

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505512	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2025
NAME OF PROVIDER OR SUPPLIER Garden Terrace Healthcare Center of Federal Way		STREET ADDRESS, CITY, STATE, ZIP CODE 491 South 338th Street Federal Way, WA 98003	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents received care and treatment in accordance with their assessed needs and professional standards of practice for 1 of 5 residents (Resident 1) reviewed for bowel care. The failure to assess a resident's change in condition, address identified signs and symptoms of distress, and notify the physician when residents present with diarrhea (multiple episodes of loose bowel movement) placed residents at risk for nutrition and hydration problems and a decreased quality of life. Findings included.&lt;Resident 1&gt;According to the 07/22/2025 admission Minimum Data Set (MDS- an assessment tool), Resident 1 was alert, oriented, and able to verbalize their needs. The MDS showed Resident 1 had medical conditions including kidney and heart diseases, unstable blood sugar levels in the body, bone infection, and amputation of their right toe. The MDS showed Resident 1 was given antibiotic medication during the assessment period. A 08/29/2025 Discharge MDS showed Resident 1 was discharged to a hospital.Review of Resident 1's 08/11/2025 Care Plan (CP) showed the resident was at risk for rehospitalization due to their complex medical condition. A 08/11/2025 CP intervention showed staff would provide timely communication to the physician and/or nurse practitioner regarding any change in Resident 1's condition.Review of Resident 1's August 2025 Bowel Monitor log showed staff documented Resident 1 started having loose bowel movements from 08/20/2025 until 08/29/2025. On 08/27/2025, Resident 1 had four documented episodes of diarrhea in one day.A 08/27/2025 Physical Therapy (PT) treatment encounter noted showed Resident 1 verbalized they had a terrible night sleep related to frequent brief changes because of their ongoing diarrhea.A 08/29/2025 PT treatment encounter note showed Resident 1 verbalized feeling very fatigued and did not have any energy because of their ongoing diarrhea. The note showed Resident 1 exhibited distress during therapy session due to their weakness. The note showed, .the Occupational Therapist reported [Resident 1's] anxiety to the nurse.On 09/02/2025 at 12:48 PM, Resident 1's representative stated the resident had several diarrheal episodes and the facility staff did not realize Resident 1 was in distress. The representative stated it was Resident 1 himself who told the nursing staff to send them to the hospital on [DATE].Review of Resident 1's medical records showed there was no indication the nursing staff assessed Resident 1's ongoing diarrhea, addressed the resident's identified distress, or informed the physician of the resident's condition as indicated in Resident 1's CP.In an interview on 09/12/2025 at 1:38 PM with Staff B (Director of Nursing), documentation of assessment, interventions, or physician notification regarding Resident 1's ongoing diarrhea was requested but none was provided. Staff B stated there was no documentation to provide. Staff B stated they expected the nursing staff to assess Resident 1's diarrhea, provide interventions accordingly, and to notify the physician within 24 hours, but the staff did not do them as expected. When Staff B was asked for the facility policy regarding standards of care for a resident with diarrhea, Staff B stated, We don't have a policy for that.REFERENCE: WAC 388-97-1060 (1)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 505512
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