

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 09/06/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51090</p> <p>Based on observation, interview, and record review, the facility failed to ensure a call light (an alerting device for staff to assist residents in need) was within reach for 1 of 6 residents (Resident 3), reviewed for accommodation of needs. This failure placed the resident at risk for delayed care, accidents/falls, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Resident Call System, revised on 01/15/2024, showed the facility must be adequately equipped to allow residents to call for assistance through a communication system, which relays the call directly to a staff member or to a centralized staff work area from each resident's bedside. The policy further showed associates should answer call lights whether they are assigned to provide care to that resident and the call light should be positioned within reach of the resident.</p> <p>Resident 3 readmitted to the facility on [DATE] with diagnoses that included aphasia (a language disorder that makes it difficult for people to communicate effectively), vascular dementia with psychotic disturbance (a condition that affects the brain, causing problems with memory, thinking, and behavior), unsteadiness on feet, and need for assistance with personal care.</p> <p>Review of the annual Minimum Data Set (an assessment tool) dated 06/10/2024 showed Resident 3 was dependent on staff assistance for eating, toileting hygiene, shower/bathing, upper and lower body dressing, and personal hygiene.</p> <p>Review of Resident 3's activities of daily living (ADL) care plan initiated on 05/18/2020, showed to encourage resident to use soft touch call light for assistance. Further review of the care plan showed Resident 3 frequently yells for help.</p> <p>Review of Resident 3's fall care plan revised on 03/09/2024 showed to remind [Resident 3] to use call light for assistance and to make sure the call light was within reach on their unaffected side (left side). Further review of the care plan showed to place the soft touch call light where it can easily be used.</p> <p>Observation on 08/27/2024 at 10:21 AM, showed Resident 3 was lying in bed. Further observation showed Resident 3's call light was not visible and not within reach.</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
---	-------	-----------

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 09/06/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Joint observation and interview on 08/27/2024 at 10:24 AM with Staff P, Activities Director, showed Resident 3 did not have a call light in place. Staff P stated they were unable to locate Resident 3's call light.</p> <p>Joint observation and interview on 08/27/2024 at 10:29 AM with Staff D, Registered Nurse Unit Care Coordinator, showed Resident call light was not visible. Staff D stated they were unable to locate Resident 3's call light. Staff D further stated, Maintenance is getting [Resident 3] a call light now, [Resident 3] has been here a long time, and [Resident 3] had one, but I don't know what happened to it.</p> <p>In an interview on 08/28/2024 at 10:44 AM, Staff A, Administrator, stated that Resident 3 will be on every 15 minutes check until the soft call light is successfully installed.</p> <p>Observations on 08/28/2024 at 2:36 PM and at 3:09 PM, showed Resident 3 was lying in bed and their soft touch call light was not within their reach. Further observation of the soft touch call light showed it was clipped to the right side of Resident 3's bed, out of reach, and hanging off the right side of the bed.</p> <p>Observation on 08/30/2024 at 10:24 AM, showed Resident 3 was heard calling out from the hallway and the door to their room was closed. Resident 3 was observed lying in bed, both of their feet were over the mattress edge, their bed covers were on the floor, and their soft touch call light was clipped to the head of the bed. Further observation showed the soft touch pad of the call light was hanging off the right side of the bed.</p> <p>Observation on 08/30/2024 at 10:33 AM, showed Resident 3 was yelling out and Staff W, Certified Nursing Assistant (CNA), passed by Resident 3's room to request assistance from Staff X, Restorative CNA (RCNA). Both Staff W and Staff X were observed to pass by Resident 3's room.</p> <p>Observation on 08/30/2024 at 10:38 AM, showed Resident 3 was yelling out and Staff A passed by Resident 3's room. Further observation showed several staff were present in the hallway including Staff Y, Business Office Manager.</p> <p>Joint observation and interview on 08/30/2024 at 10:46 AM, with Staff K, RCNA and Staff X, showed Resident 3's call light was not within reach. Staff X stated, No, that call light should be over here (pointed to where resident's right hand was resting). I'll call maintenance to fix it.</p> <p>Joint record review and interview on 09/04/2024 at 11:14 AM with Staff B, Director of Nursing, showed a care plan intervention to Encourage Resident to use soft touch call light for assistance. Staff B stated their facility policy for residents to have a call light or if they are unable to use it, they should have a soft touch call light as an alternative. Staff B stated they were aware of Resident 3 not having a call light installed at their bedside and should have had a soft touch call light.</p> <p>Reference: (WAC) 388-97-0860 (2)</p>		

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 09/06/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45146</p> <p>Based on interview, and record review, the facility failed to report suspected allegations of abuse and/or neglect to the State Agency for 1 of 4 residents (Resident 75), reviewed for abuse/neglect reporting. This failure placed the residents at risk for potential unidentified and ongoing abuse/neglect and lack of protection from abuse.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Abuse - Reporting and response - No Crime Suspected, reviewed on 06/17/2024, showed that the facility will report alleged violations related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown sources and misappropriation of resident property and report the result of all investigations to the proper authorities within prescribed time frame. The facility will ensure that all staff are aware of reporting requirements and to support an environment in which staff and others report all alleged violations.</p> <p>Review of the Nursing Home Guidelines, The Purple Book, revised in 2015, showed that facilities are to report all staff to resident allegations of abuse, neglect, mistreatment, sexual and/or physical abuse/assault to the State hotline, report to law enforcement and to log on the State reporting line within five days.</p> <p>Resident 75 admitted to the facility on [DATE].</p> <p>Review of Resident 75's admission Minimum Data Set (an assessment tool) dated 06/13/2024 showed Resident 75 had moderately impaired cognition.</p> <p>During an interview on 08/28/2024 at 8:32 AM, Resident 75 stated that Staff O, Registered Nurse, was stealing their medication for about three weeks. Resident 75 further stated that Staff O was trying to poison them, and they informed facility staff about the incident with their written statement.</p> <p>Review of the undated handwritten statement provided by Resident 75 showed an allegation that Staff O did not give Resident 75's medication. The statement further showed an allegation that Staff O had a plan to poison Resident 75.</p> <p>Review of Resident 75's nursing progress notes dated 07/23/2024, showed Resident 75 reported an allegation to the police department that the facility had been poisoning them with medications.</p> <p>Review of the facility's incident reporting log for July 2024 and August 2024, showed no allegation of abuse/neglect was reported about Resident 75's allegation.</p> <p>On 08/30/2024 at 1:56 PM, Resident 75 stated that they gave their undated handwritten statement to Staff P, Activities Director.</p> <p>(continued on next page)</p>		

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 09/06/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/30/2024 at 2:53 PM, Staff Q, Registered Nurse Unit Care Coordinator, stated Resident 75 had called 911 on 07/23/2024 and reported that Staff O was trying to poison them. Staff Q stated they had notified Resident 75's representative about the incident.</p> <p>On 08/30/2024 at 3:05 PM Staff P stated that they gave Resident 75's handwritten statement to Staff A, Executive Director. Staff P further stated the allegations on Resident 75's statement was reportable, and they would have reported it to the State.</p> <p>On 08/30/2024 at 3:27 PM, Staff E, Director of Social Services, stated that they were aware that Resident 75 called 911 and reported that Staff O was trying to poison them with medications. Staff E stated they had reported the allegation to Staff A. Staff E stated Resident 75's allegation was a reportable allegation and should have been reported.</p> <p>On 09/03/2024 at 3:20 PM, Staff B, Director of Nursing, stated they were unaware of Resident 75's allegation, and it should have been reported to the State Agency immediately.</p> <p>On 09/04/2024 at 2:09 PM, Staff A stated other than a report of refusal of medications, they were unaware of Resident 75's allegation. Staff A stated Resident 75's allegation should have been reported and investigated. Staff A further stated they expected staff to report the allegation to them and to the State Agency.</p> <p>Reference: (WAC) 388-97-0640 (5)(a)</p>		

