

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 04/16/2024
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46471</p> <p>Based on interview and record review the facility failed to provide residents and/or the resident's representative a written notice of the facility's bed hold policy at the time of transfer or within 24 hours, for 1 of 1 closed records (Resident 21) and 2 of 3 residents (Residents 43 & 41) reviewed for hospitalization . This failure placed residents and their representatives at risk of not being informed of their right to, and the cost of, holding the resident's bed while hospitalized .</p> <p>Findings included .</p> <p><Facility Policy></p> <p>Review of the facility's policy titled, Bed Hold, revised 11/17/2022 showed the facility would provide the bed hold policy upon transfer of a resident to the hospital or within 24 hours of transfer to the hospital. The policy showed written information regarding bed holds and payment would be provided to the resident and/or the resident's representative and the facility would document multiple attempts to reach the resident/representative.</p> <p><Resident 21></p> <p>Review of the facility census showed Resident 21 was discharged on [DATE].</p> <p>Review of Resident 21's progress notes showed a 04/08/2024 health status note indicating Resident 21 experienced a change in their level of consciousness, had issues with swallowing their food, so was sent to the hospital for further evaluation.</p> <p>Review of Resident 21's medical records on 04/11/2024 did not show a bed hold was offered to the resident that indicated their choice to either hold their bed or not. The facility was not able to provide any written documentation to support a bed hold was offered to Resident 21 and/or their representative.</p> <p>In an interview on 04/11/2024 at 1:47 PM, Staff F (Resident Care Manager - RCM) stated they were responsible for offering bed hold to residents who discharged to the hospital. Staff F stated a bed hold was important because it was a resident right so the resident could make an informed decision. Staff F stated a written bed hold was not provided to Resident 21 as required.</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: 505512	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>46479</p> <p><Resident 43></p> <p>Review of Resident 43's progress notes showed the resident was sent to the hospital on 02/23/2024 and readmitted to the facility on [DATE]. Resident 43's progress notes showed the resident was sent to the hospital again on 03/31/2024 and readmitted to the facility on [DATE].</p> <p>Record review on 04/15/2024 at 10:27 AM showed Resident 43's electronic and paper record contained no information indicating Resident 43 or their representative were offered a bed hold for either hospitalization . In an interview at that time, Staff N (RCM) reviewed Resident 43's records and confirmed a bed hold was not offered for either hospitalization .</p> <p>47836</p> <p><Resident 41></p> <p>Review of Resident 41's medical records showed they were sent to the hospital on 04/05/2024 and returned to the facility on [DATE]. Resident 41 was originally in room [ROOM NUMBER]A and returned to room [ROOM NUMBER]A. Review of Resident 41's medical records, electronic and paper records, contained no information indicating Resident 41 or their representative was offered a bed hold for this hospitalization .</p> <p>In an interview on 04/15/2024 at 11:36 AM Staff P (RCM) stated they were responsible for offering a bed hold to residents who discharged to the hospital. Staff P stated a bed hold was not provided to Resident 41 or to their representative as required.</p> <p>In an interview on 04/16/2024 at 10:33 AM Staff A (Executive Director) stated offering a bed hold was important because it assures residents wellbeing that they can come back and have a bed. Staff A stated bed holds are a resident right in deciding on whether to keep their same room or readmit to a different one when they came back to the facility. Staff A stated the UCC's are responsible for addressing bed holds with residents or their representatives, but it was not currently being done.</p> <p>REFERENCE: WAC 388-97-0120(4).</p>

