STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505431	A. Building B. Wing	10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bothell Health Care	707 - 228th Southwest Bothell, WA 98021

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48899 Based on interview and record review, the facility failed to provide timely information about medical appointment for 1 of 1 resident (Resident 1), reviewed for planning and implementation of care. The failure to notify the resident's representative of Resident 1's medical appointment led to the cancellation of the medical procedure and prevented the resident's representative the ability to exercise their right to make an informed decision. Findings included . Review of the face sheet showed Resident 1 was admitted to the facility on [DATE] with a diagnosis that included dementia (a group of symptoms affecting memory, thinking and social abilities). Review of the quarterly Minimum Data Set (MDS-an assessment tool) dated 09/05/2024 showed that Resident 1 had moderate cognitive impairment. Review of the nursing progress notes dated 09/15/2024 showed that Resident 1 was on alert for increased confusion. Review of the communication care plan initiated on 09/09/2024 showed Resident 1 required supervision in all decision making. Further review of the communication care plan showed staff was directed to provide necessary cues as Resident 1 understands consistent, simple, and directive sentences. Review of the nursing progress notes dated 09/18/2024 showed Resident 1 was scheduled for an appointment on 09/17/2024 for a fistula gram procedure (to look for abnormal areas in dialysis [treatment that removes waste and excess fluid from the blood when the kidneys are no longer working properly] fistula or graft that may be causing problems with dialysis]). The nursing progress notes further showed that resident attended the appointment, but the procedure was cancelled because the clinic could not get a hold of Resident 1's Durable Power of Attorney (DPOA). In an interview on 09/24/2024 at 8:17 AM, Collateral Contact 1 (CC1), stated that Resident 1 had a medical appointment for a fistula gram procedure. CC1 stated that Resident 1 was confused about their whereabouts and the purpose of the appointment. The clinic then tried to contact Resident 1's DPOA to get the consent for the medical procedure but was not successful. CC1 further stated that the appointment was cancelled because Resident 1 was unable to answer the questions about their medical appointment. (continued on next page)

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 09/24/2024 at 12:45 PM, Collateral Contact 2 (CC2), stated that the facility did not communicate that their presence (either in person or by phone) was necessary for Resident 1's medical appointment. CC2 stated that they were not informed that their consent would be required for Resident 1's procedure. In an interview on 10/01/2024 at 3:22 PM, Staff D, Unit Coordinator, stated that it was their responsibility to coordinate resident appointments. Staff D stated that they had contacted the DPOA to inform them about the appointment, but they did not inform them to be available for the appointment. In an interview and joint record review on 10/02/2024 at 10:26 AM with Staff C, Resident Care Manager, stated that Resident 1 had a medical appointment for fistula gram procedure. A joint record review of the care plan showed that the resident required supervision for all decision making. Review of the quarterly MDS dated [DATE] showed that Resident 1 had moderate cognitive impairment. Staff C stated that the medical appointment was canceled because the clinic was unable to get a hold of Resident 1's DPOA. Staff C further stated that the resident was sent to the medical appointment without their representative or escort. In an interview and joint record review on 10/02/2024 at 10:50 AM with Staff B, Director of Nursing Services, stated that the resident was alert and capable of making independent decisions. Joint record review of the communication care plan showed that the resident required supervision for all decision making. Staff B stated that had they known consent was necessary for fistula gram procedure, they would have confirmed it with the DPOA. In an interview on 10/07/2024 at 10:30 AM, Staff A, Administrator, stated that it was their expectation that the facility would work together with the resident's representative or the DPOA to arrange medical appointments. Staff A further stated, I would be guessing, as Resident 1 attends dialysis three times a week on her own, the Unit Coordinator may not have addressed the consent aspect of this appointment with [the] DPOA. Reference: (WAC) 388-97-0260