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 09/06/2024
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45146</p> <p>Based on interview and record review the facility failed to ensure allegations of abuse and/or neglect was thoroughly investigated for 1 of 4 residents (Residents 75), reviewed for abuse/neglect investigations. This failure placed the resident at risk for unidentified abuse and/or neglect, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Abuse - Reporting and response - No Crime Suspected, reviewed on 06/17/2024, showed that within five working days of the incident, the facility must provide in its report sufficient information to describe the results of the investigation, and indicate any corrective actions taken, if the allegation was verified.</p> <p>Review of the Nursing Home Guidelines, The Purple Book, revised in 2015, showed that all alleged incidents of abuse, neglect, abandonment, mistreatment, injuries of unknown source, personal and/or financial exploitation, or misappropriation of resident property must be thoroughly investigated.</p> <p>Resident 75 admitted to the facility on [DATE].</p> <p>Review of Resident 75's admission Minimum Data Set (an assessment tool) dated 06/13/2024 showed Resident 75 was moderately impaired cognition.</p> <p>During an interview on 08/28/2024 at 8:32 AM, Resident 75 stated that Staff O, Registered Nurse, was stealing their medication for about three weeks. Resident 75 further stated that Staff O was trying to poison them, and they informed facility staff about the incident with their written statement.</p> <p>Review of the undated handwritten statement provided by Resident 75 showed an allegation that Staff O did not give Resident 75's medication. The statement further showed an allegation that Staff O had a plan to poison Resident 75.</p> <p>Review of Resident 75's nursing progress notes dated 07/23/2024, showed Resident 75 reported an allegation to the police department that the facility had been poisoning them with medications.</p> <p>Review of the facility's incident reporting log for July 2024 and August 2024, showed no investigation were done about Resident 75's abuse/neglect allegation.</p> <p>On 08/30/2024 at 1:56 PM, Resident 75 stated that they gave their undated handwritten statement to Staff P, Activities Director.</p> <p>On 08/30/2024 at 3:05 PM, Staff P stated that they gave Resident 75's handwritten statement to Staff A, Executive Director.</p> <p>On 08/30/2024 at 3:27 PM, Staff E, Director of Social Services, stated that they were aware that Resident 75 called 911 and reported an allegation that Staff O was trying to poison them with medications. Staff E stated they reported the allegation to Staff A.</p> <p>(continued on next page)</p>		

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 09/06/2024
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/03/2024 at 3:09 PM, Staff Q, Registered Nurse Unit Care Coordinator, stated there was no incident investigation completed for Resident 75's allegation.</p> <p>On 09/03/2024 at 3:20 PM, Staff B, Director of Nursing, stated they were unaware of Resident 75's allegation. Staff B stated the allegation should have been investigated.</p> <p>On 09/04/2024 at 2:09 PM, Staff A stated that other than a report of refusal of medications, they were unaware of Resident 75' allegation. Staff A further stated Resident 75's allegation should have been investigated.</p> <p>Reference: (WAC) 388-97-0640 (6)(a)</p>

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 09/06/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47680</p> <p>Based on interview and record review, the facility failed to provide a written transfer/discharge notice to the resident and/or their representative describing the reason for transfer for 1 of 1 resident (Resident 65), reviewed for hospitalization . This failure placed the resident at risk of not having the opportunity to make informed decisions about transfers/discharges.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Notice of Transfers and Discharges, revised on 08/13/2024, showed that the facility will notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand.</p> <p>Review of the discharge Minimum Data Set (an assessment tool) dated 07/03/2024, showed Resident 65 readmitted to the facility on [DATE], and discharged to an acute hospital on 07/03/2023.</p> <p>Review of the nursing progress notes dated 07/03/2023, showed Resident 65 was transferred to the emergency room .</p> <p>Review of Resident 65's electronic health record (under assessments, nursing progress notes, and documents) did not show documentation that a written notice of transfer/discharge was provided to Resident 65 and/or their representative.</p> <p>In an interview on 09/04/2024 at 2:26 PM, Staff E, Director of Social Services, stated that their process would be to fill out a transfer/discharge notice form and mail it to the resident address.</p> <p>In a follow up interview on 09/05/2024 at 8:45 AM, Staff E stated that they were not able to find documentation that a copy of the transfer/discharge notice was provided to Resident 65 and/or their representative.</p> <p>In an interview on 09/05/2024 at 2:19 PM, Staff A, Executive Director, stated that residents should be provided with a copy of the written notice of transfer/discharge.</p> <p>Reference: (WAC) 388-97-0120 (2)(a)(b)(c)(d)</p>		

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 09/06/2024
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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45146</p> <p>Based on interview and record review, the facility failed to ensure a Significant Change in Status Assessment (SCSA) Minimum Data Set (MDS - an assessment tool) was completed for 1 of 3 residents (Resident 9), reviewed for SCSA. This failure placed the resident at risk for delayed care planning, unmet care needs, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the Long-Term Care Resident Assessment Instrument (RAI) 3.0 User's Manual, (a guide directing staff on how to accurately assess the status of residents) Version 1.18.11, dated October 2023, showed that a SCSA is a comprehensive assessment for a resident that must be completed when determined that a resident meets the significant change guidelines for either major improvement or decline. The RAI manual showed a significant change is a major decline or improvement in a resident's status that impacts more than one area of the resident's health status. The RAI manual further showed emergence of unplanned weight loss problem (5% change in 30 days or 10% change in 180 days) and a new Deep Tissue Injury (DTI-a type of pressure ulcer [bed sore] that occurs when prolonged pressure and shear forces damage soft tissue beneath the skin) or worsening in pressure ulcer status are two areas of decline that required the completion of SCSA. The RAI manual defines DTI as a purple or maroon area of discolored intact skin due to damage of underlying soft tissue.</p> <p>Resident 9 admitted to the facility on [DATE].</p> <p>Review of the admission MDS dated [DATE], showed Resident 9 had no significant weight loss or pressure ulcer during the assessment.</p> <p>Review of the July 2024 and August 2024 weight record showed Resident 9's weight was 152.2 pounds on 07/17/2024 and was 141.8 pounds on 08/16/2024 (a 6.83 percent weight loss in less than 30 days).</p> <p>Review of the wound observation tool dated 08/13/2024 showed Resident 9 had a new facility acquired DTI to their left buttock area.</p> <p>Review of the MDS look up page for Resident 9's electronic health record showed there was no SCSA MDS completed for Resident 9.</p> <p>In an interview and joint record review on 09/04/2024 at 12:59 PM, Staff G, MDS Coordinator, stated that the facility followed the RAI manual. Staff G stated that SCSA MDS would be completed within 14 days of the significant change in status. A joint record review of Resident 9's July 2024 and August 2024 weight record showed Resident 9 had a significant weight loss. A joint record review of the wound observation tool dated 08/13/2024 showed Resident 9 had a new facility acquired DTI. Staff G stated Resident 9 had two areas of decline and an SCSA MDS should have been completed.</p> <p>On 09/05/2024 at 11:41 AM, Staff B, Director of Nursing, stated they expected an SCSA MDS to be completed per the RAI manual.</p> <p>Reference: (WAC) 388-97-1000 (3)(b)</p>		

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 09/06/2024
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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47680</p> <p>Based on interview and record review, the facility failed to complete quarterly Minimum Data Set (MDS- an assessment tool) timely within 14 days from the Assessment Reference Date (ARD or assessment period) for 1 of 7 residents (Resident 32), reviewed for Resident Assessments. This failure placed the resident at risk for delayed and/or unidentified care needs.</p> <p>Findings included .</p> <p>Review of the Resident Assessment Instrument (RAI) 3.0 User's Manual (a guide directing staff on how to accurately assess the status of residents) Version 1.18.11, dated October 2023, showed a quarterly assessment was considered timely if the MDS completion date (Item Z0500B) must be no later than 14 days after the ARD (ARD + [plus] 14 days).</p> <p>Review of an admission record printed on 08/27/2024, showed Resident 32 admitted to the facility on [DATE].</p> <p>Review of Resident 32's quarterly MDS with an ARD of 10/08/2023, showed it was completed on 11/01/2023 (10 days late).</p> <p>In an interview and joint record review on 09/05/2024 at 3:22 PM, Staff G, MDS Coordinator, stated they followed the RAI manual for MDS completion. A joint record review showed that Resident 32's quarterly MDS was completed on 11/01/2023. Staff G stated that Resident 32's quarterly MDS was late and that it should ave been completed within 14 days from the ARD.</p> <p>In an interview on 09/05/2024 at 3:35 PM, Staff B, Director of Nursing, stated that they expected the quarterly MDS to be completed timely.</p> <p>Reference: (WAC) 388-97-1000 (4)(a)</p> <p>.</p>		