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 04/16/2024
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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46471</p> <p>Based on interview and record review, the facility failed to encode and transmit resident assessment data to the Centers for Medicare & Medicaid Services (CMS) within the required timeframe, for 1 of 1 residents (Resident 9) reviewed for timeliness in transmission. This failure placed residents at risk for inaccurate monitoring of decline or progress over time, untimely comprehensive review of residents' health data/information, and a diminished quality of life.</p> <p>Findings included .</p> <p><Resident Assessment Instrument - RAI></p> <p>According to the October 2023 Long-Term Care Facility RAI 3.0 User's Manual (a guide directing staff on how to accurately assess the status of residents), all Minimum Data Set (MDS - an assessment tool) assessments must be submitted within 14 days of the MDS Completion Date. The manual showed MDS transmission requirements applied to all MDS 3.0 records used to meet both federal and state requirements.</p> <p><Resident 9></p> <p>Review of the facility census showed Resident 9 discharged on [DATE].</p> <p>The 11/29/2023 Discharge Return Not Anticipated MDS showed the assessment's completion date was 12/05/2023. The discharge assessment was transmitted on 04/10/2024, four months after MDS completion and was past 14 days as required.</p> <p>In a joint interview on 04/11/2024 at 11:03 AM with Staff A (Executive Director) and Staff B (Director of Nursing), Staff B stated they were responsible for the facility's MDS coordination. Staff A stated they expected completed assessments to be transmitted within 14 days from the completion date as required. Staff B stated it was important to ensure MDS assessments were completed and submitted timely for the resident's individualized care planning and the facility's financial stability to sustain delivery of care and services. Staff B stated they were not aware Resident 9's assessment was not transmitted timely and would seek information from the MDS nurse.</p> <p>In a written response provided by Staff H (Regional Director of Clinical Services) on 04/11/2024 at 12:28 PM, Staff C (MDS nurse) wrote, .the assessment was not transmitted [as required] and was found missing during the preliminary report review.</p> <p>REFERENCE: WAC 388-97-1000 (4)(b), (5)(b).</p>		

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 04/16/2024
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 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>46471</p> <p>Based on observation, interview, and record review, the facility failed to ensure the Minimum Data Set (MDS - an assessment tool) of 2 of 17 residents (Residents 28 & 166) were completed accurately to reflect the resident's condition and overall health status. The facility failed to identify Resident 28's poor dental status and failed to capture Resident 166's active diagnosis of dementia (a memory problem). These failures placed Residents 28 and 166 and other residents at risk for unidentified and/or unmet care needs.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>According to the facility policy titled, Certification of Accuracy of the MDS, revised 08/17/2023, the assessment must accurately reflect the resident's status.</p> <p><Resident 28></p> <p>The 03/21/2024 Admission MDS showed Resident 28 had clear speech, their memory was intact, and had medical conditions including heart failure, renal failure, muscle weakness, and malnutrition. The MDS showed Resident 28 did not have any oral/dental issues during the assessment period.</p> <p>On 04/09/2024 at 10:51 AM, Resident 28 was observed with several missing teeth; the natural teeth left on the front were chipped, broken, and with obvious cavities. Resident 28 stated they had poor dental health even before they admitted to the facility. Resident 28 stated harder foods served at the facility were difficult for them to chew, would prefer to be served softer foods, but was ok and worked around their current diet. Resident 28 stated they did not see a dentist since admission on 03/18/2024.</p> <p>The 03/18/2024 physician order showed Resident 28 was on a regular texture diet.</p> <p>Review of the facility's 03/18/2024 Admission Evaluation showed the admission nurse documented Resident 28 had missing natural teeth but did not identify the resident's chewing difficulties.</p> <p>The 04/02/2024 Nutrition Evaluation showed Resident 28 had missing/broken/decaying teeth but without any reports of chewing or swallowing issues with current texture.</p> <p>Review of Resident 28's Care Plan (CP) did not show a CP regarding the resident's poor oral/dental health was developed or implemented.</p> <p>In an interview on 04/11/2024 at 8:49 AM, Staff C (MDS nurse) stated it was important to ensure the MDS accurately reflected residents' oral/dental status to ensure their nutritional health was monitored if/when needed. Staff C confirmed the assessment was inaccurate and stated they were not able perform an oral inspection per their notes, .I was probably off at the time.</p> <p>(continued on next page)</p>		

