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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>505500 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>06/28/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Mission Healthcare at Bellevue |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2424 156th Avenue Northeast<br>Bellevue, WA 98007 |  |

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

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45146</b></p> <p>Based on interview and record review, the facility failed to accurately assess 1 of 2 residents (Resident 1), reviewed for Minimum Data Set (MDS - an assessment tool). The failure to ensure accurate assessments regarding active diagnosis placed the resident at risk for unidentified 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 Accuracy of Assessment means that the appropriate, qualified health professionals correctly document the resident's medical, functional, and psychosocial problems and identify resident strengths to maintain or improve medical status, functional abilities, and psychosocial status using the appropriate RAI (i. e., comprehensive, quarterly, annual, significant change in status). It further showed Urinary Tract Infection (UTI - bladder infection) has a look-back period of 30 days for active disease and instructions to code UTI if it was determined that the resident had a UTI using evidence-based criteria and a physician documented UTI diagnosis during the look-back period.</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 assessment and ends at 11:59 PM on the day of the Assessment Reference Date (ARD or assessment period).</p> <p>Resident 1 admitted to the facility on [DATE].</p> <p>Review of Resident 1's quarterly MDS with an ARD of 06/11/2024 showed UTI was not coded on the MDS.</p> <p>Review of the physician's progress notes dated 05/16/2024 showed Resident 1 had a positive urine analysis laboratory result (a sign for UTI) and would be treated with antibiotic (medicines that fight bacterial infections).</p> <p>Review of May 2024 Medication Administration Record (MAR) showed Resident 1 had an order for ciprofloxacin (an antibiotic) 500 milligram (a unit of measurement) two times a day for five days for UTI with start date of 05/16/2024.</p> <p>Review of the facility's May 2024 infection control log showed Resident 1 had UTI that met the facility's evidence-based criteria.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>A joint record review and interview on 06/28/2024 at 11:38 AM with Staff B, MDS Nurse, showed Resident 1's quarterly MDS assessment was not coded for UTI. Record review of Resident 1's May 2024 MAR showed Resident 1 received ciprofloxacin from 05/16/2024 - 05/21/2024 for UTI. Staff B stated Resident 1 had a diagnosis of UTI during the look back period and UTI should have been coded on the Resident 1's quarterly MDS assessment.</p> <p>On 06/28/2024 at 12:05 PM, Staff A, Director of Nursing, stated they expected staff to complete MDS assessments accurately. Staff A further stated Resident 1's MDS should have been coded for UTI.</p> <p>Reference: (WAC) 388-97-1000 (1)(b)</p> |  |  |