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 09/06/2024
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48298</p> <p>Based on interview and record review, the facility failed to accurately assess 4 of 21 residents (Residents 11, 3, 95 & 8), reviewed for Minimum Data Set (MDS-an assessment tool). The failure to ensure accurate assessments regarding change in behavior, bladder/bowel continence status, discharge status, and use of insulin (medication/hormone that regulates blood sugar levels) injections placed the residents at risk for unidentified and/or unmet care needs, and a diminished quality of life.</p> <p>Findings included .</p> <p>According to the Long-Term Care Resident Assessment Instrument (RAI) 3.0 User's Manual, (a guide directing staff on how to accurately assess the status of residents) Version 1.18.11, dated October 2023, showed, .an accurate assessment requires collecting information from multiple sources, some of which are mandated by regulations. Those sources must include the resident and direct care staff on all shifts, and should also include the resident's medical record, physician, and family, guardian and/or other legally authorized representative, or significant other as appropriate or acceptable. It is important to note here that information obtained should cover the same observation period as specified by the MDS items on the assessment and should be validated for accuracy (what the resident's actual status was during that observation period) by the IDT [Interdisciplinary Team] completing the assessment. As such, nursing homes are responsible for ensuring that all participants in the assessment process have the requisite knowledge to complete an accurate assessment.</p> <p>The Observation Period (also known as the Look-back period) is the time-period over which the resident's condition or status is captured by the MDS and ends at 11:59 PM on the day of the Assessment Reference Date (ARD or assessment period).</p> <p>RESIDENT 11</p> <p>Resident 11 readmitted to the facility on [DATE].</p> <p>Review of Resident 11's significant change of status MDS dated [DATE], showed a change in behavior was marked N/A (because of no prior MDS assessment). Further review of the MDS assessment look up page showed Resident 11 had a prior MDS assessment done, which was an admission MDS dated [DATE].</p> <p>A joint record review and interview on 09/03/2024 at 2:28 PM with Staff G, MDS Coordinator, showed Resident 11's significant change MDS was coded N/A. Staff G stated that it was an item coding error. Section E1100 [Change in Behavior or Other Symptoms] should have been coded as 2 [two] or worse [for a change in behavior]. There was a prior MDS assessment completed for [the resident].</p> <p>On 09/04/2024 at 1:11 PM, Staff B, Director of Nursing, stated that they expected the staff to accurately code Resident 11's significant change MDS.</p> <p>51090</p> <p>RESIDENT 3</p> <p>(continued on next page)</p>		

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 09/06/2024
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident 3 readmitted to the facility on [DATE] with diagnoses that included aphasia (a language disorder that makes it difficult for people to communicate effectively), vascular dementia with psychotic disturbance (a condition that affects the brain, causing problems with memory, thinking, and behavior), and need for assistance with personal care.</p> <p>Review of the quarterly MDS dated [DATE], showed under Section H (bladder and bowel), Resident 3's was marked always incontinent (involuntary leakage of urine or bowel) of bladder and bowel.</p> <p>Review of the annual MDS dated [DATE], showed under Section H, Resident 3 was marked to be frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding) of urinary continence and frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement) of bowel continence. Further review of the annual MDS, showed under Section V, Care Area Assessment (CAA), the resident was identified to have an actual urinary incontinence problem and need. The assessment of the nature of the problem/condition showed Resident 3 was always incontinent of bladder and bowel.</p> <p>Joint record review and interview on 09/03/2024 at 3:30 PM with Staff G, showed Resident 3's annual MDS dated [DATE], Section H was marked frequently incontinent of bladder and bowel. When asked if the MDS assessment accurately reflected Resident 3's bladder and bowel status, Staff G stated, No, [they were] dependent on everything.</p> <p>Joint record review and interview on 09/06/2024 at 9:45 AM with Staff B, showed Resident 3's annual MDS dated [DATE], Section H was marked frequently incontinent of bladder and bowel. When asked if the annual MDS accurately reflected Resident 3's bladder and bowel status, Staff B stated No, [they were] dependent and incontinent.</p> <p>45146</p> <p>RESIDENT 95</p> <p>Review of a nursing progress notes dated 05/31/2024 showed Resident 95 was discharged to home with home health services.</p> <p>Review of the discharge MDS dated [DATE] showed Resident 95's discharge status was marked as discharged to short-term general hospital.</p> <p>A joint record review and interview on 09/04/2024 at 1:16 PM with Staff G, showed the nursing progress notes dated 05/31/2024 stated that Resident 95 was discharged home. Staff G stated Resident 95's discharge MDS dated [DATE] was marked incorrectly for the discharge status.</p> <p>On 09/05/2024 at 11:46 AM, Staff B stated they expected staff to complete MDS assessments accurately.</p> <p>47680</p> <p>RESIDENT 8</p> <p>(continued on next page)</p>		

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 09/06/2024
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 8's admission record printed on 08/27/2024, showed they admitted to the facility on [DATE] with diagnoses that included type two diabetes mellitus without complications (long-term condition in which your body has trouble controlling blood sugar and using it for energy).</p> <p>Review of Resident 8's July 2024 Medication Administration Record (MAR) showed an order for insulin once a day, dated 09/12/2023. Further review of the MAR showed Resident 8 received insulin daily.</p> <p>Review of Resident 8's annual MDS dated [DATE], showed Section N0350A (the number of days during the 7-day look-back period [or since admission/entry or reentry if less than 7 days] that insulin injections were received) was marked a zero.</p> <p>In an interview and joint record review on 09/04/2024 at 1:43 PM, Staff G stated they followed the RAI manual for MDS completion. Joint record review of Resident 8's annual MDS dated [DATE], showed insulin injection was coded a zero. Staff G stated that the annual MDS was inaccurate and should have been marked a seven (7) for insulin injection.</p> <p>On 09/05/2024 at 1:39 PM, Staff B stated they expected the MDS to be coded accurately.</p> <p>Reference: (WAC) 388-97-1000 (1)(b)</p>		

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 09/06/2024
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48298</p> <p>Based on interview and record review, the facility failed to ensure the Level I Pre-Admission Screening and Resident Review (PASRR- an assessment used to identify people [resident] referred to nursing facilities with Serious Mental Illness [SMI], intellectual disabilities, or related conditions are not inappropriately placed in nursing facility for long term care) had the required referral for PASRR Level II evaluation (a comprehensive evaluation required as a result of a positive Level I screening. A Level II is necessary to confirm the indicated diagnosis noted in the Level I screening and to determine whether placement or continued stay in a nursing facility is appropriate) for 1 of 5 residents (Resident 11), reviewed for PASRR. In addition, the facility failed to ensure a new PASRR Level I was completed when Resident 11 had a significant change in condition. These failures placed the resident at risk for inappropriate placement and/or not receiving timely and necessary services to meet their behavioral health care needs.</p> <p>Findings included .</p> <p>Resident 11 admitted to the facility on [DATE] with diagnoses that included generalized anxiety disorder (feeling anxious).</p> <p>Review of Resident 11's Level I PASRR dated 05/17/2024, showed an anxiety disorder was marked. Further review of the Level I PASRR showed the referral for Level II evaluation was not marked.</p> <p>Review of the Electronic Health Records (EHR) under the census tab, showed Resident 11 was discharged to the hospital on 08/08/2024 and was readmitted to the facility on [DATE]. Review of the face sheet dated 08/14/2024 showed Resident 11 had diagnoses that included depression (feeling of sadness) and anxiety and received medications for these.</p> <p>Further review of the EHR, under the Minimum Data Set (MDS- an assessment tool) tab, showed Resident 11 had a significant change in status MDS dated [DATE].</p> <p>A joint record review and interview on 09/03/2024 at 11:53 AM with Staff E, Director of Social Services, showed Resident 11 had no referral for PASRR Level II evaluation and no new PASRR Level I was completed when Resident 11 had a significant change in condition. Staff E stated that a referral for Level II evaluation and a new PASRR Level I should have been completed.</p> <p>On 09/05/2024 at 2:16 PM, Staff A, Executive Director, stated that they expected a new PASRR Level I and a referral for Level II evaluation should have been completed for Resident 11.</p> <p>Reference: (WAC) 388-97-1975(7)</p>		

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 09/06/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 45146</p> <p>Based on observation, interview, and record review, the facility failed to develop comprehensive care plans for 5 of 21 residents (Residents 9, 65, 68, 3 and 54), reviewed for care plans. The failure to develop care plans for nutrition, pressure ulcer (bed sore), Continuous Positive Airway Pressure (CPAP - a therapy that pumps air into the lungs through the nose or nose and mouth that keeps the airway open), antiplatelet (a medications that prevent blood clots), communication, and oxygen placed the residents at risk for unmet care needs, related complications, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Person Centered Care Planning, reviewed on 08/22/2023, showed that each resident will have a person-centered care plan developed and implemented to meet residents' preferences and goals, and address the residents medical, physical, mental and psychological needs.</p> <p>RESIDENT 9</p> <p>Resident 9 admitted to the facility on [DATE].</p> <p>Review of the admission Minimum Data Set (MDS-an assessment tool)'s nutritional status Care Area Assessment (CAA) dated 07/26/2024 showed Resident 9 was triggered for nutritional status. Further review of the CAA's showed Resident 9's potential risk for alteration in nutrition would be addressed in the Resident 9's care plan.</p> <p>Review of the wound observation tool dated 08/13/2024 showed Resident 9 had a new facility acquired deep tissue injury (a type of pressure ulcer that occurs when prolonged pressure and shear forces damage soft tissue beneath the skin) to their left buttock area.</p> <p>Review of the comprehensive care plan printed on 08/30/2024 showed there was no care plan for nutrition or Resident 9's pressure wound.</p> <p>A joint record review and interview on 09/04/2024 at 12:00 PM with Staff Q, Registered Nurse (RN) Unit Care Coordinator, showed Resident 9's wound comprehensive care plan initiated on 07/18/2024 did not have a care plan for a pressure ulcer. Staff Q stated there should have been a care plan initiated for Resident 9's pressure ulcer.</p> <p>A joint record review on 09/04/2024 at 12:59 PM with Staff G, MDS Coordinator, showed the nutritional status CAA dated 07/26/2024 would be addressed in the Resident 9's care plan. Joint record review of Resident 9's comprehensive care plan initiated on 07/18/2024 and printed on 09/04/2024 showed no nutrition care plan.</p> <p>(continued on next page)</p>		

