

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER Bothell Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure a therapeutic diet was provided as ordered for 1 of 3 residents (Resident 1), reviewed for therapeutic diets. This failure had the potential to cause unwanted weight gain, a decline in medical condition, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of a Resident Information Sheet (face sheet) in the electronic health record printed on 06/11/2025, showed Resident 1 was readmitted to the facility from the hospital on [DATE] and had a diagnosis of [NAME] Syndrome (a rare disease that causes excessive appetite and overeating).</p> <p>Review of weight records dated 06/06/2025 showed Resident 1's weight was 268 pounds (lbs. -a unit of measurement); on 06/07/2025, 270 lbs.; and on 06/11/2025, 274 lbs.</p> <p>Review of Resident 1's dietary card on their lunch tray dated 06/11/2025 showed, diabetic diet (limits unhealthy fats and added sugars), small portions-sub [substitute] fruit for dessert.</p> <p>Observation on 06/11/2025 at 12:40 PM, showed Resident 1's lunch tray had a cherry tart desert with topping and a mixed fruit cup. Further observation during that time showed Resident 1 consumed both the dessert and the mixed fruit cup.</p> <p>In an interview on 06/11/2025 at 1:19 PM, Staff C, Dietary Manager, stated that Resident 1 was on a diabetic diet and should only eat 2,000 calories a day. Staff C stated, I try to redirect Resident 1 when they request extra portions of food or items that were not on their diet, but over the past couple of months it has been hard to redirect them. When they see other residents with certain foods, they want to have [them] too. Staff C further stated that Resident 1 should not have had the cherry tart on their lunch tray but should have only had the mixed fruit cup for dessert.</p> <p>A joint record review and interview on 06/11/2025 at 1:26 PM with Staff C showed Resident 1's planned diabetic menu items dated 06/11/2025 for breakfast, lunch, and dinner's calories totaled 2,200. Staff C stated that Resident 1's planned diabetic diet list of food items was 220 calories over the 2000 calories limit.</p> <p>(continued on next page)</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 06/11/2025 at 1:43 PM, Resident 1 stated, I ate the cherry dessert and the fruit cup. They were on my tray, so I ate them. I usually get both a dessert and some fruit on my tray at lunch time in the dining room and I eat them both. I have been trying to lose weight, but it is so hard to do.</p> <p>In an interview on 06/11/2025 at 5:23 PM, Staff D, Assistant Director of Nursing, stated that Resident 1 should have received the fruit cup on their lunch tray, but not the cherry tart desert.</p> <p>In an Interview on 06/11/2025 at 5: 25 PM, Staff E, Quality Assurance Nurse, stated that Resident 1 was on a diabetic diet and should not have received the cherry tart dessert on their lunch tray, that the mixed fruit was the only desert that should have been on the lunch tray.</p> <p>Reference (WAC): 388-97-1200(1)</p>