=166.3 lbs.</p> <p>02/22/2024=166.3 lbs.</p> <p>02/29/2024=166.3 lbs.</p> <p>03/13/2024=149.0 lbs.</p> <p>Resident 1's weight on 02/01/2024 was 166.3 lbs. and on 03/09/2024 it was 149.8 lbs., which totaled a significant weight loss of 16.5 lbs. (9.9%) within a month.</p> <p>On 03/05/2024 at 4:59 PM, Resident 1's Collateral Contact stated that Resident 1 was very thin and was nothing but skin and bones.</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/13/2024 at 9:58 AM, Staff C, Registered Dietician (RD), stated that Resident 1's last nutritional review was on 02/16/2024, and that they were not informed of Resident 1's weight loss. Staff C stated that based on the last recorded weight of 149.8 lbs., Resident 1 had lost 9.9% within a month. Staff C further stated that Resident 1's weight loss was not discussed in their weekly RAR meetings and had no nutritional supplements order.</p> <p>In a joint record review and interview on 03/13/2024 at 10:38 AM with Staff D, Resident Care Manager, showed Resident 1's diet was sodium restricted diet, easy to chew texture, thin consistency. The weight summary showed Resident 1's weight dropped from 166.3 lbs. on 03/07/2024 to 149.8 lbs. on 03/09/2024. Staff D stated that Resident 1 was weighed today [03/13/2024], and their weight was 149.0 lbs. Staff D further stated that Resident 1's weight loss was not communicated to the medical provider, to the resident and/or their representative.</p> <p>On 03/13/2024 at 11:31 AM, Staff A, Administrator, stated that the facility's process was that weights were taken by nursing aides and documented on the resident's health record. Staff A stated that they were not aware of Resident 1's weight loss. Staff A further stated there should have been an accurate weekly weight monitoring, updated nutritional assessments, interventions, notification to the RD, to the resident and/or their representative and the medical provider.</p> <p>Reference: (WAC) 388-97-1060 (3)(h)</p>		