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 09/06/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/04/2024 at 2:36 PM, Staff S, MDS nurse, stated that Resident 9's nutrition care plan was not initiated as it was indicated on the nutrition CAA, and it would be added to the resident's comprehensive care plan.</p> <p>On 09/05/2024 at 11:40 AM, Staff B, Director of Nursing, stated Resident 9's nutrition and pressure wound care plan should have been initiated.</p> <p>47680</p> <p>Review of the facility's policy titled, BiPAP [Biphasic Positive Airway Pressure- a therapy that delivers pressurized air into the airways that helps you breathe]/CPAP Administration Policy, revised on 09/03/2024, showed that the facility must ensure that a resident who needs respiratory care .was provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>RESIDENT 65</p> <p>Review of Resident 65's admission record printed on 09/02/2024, showed that they admitted to the facility on [DATE] with diagnoses that included obstructive sleep apnea (blockage in the airway that keeps air from moving through the windpipe while asleep).</p> <p>Review of the August 2024 and September 2024 Treatment Administration Record showed Resident 65 used a CPAP every night.</p> <p>Observation and interview on 08/30/2024 at 3:41 PM, showed a CPAP mask on top of Resident 65's bed. Resident 65 stated that they used a CPAP every night.</p> <p>Review of Resident 65's comprehensive care plan printed on 08/30/2024 did not show a care plan for CPAP use.</p> <p>In an interview and joint record review on 09/04/2024 at 10:48 AM with Staff D, RN Unit Care Coordinator, stated they expected residents who used a CPAP to have a care plan. Joint record review of Resident 65's comprehensive care plan did not show a care plan for CPAP use. Staff D stated they expected Resident 65 to have a care plan for CPAP use.</p> <p>In an interview on 09/05/2024 at 1:37 PM, Staff B stated that Resident 65 should have had a care plan for CPAP use.</p> <p>48298</p> <p>RESIDENT 68</p> <p>Resident 68 admitted to the facility on [DATE].</p> <p>Review of Resident 68's admission MDS dated [DATE] showed under Section N0415 (High-Risk Drug Classes: Use and Indication), an antiplatelet drug was marked.</p> <p>(continued on next page)</p>		

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 09/06/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the pharmacy consultation report dated 07/09/2024 showed Resident 68 had a recommendation to include monitoring for signs and symptoms of bleeding in Resident 68's Medication Administration Record (MAR) and in their care plan.</p> <p>A joint record review and interview on 09/05/2024 at 1:25 PM with Staff Q, showed they included in Resident 68's MAR, a monitoring for signs and symptoms of bleeding. There was no care plan for monitoring for signs and symptoms of bleeding. Staff Q stated Resident 68 did not have a care plan for antiplatelet use which included monitoring for bleeding.</p> <p>A joint record review and interview on 09/05/2024 at 1:59 PM with Staff B, showed a pharmacy consultation report dated 07/09/2024 had a recommendation to include monitoring for signs and symptoms of bleeding in Resident 68's MAR and their care plan. Staff B stated Resident 68 should have had a care plan for use of antiplatelet.</p> <p>51090</p> <p>RESIDENT 3</p> <p>Resident 3 readmitted to the facility on [DATE] with diagnoses that included aphasia (a language disorder that makes it difficult for people to communicate effectively) and vascular dementia with psychotic disturbance (a condition that affects the brain, causing problems with memory, thinking and behavior).</p> <p>Review of the annual MDS assessment dated [DATE], the CAA summary showed Resident 3 was identified to have an actual communication problem and need. The care plan consideration was marked yes to indicate communication problem will be addressed in the care plan.</p> <p>Review of Resident 3's communication care plan initiated 04/30/2020, showed staff to use simple, brief, consistent words/cues, use alternative communication tools as needed. The care plan further showed Resident 3 preferred to communicate in Russian through use of staff and telephone interpretation services.</p> <p>Observations on 08/27/2024 at 10:33 AM and on 08/28/2024 at 3:09 PM, showed there was no posted information for the staff on how to access telephone interpretation services or alternative communication tools in Resident 3's room.</p> <p>On 08/28/2024 at 2:42 PM, Staff G stated they used resident representative or a telephone translation service for Resident 3 interviews. Staff G further stated there was a phone number posted in Resident 3's room for a telephone interpretation service to be accessed by staff.</p> <p>Observation on 08/29/2024 at 8:06 AM, showed Resident 3 was calling out and Staff D approached Resident 3 and spoke in English. Staff D did not offer or provide interpretation services to the resident.</p> <p>In an interview on 08/29/2024 at 8:22 AM with Staff X, Restorative Certified Nursing Assistant (CNA), stated Resident 3 was Russian speaking. Staff X further stated they did not know where the interpretation service information was in Resident 3's room.</p> <p>(continued on next page)</p>		

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 09/06/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 08/29/2024 at 9:40 AM, showed a communication tool (a catalog of laminated pages containing Russian words with pictures showing activities of daily living) was posted on Resident 3's corkboard over the head of their bed. Staff Z, CNA, was providing care to Resident 3 and spoke to them in English. Staff Z did not utilize the communication tool.</p> <p>In an Interview on 08/29/2024 at 2:48 PM, Staff Z stated they did not use the communication tool when they provided care to Resident 3. Staff Z further stated that the telephone interpretation service information was not in Resident 3's room.</p> <p>In an interview and joint record review on 08/29/2024 at 2:52 PM, Staff O, RN, stated that they used their personal phone for interpretation purposes and that there was no phone available in Resident 3's room. Review of Resident 3's care plan showed, Resident prefers to communicate in Russian through use of staff and telephone interpretation services. Staff O further stated, The phone number [interpretation services] should be posted in the room next to [their] bed.</p> <p>Observation on 09/05/2024 at 8:53 AM, Staff Y, Business Office Manager, entered Resident 3's room to answer to their calling out. Staff Y greeted them in English and did not attempt to use telephone interpretation services or the communication tool at bedside.</p> <p>In an interview on 09/05/2024 at 2:18 PM, Staff B stated the facility used telephone interpretation services for residents who primarily spoke another language other than English. Staff B further stated they expected a phone and telephone interpretation services information in Resident 3's room for the implementation of the communication care plan.</p> <p>RESIDENT 54</p> <p>Resident 54 readmitted to the facility on [DATE] with diagnoses that included unspecified asthma (a chronic lung disease that makes it hard to breath because the airways in the lungs become inflamed and narrowed) and obstructive sleep apnea (a common sleep disorder where the throat relaxes and narrows during sleep, interrupting breathing).</p> <p>Review of the annual MDS dated [DATE] showed Resident 54 received oxygen therapy.</p> <p>Review of Resident 54's physician orders dated 04/19/2023, showed an order for oxygen at 1 to 3 Liters (a unit of measurement) per minute per nasal cannula (a flexible tubing that delivers oxygen through the nose).</p> <p>Observation on 08/27/2024 at 3:07 PM, showed Resident 54 had an oxygen concentrator and oxygen nasal canula tubing beside their bed.</p> <p>In an interview on 09/04/2024 at 12:33 PM, Resident 54 stated they used the oxygen therapy in their room sometimes and needed staff assistance to use it.</p> <p>In an interview on 09/05/2024 at 8:34 AM, Staff U, CNA stated they have observed Resident 54 using their oxygen therapy.</p> <p>(continued on next page)</p>		

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 09/06/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 09/05/2024 at 9:36 AM, Staff V, RN, stated they were unsure if Resident 54 was using oxygen. Further interview and a joint observation at 10:02 AM with Staff V, showed Resident 54 had oxygen concentrator and a portable oxygen tank in their room. Staff V stated that the oxygen equipment in the room was for Resident 54.</p> <p>In an interview and joint record review on 09/05/2024 at 9:48 AM, Staff Q stated they expected a care plan to be created for a resident who had a physician's order for oxygen therapy. Joint record review of Resident 54's comprehensive care plan showed no care plan for oxygen therapy. Staff Q stated there was no oxygen therapy care plan and they stated that there should have been a care plan for oxygen therapy.</p> <p>In an interview on 09/06/2024 at 9:51 AM, Staff B stated they expected Resident 54 to have a care plan for oxygen therapy.</p> <p>Reference: (WAC) 388-97-1020 (1)(2)(a)</p>		