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 04/16/2024
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/15/2024 at 11:06 AM, Staff B (Director of Nursing) stated the relationship between the MDS and the CP went hand in hand, .the MDS was the assessment part and the CP was the implementation part. Staff B stated they expected the MDS nurses to complete the MDS accurately.</p> <p><Resident 166></p> <p>According to the 03/21/2024 Admission MDS, Resident 166 had no verbal communication, was rarely or never understood, had both short-term and long-term memory problems, and was severely impaired with their daily decision-making. The MDS did not show Resident 166 had an active diagnosis of dementia.</p> <p>Review of Resident 166's diagnosis list showed the resident had dementia dated 03/24/2024 that was active on admission.</p> <p>On 04/09/2024 at 1:13 PM, Resident 166 was observed sitting on the wheelchair in the dining room for lunch service. Resident 166 was observed with a blank stare and would occasionally smile back at their tablemates, but was non-communicative when asked how they were doing.</p> <p>Review of Resident 166's progress notes showed a 03/24/2024 physician note indicating the resident's diagnosis of dementia.</p> <p>A 03/24/2024 physician order showed Resident 166 was on an antipsychotic medication because of their dementia with behavioral disturbance.</p> <p>The revised 04/05/2024 CP showed Resident 166 had impaired cognitive ability and thought processes but did not identify the reason for the impairment.</p> <p>In an interview on 04/11/2024 at 9:03 AM, Staff C stated it was important to capture a resident's active diagnoses in the MDS so these conditions could be monitored in the CP. Staff C stated Resident 166's assessment was inaccurate because they missed capturing the resident's dementia diagnosis in the MDS.</p> <p>Refer to F656- Develop/Implement Comprehensive CP.</p> <p>Refer to F744- Treatment/Services for Dementia.</p> <p>REFERENCE: WAC 388-97-1000(1)(b).</p>		

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 04/16/2024
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 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** 47836</p> <p>Based on observation, interview, and record review the facility failed to develop comprehensive Care Plans (CP) for 7 (Resident 43, 46, 264, 25, 163, 167, & 2) of 17 sampled residents whose comprehensive CPs were reviewed. Failure to establish individualized CPs with identified goals that accurately reflected the resident's condition, placed residents at risk for unmet care needs.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>Review of the facility's Comprehensive [CP] & Revisions policy revised 08/22/2023 showed the facility would ensure the comprehensive CP was reviewed and revised. The revisions would include changes to care delivery such as additional interventions to existing problems, updating goal or problem statements, and adding short term problem, goal, and interventions to address a time limited condition.</p> <p><264></p> <p>According to the 04/11/2024 Admission Minimum Data Set (MDS - an assessment tool) Resident 264 admitted to the facility on [DATE] and was able to make themselves understood and understand others without memory impairment. The assessment showed Resident 264 required setup assistance from staff for meals, clean up assistance with oral hygiene, and was assessed to have malnutrition or to be at risk for malnutrition. Resident 264 was assessed to have a weight loss of 5% or more and was not on a physician prescribed weight loss regimen. The assessment showed the facility had not placed Resident 264 on a mechanically altered diet (change in texture of food). The oral/dental status assessment showed Resident 264 had no natural teeth. Resident 264 had a diagnosis of Diabetes Mellitus (unstable blood sugar levels).</p> <p>According to the 03/29/2024 Admission Collection Tool Resident 264 admitted to the facility without their lower dentures and had no natural teeth.</p> <p>Review of a 04/01/2024 Mini Nutritional Assessment (MNA), Resident 264 scored seven out of 14 showing Resident 264 was malnourished. The assessment showed Resident 264 did not have a decrease in food intake due to loss of appetite, digestive problems, chewing or swallowing difficulties.</p> <p>In an interview on 04/09/2024 at 2:11 PM, Resident 264 stated they came to the facility without their lower dentures and were unable to chew any of the food the facility served them. Resident 264 stated they lost so much weight since they admitted to the facility and were concerned. Resident 264 stated they notified the staff on multiple occasions they were unable to chew the provided food due to not having any lower teeth or dentures. Resident 264's untouched lunch tray was observed next to them. Resident 264 stated they would love to eat the ham on their plate, but they were unable to chew it due to no lower teeth.</p> <p>Review of Resident 264's CP on 04/10/2024 showed no documentation regarding Resident 264's missing lower teeth and no documentation for malnutrition.</p> <p>(continued on next page)</p>		

