STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505334	A. Building B. Wing	04/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Kirkland	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47680 Based on interview and record review, the facility failed to provide necessary assistance with Activities of Daily Living (ADL) for 1 of 4 residents (Resident 1), reviewed for ADLs. The failure to provide the resident who was dependent on staff for assistance with toileting placed the resident at risk for unmet care needs and a diminished quality of life. Findings included . Review of the facility's policy titled, ADL, reviewed on 09/10/2024, showed, The resident will receive assistance as needed to complete activities of daily living (ADLs). Review of the face sheet printed on 04/08/2025, showed that Resident 1 admitted to the facility on [DATE] with diagnoses that included dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), muscle weakness, and need for assistance with personal care. Review of the 5-day Minimum Data Set (an assessment tool) dated 03/14/2025, showed Resident 1 was frequently incontinent of urine, dependent on toileting hygiene and toilet transfer. Review of Resident 1's urinary incontinence care plan initiated on 03/10/2025, showed an intervention to assist with toileting as needed. Review of the investigation report dated 03/14/2025 showed that Resident 1's representative stated that since Resident 1 admitted to the facility there was one time that Resident 1 had been changed once in an eight hour period and that urine had soaked through their briefs. Review of the Task: ADL- Toilet use dated 03/10/2025 through 03/16/2025, showed ACTIVITY DID NOT OCCUR or family and/or non-facility staff provided care 100% [percent] of the time for that activity was documented for the following dates: 03/10/2025-Evening shift. 03/11/2025-Evening shift. 03/12/2025-Night and Evening shift. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505334	A. Building B. Wing	04/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Kirkland	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	03/14/2025-Night shift. 03/16/2025-Day shift. Further review showed no documentations that toileting assistance was provided on 03/13/2025 (Day shift) and 03/15/2025 (Night and Evening shift). In an interview on 04/08/2025 at 11:19 AM, Staff I, Certified Nursing Assistant (CNA), stated that each time they checked on the residents, they would provide and offer toileting assistance each time they went to their rooms two hours max. In a follow-up interview at 12:21 PM, Staff I stated that Resident 1 needed two person extensive assist and would document it in their electric charting system. When asked when they would document activity did not occur when charting toileting assistance, Staff I stated when assistance was not provided and if the resident did not use the bathroom. In an interview and joint record review on 04/08/2025 at 1:36 PM, Staff J, Unit Care Coordinator, stated that they expected CNAs to follow what was in the residents' care plan. Staff J stated that residents were provided toileting assistance every two to three hours or when they would call for help and that it would be documented in their electric charting system at least once a shift. When asked what it meant when a CNA documented activity did not occur, Staff J stated, Maybe it didn't happen. Joint record review of Resident 1's urinary incontinence care plan showed an intervention to assist with toileting as needed. In a joint record review of the Task: ADL- Toilet use dated 03/10/2025 through 03/16/2025, showed that activity did not occur was documented on 03/10/2025, 03/11/2025, 03/12/2025, 03/14/2025 and 03/16/2025. Further review showed no documentation that toileting assistance was provided on 03/13/2025 (day shift) and 03/15/2025 (night and evening shift). Staff J stated that they expected the CNAs to provide toileting assistance and to document at least every shift or every occurrence when assistance was provided. In an interview and joint record review on 04/08/2025 at 2:49 PM, Staff B, Director of Nursing, stated that residents should be offered toileting assistance at least every two hours and as needed. Staff B stated that they expected staff to document assistance provided before they leave for the day and expected them to document in real time if they could. If they cannot, they expect staff to document at least every shift. When asked what it meant when staff documented activity did not occur, Staff B stated, It didn't happen. Joint record review of the Task: ADL- Toilet use dated 03/10/2025 through 03/16/2025, showed that activity did not occur was documented on 03/10/2025, 03/11/2025, 03/12/2025, 03/14/2025 and 03/16/2025. Further review showed no documentation that toileting assistance was provided on 03/13/2025 (day shift) and 03/15/2025 (night and evening shift). Staff B stated they expected the CNA to go to the Unit Care Coordinator and let them know that the resident did not urinate and expected the Unit Care Coordinator to follow up. If the resident's representatives were in the room, they expected the staff to ask the resident's representative if they assisted the resident to the bathroom and notify the Unit Care Coordinator to