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 09/06/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46912</p> <p>Based on observation, interview, and record review, the facility failed to clarify a physician's order for 1 of 4 residents (Resident 55) and failed to ensure staff documented medications in accordance with professional standards for 1 of 4 residents (Resident 2), reviewed for medication administration. In addition, the facility failed to ensure insulin (a hormone that regulates blood sugar level) administration was documented for 1 of 3 residents (Resident 3), reviewed for insulin administration. These failures placed the residents at risk for medication errors, negative outcomes, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, General Dose Preparation and Medication Administration, revised on 01/01/2022, showed, prior to administration of medications .facility staff should: verify each time a medication is administered that it is the correct medication, at the correct dose, at the correct route, at the correct rate, at the correct time for the correct resident. It showed to follow manufacturer medication administration guidelines [e.g., rotating injection sites]. The policy further showed after medication administration, facility staff should take all measures required by facility policy and applicable law, including document necessary medication administration/treatment information [e.g., injection site of a medication].</p> <p>PHYSICIAN'S ORDER</p> <p>RESIDENT 55</p> <p>Review of the annual Minimum Data Set (an assessment tool) dated 07/10/2024, showed Resident 55 had a feeding tube (the delivery of nutrients through a tube directly into the stomach to provide nutrition for those who cannot obtain nutrition by mouth, are unable to safely swallow, or need nutritional supplementation).</p> <p>Review of the comprehensive care plan printed on 09/04/2024, showed Resident 55 receives supplemental nutrition via g-tube [a type of feeding tube].</p> <p>Review of the September 2024 Medication Administration Record (MAR) printed on 09/04/2024, showed an order for levothyroxine (medication to treat low thyroid [makes hormones that control the way the body uses energy] hormone), give one tablet by mouth one time a day.</p> <p>Observation on 09/04/2024 at 9:27 AM, showed Staff AA, Licensed Practical Nurse (LPN), crushed the levothyroxine tablet and dissolved it in water. Staff AA then gave the levothyroxine via g-tube and not by mouth as the order stated.</p> <p>In an interview and joint record review on 09/04/2024 at 9:45 AM, Staff AA, stated that if an order showed to give by mouth, how can I not give it by mouth? Staff AA stated if a resident had a g-tube, they would expect the order to say to give via g-tube. Joint review of Resident 55's September 2024 MAR showed that the levothyroxine order said to give by mouth. Staff AA stated that they should have clarified the order for the route.</p> <p>(continued on next page)</p>		

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 09/06/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 09/05/2024 at 2:05 PM, Staff CC, LPN Unit Care Coordinator, stated they expected staff to follow the five rights, which included checking that a medication was given by the right route. Staff CC stated that if an order said a medication should be given by mouth, then it should be given by mouth. Staff CC further stated if a resident also had a g-tube and was getting some medications that way, it should be clarified with the provider and the order should be changed.</p> <p>MEDICATION ADMINISTRATION DOCUMENTATION</p> <p>RESIDENT 2</p> <p>Observation on 08/30/2024 at 11:46 AM, showed Staff EE, LPN, prepared and signed off medications in the MAR prior to medication administration for Resident 2.</p> <p>In an interview on 08/30/2024 at 1:36 PM, Staff EE stated they signed the MAR after they prepared the medications and prior to giving the medications. Staff EE further stated that they should have signed the MAR after Resident 2 took their medications.</p> <p>In an interview on 09/05/2024 at 2:05 PM, Staff CC, stated that they expected staff to sign the MAR as they give the medication and would not expect staff to sign the MAR prior to giving medications.</p> <p>In an interview on 09/06/2024 at 8:05 AM, Staff B, Director of Nursing, stated they expected staff to check the route a medication should be given prior to giving a medication. Staff B stated that if an order showed a medication should be given by mouth, it should be given by mouth. Staff B stated that if a resident had a feeding tube and there was an order to give a medication by mouth, the route should be clarified with the provider. Staff B stated the levothyroxine order for Resident 55 should have been clarified with the provider. Staff B further stated that they expected staff to sign off medications as they give them and should not be signing off medications prior to giving them.</p> <p>51090</p> <p>RESIDENT 3</p> <p>Resident 3 readmitted to the facility on [DATE] with a diagnosis of type 2 diabetes mellitus without complications (a chronic condition that occurs when the body is unable to properly use insulin or produce enough insulin to control blood sugar levels).</p> <p>Review of the physician order dated 03/29/2023, showed Resident 3 received 6 units subcutaneously (the injection is given in the fatty tissue, just under the skin) of insulin one time a day.</p> <p>Review of the Centers for Disease Control and Prevention online document titled, Four Ways to Take Insulin, dated 05/15/2024, showed that if you inject insulin near the same place each time, hard lumps or fatty deposits can develop. It further showed that both problems can be unsightly and make insulin less reliable.</p> <p>In an interview and joint record review on 09/04/2024 at 9:56 AM, Staff AA stated that staff documented the site of subcutaneous injection after administration. A joint record review of Resident 3's September 2024 MAR showed no documentation of insulin injection sites. Staff AA stated Resident 3's September 2024 MAR had the blood sugar documentation, but not the [insulin injection] site location.</p> <p>(continued on next page)</p>		

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 09/06/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A joint record review of Resident 3's May 2024 to August 2024 MAR and interview on 09/04/2024 at 10:08 AM with Staff D, RN Unit Care Coordinator, showed there was no documentation for insulin injection site. Staff D stated Resident 3 had no documentation for their insulin injection sites for the month of August 2024.</p> <p>In an interview on 09/04/2024 at 11:07 AM, Staff B, stated they expected staff to follow best practice and that there should have been an insulin injection site documentation on Resident 3's MAR.</p> <p>Reference: (WAC) 388-97-1620 (2)(b)(i)(ii)</p>

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 09/06/2024
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 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** 45146</p> <p>Based on observation, interview, and record review, the facility failed to ensure bathing/shower and personal hygiene were consistently provided according to plan of care for 1 of 4 residents (Resident 9), reviewed for Activities of Daily Living (ADL). This failure placed the resident at risk for poor hygiene, decreased self-esteem, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Activities of Daily Living (ADL's), revised on 02/12/2024, showed, The resident will receive assistance as needed to complete activities of daily living (ADLs). Any change in the ability to perform ADLs will be reported to the nurse.</p> <p>Resident 9 admitted to the facility on [DATE] with diagnosis that included muscle weakness and required assistance with personal care.</p> <p>Review of the admission Minimum Data Set (an assessment tool) dated 07/19/2024, showed Resident 9 had severe impairment in cognition and required substantial/maximal assistance (Helper [staff] does more than half the effort/lifts or holds trunk or limbs and provides more than half the effort) with personal hygiene. The assessment further showed that it was important for Resident 9 to choose between a tub bath, shower, bed bath, or sponge bath.</p> <p>Observation on 08/28/2024 at 10:05 AM, showed Resident 9's fingernails were long and had brown debris underneath their nails. Further observations on 08/29/2024 at 9:33 AM, 08/30/2024 at 8:12 AM, 09/03/2024 at 12:23 PM, and 09/04/2024 at 8:35 AM showed Resident 9's fingernails were long, untrimmed and had brown debris underneath them.</p> <p>Review of the ADL care plan initiated/revised on 07/29/2024, showed Resident 9 had a care plan to have a sponge bath when a full bath or shower cannot be tolerated. The care plan further showed Resident 9 required one staff extensive assistance with personal hygiene.</p> <p>Review of Resident 9's Kardex (summary of resident's care plan) as of 09/04/2024 showed Resident 9 was scheduled for bathing/showers twice a week.</p> <p>Review of the ADL documentation for July 2024 showed Resident 9 was scheduled for bathing/shower on 07/19/2024, 07/22/2024, 07/26/2024 and 07/29/2024. Further review of the ADL documentation showed Resident 9 received bathing once on 07/29/2024. There was no documentation that the resident refused any bathing in July 2024.</p> <p>Review of the ADL documentation for August 2024 showed Resident 9 was scheduled for bathing/shower twice a week. Further review of the ADL documentation showed Resident 9's shower/bathing was not documented or documented as, Activity did not occur. There was no documentation that the resident refused any bathing/shower in August 2024.</p> <p>(continued on next page)</p>		

