

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 03/17/2025
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 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** 46912</p> <p>Based on interview and record review, the facility failed to ensure a resident centered discharge plan was in place for 1 of 5 residents (Resident 1), reviewed for discharge planning. The failure to begin the discharge planning process at admission placed the resident at risk for unmet care needs and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Discharge Plan, reviewed on 09/05/2024, showed that the discharge planning process included to identify the patient's needs and goals regarding discharge upon or as soon as practicable after admission. It showed that Social Services or Care management associates will complete the initial discharge plan evaluation form within 48 hours of admission. It further showed that The Discharge Plan .originates on the baseline care plan and will be included on the patient's [resident's] comprehensive care plan, once developed.</p> <p>Resident 1 admitted to the facility on [DATE].</p> <p>Review of Resident 1's baseline care plan, dated 02/08/2025, showed the box for Discharge Plan was not marked.</p> <p>Review of the facility's document titled, Initial Discharge Planning Evaluation, dated 02/07/2025, showed that it had not been filled out and was blank.</p> <p>In an interview on 03/05/2025 at 2:37 PM, Staff C, Licensed Practical Nurse (LPN)/Unit Care Coordinator, stated that the discharge process was started on admission.</p> <p>In an interview on 03/05/2025 at 2:50 PM, Staff D, Social Services, stated that the discharge process started right when a resident gets here.</p> <p>In an interview and joint record review on 03/17/2025 at 11:07 AM, Staff D stated that when Resident 1 admitted to the facility I didn't fill out the initial discharge planning evaluation. Joint record review of the Initial Discharge Planning Evaluation, dated 02/07/2025, showed that it had not been filled out. Staff D stated, it was opened and not filled out and I wasn't able to get to it, it should have been filled out.</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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 03/17/2025 at 1:51 PM, Staff E, LPN/Unit Care Coordinator, stated that once a resident was admitted [to the facility] the discharge process gets started.</p> <p>In an interview on 03/17/2025 at 2:48 PM, Staff B, Assistant Director of Nursing, stated that discharge planning started on the day of admission. Staff B further stated that they expected there to be a discharge plan for all residents.</p> <p>In an interview on 03/17/2025 at 3:24 PM, Staff A, Interim Executive Director, stated that Social Services and nursing were responsible for the discharge process and that they expected it to be started for residents at admission.</p> <p>Reference: (WAC) 388-97-0080 (2)(a)(d)(e)(i)(ii)</p>		