document it. Staff B stated that they expected the CNAs to go to Resident 1's room and ask if they needed toileting assistance even when Resident 1's representatives were in the room. Staff B further that stated they expected the CNA to offer toileting assistance at least every two hours and expected them to document it. Reference: (WAC) 388-97-1060 (1)(3)(c)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505334	A. Building B. Wing	04/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Kirkland	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 47680 Based on observation, interview, and record review, the facility failed to ensure staff used N95 masks (a device designed to protect the wearer against particles and help prevent the spread of germs) correctly for 4 of 4 staff (Staff G, F, E & H), and were fit-tested (a test protocol conducted to verify that a respirator provides the wearer with the expected protection) timely for 2 of 4 staff (Staff F & G), reviewed for infection control. In addition, the facility failed to ensure Enhanced Barrier Precautions (EBP- precaution to protect residents from Multidrug-Resistant Organism (a germ that is resistant to medications that treat infections) practices were followed for 1 of 3 residents (Resident 2), reviewed for infection control. These failures placed the residents, staff, and visitors at risk for facility acquired or healthcare-associated infections and related complications. Findings included . Review of the Centers for Disease Control and Prevention online document titled, How to Use Your N95 Respirator, dated 05/16/2023, showed, Always inspect the N95 respirator for damage before use. If it appears damaged, dirty, or damp, do not use it. It further showed, Pull the top strap over your head, placing it near the crown. Then, pull the bottom strap over and place it at the back of your neck, below your ears. Do not crisscross the straps. Make sure the straps lay flaps and are not twisted. Review of the facility's policy titled, Area of Focus: Fit testing, reviewed on 11/20/2024, showed, Fit testing confirms the correct fit of any respirator that forms a tight seal on the user's face. This ensures that users are receiving the expected level of protection by minimizing contaminant leakage into the facepiece. It further showed, fit testing must be performed initially (before the employee is required to wear the respirator in the workplace) and must be repeated at least annually. Review of the facility's policy titled, Enhanced Barrier Precautions, reviewed on 06/03/2024, showed, The facility should develop a process to communicate which residents require the use of EBP for all high-contact resident care activities. The facility may choose to post signage on the door or wall outside of the resident room indicating the resident is on Enhanced Barrier Precautions. Examples of high-contact resident care activities requiring gown and glove use include .transferring. N95 MASK USE STAFF G Observation on 04/07/2025 at 2:38 PM, showed Staff G, Agency Occupational Therapist, wearing an N95 mask in the therapy gym working with Resident 3. Staff G had both straps of their N95 mask below their ears. In another observation at 3:08 PM, Staff G continued to have both straps of their N95 mask below their ears. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505334	A. Building B. Wing	04/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Kirkland	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview and observation on 04/07/2025 at 3:19 PM, Staff G stated that they were not fit-tested for an N95 mask at the facility and that they were fit-tested at a previous facility. Observation showed that Staff G had both of their N95 straps below their ears. When asked if they were using their N95 mask properly, Staff G stated that they sometimes place one strap over their head and one strap below their head. When asked if the facility trained them on how to properly apply an N95 mask, Staff G stated, we haven't had training for them. STAFF F AND STAFF E Observation on 04/07/2025 at 11:39 AM, showed Staff F, Physical Therapy Intern, walking down the hallway with the top and bottom straps of their N95 mask above their head with the straps twisted. At 2:57 PM, Staff F and Staff E, Occupational Therapist, were in the therapy gym working with Resident 4. Staff F continued to have the top and bottom straps of their N95 straps above their head. Staff E had the top strap of their N95 mask above their head and with no bottom strap. In an interview on 04/07/2025 at 3:25 PM, Staff F stated that they were not fit-tested for an N95 mask. They were told that they needed to wear an N95 mask and that they wore the N95 mask that was available in the Personal Protective Equipment (PPE - equipment used to prevent or minimize exposure to hazards) cart. Staff F stated, I was never given instructions on how to wear it and that they just placed the straps over their head. In an interview on 04/07/2025 at 3:28 PM, Staff E stated that when applying an N95 mask they would place the top strap over the top of their head and the bottom strap below their head. When asked why they had one strap when they were using their N95 mask, Staff E stated that the bottom strap of their N95 mask broke and that they