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 09/06/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/04/2024 at 10:40 AM, Staff R, Certified Nursing Assistant, stated fingernail care and shower would be provided by the shower aid. Staff R stated that when a resident refused a shower or fingernail care, it would be reported to the nurse manager and documented.</p> <p>Joint observation and interview on 09/04/2024 at 10:48 AM with Staff R, showed Resident 9's fingernails were long and had brown debris underneath them. Staff R stated that the resident's fingernails should have been trimmed.</p> <p>During an interview and joint record review on 09/04/2024 at 11:51 AM, Staff Q, Registered Nurse Unit Care Coordinator, stated shower aides would provide shower and fingernail care unless residents have diabetes (a group of diseases that affect how the body uses glucose [or blood sugar]). Staff Q further stated they were unaware of Resident 9's refusal of shower and fingernail care other than the one-time documentation of refusal. Joint record review of Resident 9's July 2024 and August 2024 ADL documentation showed that shower was documented as, Activity did not occur. Staff Q stated shower should have not been documented as activity did not occur.</p> <p>On 09/05/2024 at 11:35 AM, Staff B, Director of Nursing, stated they expected shower/bathing and fingernail care to be provided according to the resident's care plan. Staff B stated refusal of care should be reported to the nurse manager and the resident should be offered a bed bath. Staff B further stated Resident 9's fingernails should be kept short and clean, and refusal of care should be documented, and care planned.</p> <p>Reference: (WAC) 388-97-1060 (1)(2)(c)</p>		

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 09/06/2024
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47680</p> <p>Based on observation, interview, and record review, the facility failed to ensure appropriate treatment and services related to enteral tube feeding (a medical device used to provide nutrients through a tube directly into the stomach) were followed for 1 of 1 resident (Resident 55), reviewed for tube feeding management. The failure to label/date and discard tube feeding syringes placed the resident at risk for infection and related complications.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Enteral tube feeding, gastric [stomach], revised on 12/11/2023, showed to clean and dry the enteral syringe used for flush administration. It further showed to store clean equipment away from potential sources of contamination.</p> <p>Review of the annual Minimum Data Set (MDS - an assessment tool) dated 07/10/2024, showed Resident 55 readmitted to the facility on [DATE] with diagnoses that included dysphagia (difficulty swallowing) and gastrostomy status (the presence of a surgical opening in the stomach). Further review of the MDS showed Resident 55 received 51 percent or more of their nutritional intake through tube feeding.</p> <p>Review of the August 2024 and September 2024 Treatment Administration Record did not show documentation that Resident 55's tube feeding syringe was changed daily.</p> <p>Observation on 09/03/2024 at 2:53 PM, showed an opened syringe (syringe barrel and plunger) inside its original packaging dated 08/30/2024 on top of Resident 55's bedside table. Further observation showed an undated syringe barrel inside a plastic container filled with water.</p> <p>A joint observation and interview on 09/03/2024 at 3:39 PM with Staff L, Registered Nurse (RN), showed one opened syringe plunger inside its original packaging that was dated 08/29/2024, one opened syringe (syringe barrel and plunger) inside its original packaging dated 08/30/2024 and one undated syringe barrel inside a plastic container filled with water. Additional observation showed an undated opened syringe (syringe barrel and plunger) inside its original packaging inside the top drawer of Resident 55's bedside table. Staff L stated that they would want the syringes to be dated to know how old it was and that they would want the syringes to be stored in a clean manner. Staff L further stated that the syringes looked used and that their process was to use a new syringe daily and to label/date the syringe when opened.</p> <p>In an interview on 09/04/2024 at 10:53 AM with Staff D, RN Unit Care Coordinator, stated that their process was to change the syringe every 24 hours and to date the syringe when opened. Staff D further stated that the night shift should have discarded the used syringes and should have dated the new syringes when opened.</p> <p>On 09/05/2024 at 1:32 PM, Staff B, Director of Nursing, stated that they expected staff to replace the old syringe with a new one and to date it.</p> <p>(continued on next page)</p>		

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 09/06/2024
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reference: (WAC) 388-97-1060 (3)(f)</p>

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 09/06/2024
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 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48298</p> <p>Based on observation, interview and record review, the facility failed to provide the necessary behavioral care and services for 1 of 1 resident (Resident 11), reviewed for behavioral health services. This failure placed the resident at risk for unmet care needs and a diminished quality of life.</p> <p>Findings included .</p> <p>According to the facility's policy titled, Behavioral Health Services, reviewed on 08/22/2023, showed the facility will provide behavioral health care and services that create an environment that promotes emotional and psychosocial well-being, meets each resident's needs, and includes individualized approaches to care. It further stated, Complete the nursing assessment and Social Services assessment upon admission/readmission, quarterly, and as needed with change in condition. Through this assessment the facility should identify residents who develop decreased social interaction and/or increased withdrawn, angry, or depressive (persistent feeling of sadness and loss of interest) behaviors and may have made verbalizations indicating these.</p> <p>Resident 11 readmitted to the facility on [DATE] with diagnoses that included generalized anxiety disorder (feeling anxious), depression, and opioid dependence (tolerance to narcotic [drug or substance that affects mood or behavior]).</p> <p>Review of the significant change in status Minimum Data Set (MDS- an assessment tool) dated 08/15/2024 showed Resident 11 had a decline in cognition and over-all medical condition including activities of daily living.</p> <p>Review of Resident 11's Electronic Health Records (EHR) under assessments tab, showed no social services assessment completed for Resident 11's change in condition.</p> <p>Review of the Care Area Assessment (CAA-a summary of MDS triggered care areas) dated 08/19/2024, showed Resident 11 had inattention with disorganized thinking and confusion with occasional agitation. Further review of the CAA summary showed Resident 11 had little interest or pleasure in doing things and verbal behavioral symptoms directed towards others.</p> <p>Review of the August 2024 Medication Administration Record (MAR) showed Resident 11 was monitored for behaviors including crying, isolation, and/or stated that [they] feel low and having anxious behavior. Further review of the August MAR from 08/01/2024 to 08/08/2024 showed Resident 11 was documented as having behavioral episodes for six out of eight days.</p> <p>Review of Resident 11's physician progress notes dated 08/22/2024, showed, to increase [medication for depression], was crying with the staff.</p> <p>Observations on 08/27/2024 at 9:34 AM, 08/29/2024 at 10:47 AM, and 08/30/2024 at 9:20 AM, showed Resident 11 was lying in bed with their window blinds closed, all room lights were off, and the TV was on.</p> <p>(continued on next page)</p>		

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 09/06/2024
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 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation and interview on 08/30/2024 at 1:52 PM, showed Resident 11 was crying and stated they wanted to go home to just rest and sleep. Resident 11 further stated they did not want to be bothered and to leave them alone.</p> <p>In an interview on 09/03/2024 at 10:08 AM, Staff P, Activity Director, stated Resident 11 had long history of disinterests and displeasure and had refused everything we tried and offered to [them].</p> <p>In an interview on 09/03/2024 at 10:43 AM, Staff BB, Registered Nurse Unit Care Coordinator, stated Resident 11 had exhibited behavioral symptoms related to anxiety and depression. Staff BB further stated they were not aware if Resident 11 had been referred to or provided behavioral health services.</p> <p>In an interview on 09/03/2024 at 11:32 AM, Staff E, Director of Social Services, stated that when they talked to Resident 11 and observed [their] blinds closed, likes no light. Staff E stated, That could be a symptom of depression or [Resident 11's] preference, but [they] could have been referred [for further evaluation]. Staff E further stated Resident 11 had not been referred to or provided behavioral health services.</p> <p>A joint record review and interview on 09/06/2024 at 8:46 AM with Staff B, Director of Nursing, showed no referral for behavioral health services to further assess or evaluate Resident 11. Staff B stated they expected Resident 11 to have been referred for a psychological consultation or provided counseling.</p> <p>On 09/06/2024 at 8:55 AM, Staff A, Executive Director stated they expected Resident 11 to have been provided behavioral health services including mental health consult or evaluation.</p> <p>Reference: (WAC) 388-97-1280(3)(a)(b)</p>		