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 04/16/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 04/15/2024 at 10:14 AM, Staff H (Regional Director of Clinical Services) stated there was no CP for Resident 264's malnutrition or missing teeth, but there should be.</p> <p>In an interview on 04/16/2024 at 10:11 AM, Staff P (Resident Care Manager - RCM) stated Resident 264 did not have a nutrition at risk CP or a dental CP but they should. Staff P stated CP development was important for all residents to provide necessary individualized care and services.</p> <p><Resident 25></p> <p>According to a 03/27/2024 Admission MDS, Resident 25 admitted with a diagnosis of Depression, was on an antidepressant medication, and a medication to treat their anxiety.</p> <p>Review of Resident 25's CP on 04/11/2024 showed no documentation of depression or anxiety.</p> <p>Review of the March 2024 and April 2024 Medication Administration Records showed Resident 25 received an antidepressant medication once daily and a medication to treat anxiety twice daily since admission.</p> <p>In an interview on 04/16/2024 at 9:29 AM, Staff P stated Resident 25 did not have a Depression or Anxiety CP, but they should. Staff P stated CP development was important for all residents to provide necessary individualized care and services.</p> <p>In an interview on 04/16/2024 at 10:11 AM, Staff B (Director of Nursing) stated psychiatric diagnoses and psychiatric medications should be care planned with the indication and specific parameters that apply to the medications, so staff knew if the medications were working.</p> <p>46471</p> <p><Resident 163></p> <p>The 04/01/2024 Admission MDS showed Resident 163 had clear speech, their memory was intact, and had medical conditions including malnutrition. The MDS showed Resident 163 had broken teeth, mouth/facial pain, and had difficulty chewing their food. The MDS showed Resident 163 was provided with a mechanically altered diet during the assessment period.</p> <p>In an observation and interview on 04/09/2024 at 11:00 AM, Resident 163 was observed missing most of their natural teeth (with a few bottom front teeth remaining) and stated they had issues chewing regular textured food.</p> <p>Review of Resident 163's medical records showed a 04/01/2024 MNA was conducted by the nursing staff indicating the resident was at risk for malnutrition.</p> <p>Review of Resident 163's comprehensive CP showed no nutrition CP was developed or implemented to address the resident's malnutrition risk as identified from the MNA completed on 04/01/2024. The CP showed Resident 163's dental status and chewing difficulties were not addressed (as identified in the MDS assessment).</p> <p>(continued on next page)</p>

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 04/16/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 04/15/2024 at 9:26 AM, Staff F (RCM) confirmed a CP was not developed and/or implemented that addressed Resident 163's nutrition risk or poor oral/dental status. Staff F stated, .these issues needed a CP but we [staff] missed it.</p> <p><Resident 167></p> <p>According to the 04/01/2024 Admission MDS, Resident 167 had clear speech, their memory was intact, and had medical conditions including respiratory failure, malnutrition, muscle weakness, and adult failure to thrive. The MDS showed Resident 167 had functional limitations in Range of Motion (ROM) to their bilateral upper extremities and was assessed to require partial/moderate assistance by one staff when rolling from left to right in bed.</p> <p>In an observation and interview on 04/10/2024 at 10:04 AM, Resident 167 was observed lying in bed and a side rail was installed on each side. Resident 167 stated they used the side rails for bed mobility and repositioning.</p> <p>Review of Resident 167's medical records showed a 04/04/2024 side rail assessment and consent form was completed for the resident.</p> <p>Review of Resident 167's comprehensive CP showed the resident's current use of bilateral side rails use was not identified and did not address any interventions regarding Resident 167's ROM limitations.</p> <p>In an interview on 04/12/2024 at 1:58 PM, Staff F stated the CP directed the staff on how to properly and safely care for residents based on identified needs. Staff F stated Resident 167's use of bilateral side rails should have, but was not captured in the CP.</p> <p>In an interview on 04/15/2024 at 11:06 AM, Staff B stated they expected staff to develop and implement a person-centered CP that addressed resident care needs identified during the assessment.</p> <p><Resident 2></p> <p>According to the 02/20/2024 Admission MDS, Resident 2 had medical conditions including a left hip fracture sustained from a fall at home, memory impairment, and muscle weakness. The MDS showed Resident 2 was at risk for skin breakdown and required substantial/maximum assistance with bed mobility.</p> <p>Observation on 04/12/2024 at 11:03 AM showed Resident 2 had a dry, hard scab on their left heel.</p> <p>Review of the 03/21/2024 facility incident report showed the nursing staff found a dark, fluid filled blister that measured two by two centimeters on Resident 2's left heel during bed bath. The report showed interventions were put in place including updating the resident's CP to reflect the wound care orders made by the physician.</p> <p>Review of Resident 2's comprehensive CP showed the left heel PU was not identified and the interventions listed in the investigation report were not listed.</p> <p>In an interview on 04/12/2024 at 11:05 AM, Staff F stated they were surprised there was no CP for Resident 2's left heel PU and that it should have been captured in the CP, but was not.</p> <p>(continued on next page)</p>		