forgot about it. STAFF H Observation on 04/07/2025 at 10:29 AM and at 3:45 PM, showed Staff H, Central Supply, walking down the hallway using an N95 mask with the top strap on top of their hair bun and the bottom strap at the back of their neck, below their ear. In an interview on 04/07/2025 at 3:57 PM, Staff H stated that they were trained to place the top strap of their N95 mask on the top of their head and the bottom strap on the bottom of their head. When asked why the top strap of their N95 mask was on top of their hair bun, Staff H stated that it was the tightest fit when they placed it on top of their hair bun and that if it was not placed there, it would get loose. N95 FIT TESTING FOR STAFF F AND STAFF G In an interview on 04/08/2025 at 1:30 PM, Staff A, Interim Executive Director, stated that the fit testing for Staff F and Staff G was missed and that they did not have fit testing completed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505334	A. Building B. Wing	04/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Kirkland	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 04/08/2025 at 2:22 PM, Staff C, Infection Preventionist, stated that they had a recent COVID-19 (contagious respiratory disease) outbreak and that 35 residents and seven staff tested positive. Staff C stated that staff fit-tested for an N95 mask upon hire and annually. When asked if they would require agency contracts and interns to get fit-tested prior to using an N95 mask, Staff C stated, Yes, if they are going to work with residents, which most of them do. Staff C stated that the proper way to use an N95 mask was to have the top strap above the ear on top of the head and the lower strap should be secured at the base of the upper neck below the ears. Staff C stated that they expected staff to wear their N95 mask properly, staff to get fit-tested and trained prior to using an N95 mask. Staff C further stated that Staff F and Staff G should have been fit-tested for N95. In an interview on 04/08/2025 at 3:25 PM, Staff A stated that they expected all staff to be fit-tested for an N95 mask prior to use and expected staff to wear N95 masks properly. EBP PRECAUTION Review of Resident 2's April 2025 Medication Administration Record (MAR) showed an order for EBP related to Peripherally Inserted Central Catheter (PICC - a long flexible tube inserted through a vein in your arm used to deliver medications and other treatments) during care with a start date of 03/24/2025. In an observation on 04/07/2025 at 11:41 AM, it showed no EBP signage and PPE cart by Resident 2's room. In an observation on 04/07/2025 at 11:55 AM, Staff D, Certified Nursing Assistant, assisted Resident 2 to pivot transfer from their wheelchair to their bed without wearing a gown and gloves. Staff D's clothing touched Resident 2's gown during the transfer. Staff C then touched and repositioned Resident 2's wound vacuum-assisted closure (a treatment that applies gentle suction to a wound to help it heal) tubing with their bare hands. In an interview on 04/07/2025 at 12:19 PM, Staff D stated that they would wear a gown and gloves when assisting residents during high contact care activities for residents on EBP. When asked if Resident 2 was on EBP, Staff D stated, I remember when I was working with him before, he wasn't on EBP and that I might have missed it. Staff D further stated that they did not wear PPE when caring for Resident 2 and that Staff J, Unit Care Coordinator, reminded them to wear PPE just now. Staff D further stated that they should have used PPE when they assisted Resident 2 to transfer to bed. In an interview and joint record review on 04/08/2025 at 1:58 PM, Staff J stated that their process for EBP was that an EBP signage and PPE cart would be placed outside the residents' room and that staff were supposed to follow the signage for high contact care activities like transfers. Staff J stated that staff were to wear a gown and gloves during high contact care activities. Joint record review of Resident 2's April 2025 MAR showed an order for EBP with a start date of 03/24/2025. Staff J stated that Resident 2 was on EBP for their PICC line and wounds. Staff J further stated that they expected Staff D to have used gown and gloves when providing high contact care to Resident 2. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505334	A. Building B. Wing	04/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Kirkland	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview and joint record review on 04/08/2025 at 2:39 PM, Staff C stated that residents who admitted to the facility with invasive lines like a PICC or chronic wounds would have an EBP signage and PPE cart next to their room and that nursing staff had to use gown and gloves during high contact care. A joint record review of Resident 2's April 2025 MAR showed an order for EBP. Staff C stated that Staff D should have used a gown and gloves when transferring residents because that was a high-contact care activity. In an interview on 04/08/2025 at 2:49 PM, Staff B, Director of Nursing, stated that there should have been an EBP signage outside Resident 2's room and expected Staff D to have used gown and gloves when they assisted Resident 2 with transfers. Reference: (WAC) 388-97-1320 (1)(a)