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 09/06/2024
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>46912</p> <p>Based on observation, interview, and record review, the facility failed to ensure a medication error rate of less than 5 Percent (%). The failure to properly administer 2 of 31 medications for 2 of 4 residents (Residents 2 & 55), observed during medication pass resulted in a medication error rate of 6.45%. This failure placed the residents at risk for not receiving the correct dose or receiving less than the intended therapeutic effects of physician ordered medication.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, General Dose Preparation and Medication Administration, revised on 01/01/2022, showed, prior to administration of medications .facility staff should: verify each time a medication is administered that it is the correct medication, at the correct dose, at the correct route, at the correct rate, at the correct time for the correct resident.</p> <p>RESIDENT 2</p> <p>Review of the September 2024 Medication Administration Record (MAR) showed Resident 2 had an order for aspirin 81 milligrams (mg-a unit of measurement) chewable tablet.</p> <p>Observation on 08/30/2024 at 1:18 PM, showed Staff EE, Licensed Practical Nurse (LPN), took out a medication bottle from the medication cart that contained aspirin 81 mg enteric coated (serves as a barrier to prevent acids in the stomach from degrading the medication) tablets and gave the medication to Resident 2, which the resident swallowed.</p> <p>In an interview and joint record review on 08/30/2024 at 1:36 PM, Staff EE stated that if a medication order did not match the floor stock bottle, I would put that aside and research more into it. A joint record review of the September 2024 MAR showed an order for chewable aspirin, not enteric coated. Staff EE stated, I should have given the chewable form of the medication.</p> <p>In an interview and joint record review on 09/05/2024 at 2:05 PM, Staff CC, LPN Unit Care Coordinator, stated they expected medication orders to match what was given to a resident. A joint record review of Resident 2's September 2024 MAR showed an order for chewable aspirin, not enteric coated. Staff CC stated they expected Resident 2 to get the chewable kind of aspirin.</p> <p>RESIDENT 55</p> <p>Review of the annual Minimum Data Set (an assessment tool) dated 07/10/2024, showed Resident 55 had a feeding tube (or G[gastrostomy]-tube, the delivery of nutrients through a tube directly into the stomach to provide nutrition for those who cannot obtain nutrition by mouth, are unable to safely swallow, or need nutritional supplementation).</p> <p>Review of the September 2024 MAR printed on 09/04/2024, showed an order for levothyroxine (medication to treat low thyroid [makes hormones that control the way the body uses energy] hormone), give one tablet by mouth once time a day.</p> <p>(continued on next page)</p>		

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 09/06/2024
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 09/04/2024 at 9:27 AM, showed Staff AA, LPN, crushed the levothyroxine tablet and dissolved it in water. Staff AA then gave the levothyroxine via g-tube and not by mouth as the order stated.</p> <p>In an interview and joint record review on 09/04/2024 at 9:45 AM, Staff AA, stated that if an order stated to give by mouth, how can I not give it by mouth? Staff AA stated if a resident had a g-tube, they expect the order to say to give via g-tube. A joint record review of Resident 55's September 2024 MAR showed that the levothyroxine order said to give by mouth. Staff AA stated that they should have clarified the order for the route.</p> <p>In an interview on 09/05/2024 at 2:05 PM, Staff CC, LPN Unit Care Coordinator, stated they expected staff to follow the five rights, which included checking that a medication was given by the right route. Staff CC stated that if an order said a medication should be given by mouth, then it should be given by mouth.</p> <p>In an interview on 09/06/2024 at 8:05 AM, Staff B, Director of Nursing, stated that if an order showed, chewable aspirin, then the staff should give the chewable form and not the enteric coated one. Staff B stated they expected staff to check the route that a medication should be given prior to giving a medication. Staff B further stated that if an order showed a medication should be given by mouth, it should be given by mouth.</p> <p>Reference: (WAC) 388-97-1060 (3)(k)(ii)</p>		

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 09/06/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>46912</p> <p>Based on observation, interview, and record review, the facility failed to appropriately label and store drugs and/or biologicals for 2 of 2 medication carts (Cascade medication cart & [NAME] medication cart), reviewed for medication storage. This failure placed the residents at risk for receiving compromised, incorrect, and/or ineffective medications.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Storage and Expiration Dating of Medications, Biologicals revised on 08/07/2023, showed, the Facility should ensure that medications and biologicals that have an expired date on the label .are store separate from other medication until destroyed. It further showed, Facility should destroy and reorder medications and biologicals with soiled, illegible, worn, makeshift, incomplete, damaged or missing labels</p> <p>Review of the facility's policy titled, Insulin (medication for diabetes [a condition in which the body has high blood sugar levels for prolonged periods of time]) Pen Administration revised on 8/30/2023, showed, to verify the pen with name of the patient and other patient identifiers to ensure the correct pen is used on the correct patient. It further showed, each insulin pen is labeled with specific patient information. If the label is illegible or missing, the insulin pen should be discarded and a new insulin pen for the patient should be utilized.</p> <p>CASCADE MEDICATION CART</p> <p>On 09/03/2024 at 11:51 AM, during a joint observation of the Cascade medication cart with Staff FF, Registered Nurse (RN), showed the following:</p> <ul style="list-style-type: none"> - One opened insulin lispro (a short-acting insulin) pen, not labeled with a resident's name and in a plastic bag with Resident 68's name on it. <p>In an interview on 09/03/2024 at 11:51 AM, Staff FF stated that insulin pens usually has the name on the pen. Staff FF stated that Resident 68's insulin should have had a label with the resident's name on it.</p> <p>BAKER MEDICATION CART</p> <p>On 09/03/2024 at 2:47 PM, during a joint observation of the [NAME] medication cart with Staff L, RN, showed the following:</p> <ul style="list-style-type: none"> - One opened insulin lispro pen, not labeled with a resident's name and in a plastic bag with Resident 65's name on it. - Two heparin (to prevent clots in blood vessels) syringes, expired on 01/31/2024. <p>(continued on next page)</p>		

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 09/06/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- One opened saline (salt water) nasal spray, not labeled with a resident's name on it.</p> <p>In an interview on 09/03/2024 at 2:47 PM, Staff L stated Resident 65's insulin pen should have their name on it and it should be thrown away now. Staff L stated that the expired heparin syringes should be thrown away and I don't want any medications expired in the med cart. Staff L further stated that it was an infection risk to have a nasal spray that was not patient specific and was not labeled with a resident's name.</p> <p>In an interview on 09/03/2024 at 3:38 PM, Staff CC, Licensed Practical Nurse Unit Care Coordinator, stated that they expected opened insulin pens to be labeled with resident's names.</p> <p>In an interview on 09/06/2024 at 8:05 AM, Staff B, Director of Nursing, stated they expected opened insulin pens to be labeled with resident's names and if staff find one unlabeled, they should not use it. Staff B stated they expected that nasal sprays were not for multiple resident use and if opened it should be labeled with a resident's name. Staff B further stated they expected expired medications to be taken off the medication carts.</p> <p>Reference: (WAC) 388-97-1300 (2)</p>

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 09/06/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47680</p> <p>Based on observation, interview, and record review, the facility failed to ensure foods were handled appropriately in accordance with professional standards of food safety for 1 of 1 kitchen, and for 1 of 1 dining room (Baker Dining Room), reviewed for food services. The failure to label and date food items, perform hand hygiene between glove use, and use appropriate food handling when assisting residents placed the residents at risk for food borne illness (caused by the ingestion of contaminated food or beverages), cross contamination, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's undated document titled, Proper use of Gloves to Handle Food, showed, We know that we should not touch ready-to-eat food with our bare hands, but it is also important not to use contaminated gloves when handling ready-to-eat food. It further showed to change gloves after touching any unsanitary or unclean item or surface such as an oven door, refrigerator handle, scoop handle, the bottom of a plate or pan, or the outside of a bread bag. Additionally, it showed, Wash your hands each time you change into new gloves.</p> <p>FOOD LABELING IN THE KITCHEN DRY STORAGE ROOM</p> <p>Joint observation of the dry storage room and interview on 08/27/2024 at 8:56 AM with Staff C, Dietary Manager, showed five unlabeled unopened bags of round cookies dated Aug1324 [08/13/2024] in a plastic bin labeled Cheerios [brand of cereal]. Staff C stated that the five unopened bags were not Cheerios but were vanilla wafers. Staff C further stated that the five unopened bags should have been labeled with the name of the item and date received.</p> <p>FOOD LABELING IN THE KITCHEN WALK-IN REFRGERATOR</p> <p>Joint observation of the walk-in refrigerator and interview on 09/03/2024 at 9:03 AM with Staff C, showed three trays of unlabeled/undated unknown food item in small individual bowls stored in a mobile pan rack. Staff C stated it was banana pudding dessert for lunch. Staff N, Dietary Aide, stated that they placed the three trays of banana pudding in the walk-in refrigerator at 8:30 AM, and that they would label it with the use by date before they serve it. Staff H, Cook, stated that they dated the dessert as it goes out. Staff H further stated that usually they would have a use by sticker/paper that was placed on the mobile pan rack. Joint observation showed no use by sticker/paper on the mobile pan rack. Staff C stated that they would put one on right now.</p> <p>On 09/03/2024 at 1:31 PM, Staff C stated that they expected food items stored in the walk-in refrigerator and dry storage room to be labeled and dated.</p> <p>HAND HYGIENE BETWEEN GLOVE USE IN THE KITCHEN</p> <p>(continued on next page)</p>		

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 09/06/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 09/03/2024 at 9:56 AM, showed Staff I, Cook, poured a metal tray of carrots in a container that was attached to the puree machine, removed their gloves and applied new gloves. When they were done using the puree machine with their gloved hands, they poured the pureed carrots into a metal tray. Staff I took the empty used container and washed it with their gloves on in the sink. When Staff I was done, they placed the clean container back onto the puree machine, removed their gloves and applied new gloves without performing hand hygiene. Staff I then took one metal tray of chicken from the oven and poured the chicken into the container that was on the puree machine. Staff I opened a container of mustard dressing and poured two scoops in the container and then added some hot water. When Staff I was done pureeing the chicken, Staff I poured the pureed chicken into a metal container and placed the empty containers in the sink. Staff I covered the metal trays of pureed carrots and pureed chicken with foil and placed it in the oven. Staff I went to the sink and washed the used containers with their gloves on. Staff I then placed the clean container back onto the puree machine, removed their gloves, and perform hand hygiene. Staff I did not change their gloves when performing a different task and did not perform hand hygiene between glove use.</p> <p>On 09/03/2024 at 10:10 AM, Staff I stated that they performed hand hygiene when they entered the kitchen, after smoking, after they used the bathroom, after they touch anything dirty and after they removed their gloves. Staff I further stated that they should have performed hand hygiene after they removed their used gloves.</p> <p>Observation on 09/03/2024 at 12:16 PM, showed Staff J, Cook, was in the tray line preparing residents' lunch tray with gloves on. Staff J removed their gloves, threw it in the trash, and applied new gloves. Staff J then went back to the tray line and continued to assist in preparing residents' lunch tray by placing carrots onto the plates. At 12:37 PM, Staff J removed their gloves, applied new gloves and returned to the tray line. Staff J did not perform hand hygiene between glove use.</p> <p>On 09/03/2024 at 1:26 PM, Staff J stated that their process was to perform hand hygiene before touching food and before/after glove use. Staff J further stated that they should have performed hand hygiene after they removed their used gloves.</p> <p>On 09/03/2024 at 1:31 PM, Staff C stated that they expected staff to perform hand hygiene before/after they do their task, after using the bathroom and after things that contaminate the food. Staff C further stated that staff should perform hand hygiene between glove use.</p> <p>FOOD HANDLING IN THE BAKER DINING ROOM</p> <p>Observation on 08/27/2024 at 12:34 PM, showed Staff K, Restorative Certified Nursing Assistant, was assisting an unknown resident with their lunch meal in the [NAME] Dining Room. Staff K took the bread from the resident's plate with bare hands and gave it to the resident. When the resident was done taking a bite, Staff K placed the bread back on their plate, took a fork of spaghetti and gave it to the resident. Staff K touched their eyeglasses and readjusted it. Staff K touched the unknown resident's bread two more times with bare hands during the lunch meal.</p> <p>On 08/27/2024 at 1:00 PM, Staff K confirmed that they touched the resident's bread with their bare hands. Staff K stated that they were not supposed to touch food with bare hands but that they washed their hands before assisting the resident and before touching the resident's bread.</p> <p>(continued on next page)</p>		

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 09/06/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/05/2024 at 10:43 AM, Staff F, Infection Preventionist, stated that they used utensils when assisting residents with their meals if it was appropriate and if staff were to touch the resident's food, they should wear gloves. Staff F further stated that Staff K should have used utensils or gloves when touching the resident's food.</p> <p>On 09/05/2024 at 1:40 PM, Staff B, Director of Nursing, stated that they expected staff to not use their bare hands to pick up resident's food. Staff B stated they expected staff to cut up the bread into pieces for the resident to pick up and if the resident was unable to pick up the food, they would expect them to use utensils or gloves when picking up residents' food.</p> <p>On 09/05/2024 at 2:24 PM, Staff A, Executive Director, stated that they do not expect staff to touch resident's food with their bare hands and that there should have been a barrier. Staff A stated that they expected staff to label food items correctly and to label with use by date. Staff A further stated that staff were expected to perform hand hygiene between glove use.</p> <p>Reference: (WAC) 388-97-1100 (3)</p>

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 09/06/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46912</p> <p>Based on observation, interview, and record review, 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 7 residents (Resident 55), reviewed for infection control. In addition, the facility failed to ensure hand hygiene practices and/or proper use of gloves were followed before, during, and after resident care and medication administration for 2 of 12 staff (Staff EE & Staff M), reviewed for infection control. These failures placed the residents, visitors, and staff at an increased risk for infection and related complications.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Hand Hygiene, reviewed on 06/03/2024, showed staff should perform hand hygiene (even if gloves are used) in the following situations: before and after contact with the resident and after removing Personal Protective Equipment (PPE-gloves, gown and mask).</p> <p>Review of the facility's policy titled, Enhanced Barrier Precautions, reviewed on 06/03/2024, showed that the facility should use EBP for residents that meet certain criteria, during high-contact resident care activities. It showed that EBP was indicated for residents with wounds and/or indwelling medical devices. It further showed that indwelling medical device examples included feeding tubes (the delivery of nutrients through a tube directly into the stomach to provide nutrition for those who cannot obtain nutrition by mouth, are unable to safely swallow, or need nutritional supplementation).</p> <p>ENHANCED BARRIER PRECAUTIONS</p> <p>Review of Resident 55's face sheet printed on 09/06/2024, showed Resident 55 admitted to the facility on [DATE].</p> <p>Review of the annual Minimum Data Set (an assessment tool) dated 07/10/2024, showed Resident 55 had a feeding tube.</p> <p>Observation on 09/04/2024 at 9:27 AM, showed Resident 55 was on EBP and had a feeding tube. Staff AA, Licensed Practical Nurse (LPN), wore gloves while they gave Resident 55 their medications via their feeding tube. Staff AA did not wear any other PPE while giving Resident 55's medications via feeding tube.</p> <p>In an interview on 09/04/2024 at 9:45 AM, Staff AA stated they should wear PPE for a resident on EBP when providing high contact resident care. Staff AA stated that Resident 55 was on EBP, and they should have worn a gown and mask too, in addition to gloves while giving Resident 55 their medications via feeding tube.</p> <p>(continued on next page)</p>		

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 09/06/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview and joint observation on 09/05/2024 at 12:07 PM with Staff F, Assistant Director of Nursing/Infection Preventionist, stated they expected staff to wear PPE when doing high contact care with residents who have an indwelling medical device which included a feeding tube. A joint observation of the EBP signage, showed PPE should be worn for device use. Staff F stated that gloves and a gown should be worn while giving medication via feeding tubes.</p> <p>HAND HYGIENE/GLOVE USE</p> <p>Observation on 08/30/2024 at 12:17 PM, showed Staff EE, LPN, prepared to perform a blood sugar check for Resident 65 and put on gloves prior to entering Resident 65's room (an EBP room). No hand hygiene was performed prior to putting on gloves or entering the room. Staff EE performed Resident 65's blood sugar check, took off their gloves and left the room without performing hand hygiene.</p> <p>Observation on 08/30/2024 at 1:22 PM, showed Staff EE entered Resident 2's room to give the resident their medications. No hand hygiene was performed prior to entering the resident's room.</p> <p>In an interview on 08/30/2024 at 1:36 PM, Staff EE stated they should perform hand hygiene before and after going into a resident's room and before and after glove use.</p> <p>In an interview on 09/05/2024 at 2:05 PM, Staff CC, LPN Unit Care Coordinator, stated they expected staff to use the hand sanitizer when entering and leaving resident rooms. Staff CC stated staff should perform hand hygiene before and after glove use.</p> <p>In an interview on 09/05/2024 at 12:07 PM, Staff F, stated they expected staff to perform hand hygiene between resident care and when entering and leaving resident rooms. Staff F stated that staff should perform hand hygiene before and after glove use.</p> <p>In an interview on 09/06/2024 at 8:05 AM, Staff B, Director of Nursing, stated they expected staff to use hand sanitizer before and after going into resident rooms, including EBP rooms. Staff B further stated they expected staff to perform hand hygiene before and after glove use.</p> <p>47680</p> <p>Observation on 09/04/2024 at 5:56 AM, showed Staff M, Certified Nursing Assistant, placed a new trash bag liner inside the [NAME] Unit medication cart with gloves on. When Staff M was done, they took the trash bag that was on the ground with their gloved hands and walked through the hallway to the soiled utility room, opened the door with their gloved hand and entered the soiled utility room. Staff M did not remove their gloves while transporting the trash bag in the hallway.</p> <p>In an interview on 09/04/2024 at 6:05 AM, Staff M stated that they performed hand hygiene before and after glove use. Staff M stated that they used new gloves to pick up the trash in the [NAME] Nursing Station and that they used their gloves in the hallway because they did not want their hands to get dirty from touching the doorknob of the soiled utility room.</p> <p>On 09/05/2024 at 1:40 PM, Staff B stated that they expected staff to not use gloves in the hallways and that they were expected to remove their gloves when transporting trash bags to the soiled utility room.</p> <p>(continued on next page)</p>		

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 09/06/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reference: (WAC) 388-97-1320 (1)(a)(c)</p>