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 04/16/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 04/12/2024 at 2:28 PM, Staff B stated they completed the investigation for Resident 2's PU and confirmed the corrective actions indicated in the report's investigation summary were not reflected in Resident 2's CP. Staff B stated a skin CP should have, but was not developed for Resident 2.</p> <p>46479</p> <p><Resident 43></p> <p>Review of a 03/04/2024 Admission MDS, Resident 43 had diagnoses of a brain bleed, difficulty expressing speech, and a swallowing disorder. This assessment showed Resident 43 had malnutrition and received more than 51 percent of their nutrition via a surgically implanted tube in their abdomen.</p> <p>Review of a 02/29/2024 At risk for weight fluctuation [related to] current health status CP identified two goals for Resident 43. The first goal showed Resident 43 wanted to gain weight. The second goal showed Resident 43 wanted to lose weight. There were two interventions for Resident 43. The first intervention showed staff would educate the resident and family regarding potential weight fluctuation and the second intervention directed staff to administer the tube feeding to Resident 43 as ordered. Review of the comprehensive CP showed staff did not develop resident specific goals or interventions related to Resident 43's nutrition via tube feeding.</p> <p>In an interview on 04/16/2024 at 10:04 AM, Staff B (Director of Nursing) reviewed Resident 43's CP and stated the CP was unacceptable and needed to be updated.</p> <p><Resident 46></p> <p>According to the 03/05/2024 Admission MDS, Resident 46 did not have an impaired memory and had diagnoses of an amputation, infection to their left foot, and difficulty with walking. This assessment showed Resident 46 did not have a recent history of falling.</p> <p>Review of a 03/11/2024 incident report showed Resident 46 had an unwitnessed fall in their room. This report showed Resident 46 stated they were trying to go to the bathroom. Interventions listed on the incident report showed Resident 46's CP was reviewed and updated.</p> <p>Review of a 03/23/2024 nursing progress note showed Resident 46 had an unwitnessed fall in their room while attempting to self-transfer to their wheelchair.</p> <p>Review of the 03/23/2024 incident report showed the facility reviewed Resident 46's CP and determined the CP was appropriate.</p> <p>Review of Resident 46's 02/29/2024 Risk for Falls Care Plan (CP) showed interventions of assisting Resident 46 with activities of daily living, keep the call light within reach of the resident, complete a fall risk assessment, and orient Resident 46 to their room. This CP showed no revisions or new interventions were implemented after the 03/11/2024 or 03/23/2024 unwitnessed falls.</p> <p>(continued on next page)</p>		

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 04/16/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 04/16/2024 at 9:31 AM, Staff B (Director of Nursing) stated they expected Resident 46's CP to be updated with interventions after each fall but it was not. Staff B stated it was important to identify and implement interventions to identify the root cause of the fall and reduce the risk of another fall.</p> <p>REFERENCE: WAC 388-97-1020 (1), (2)(a)(b).</p>		

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 04/16/2024
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 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>46471</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents who were dependent on facility staff for assistance with Activities of Daily Living (ADLs) received the assistance they were assessed to require for 2 of 4 residents (Residents 166 & 32) reviewed for ADLs. The failure to provide eating assistance (Residents 166) and personal grooming needs (Resident 32) left residents at risk for aspiration (when food, liquid, or other material enter a person's airway and eventually the lungs by accident), choking (when a foreign object, like a hard lump of food, gets lodged into the airway), body odors, unmet care needs, and a decreased self-worth or quality of life.</p> <p><Facility Policy></p> <p>Review of the facility policy, ADLs, revised 02/12/2024, showed the facility would provide all treatment and care based on the comprehensive assessment of the resident, person-centered Care Plan (CP), and resident's choices. The policy showed a resident who was unable to carry out ADLs would receive the necessary services to maintain good nutrition, grooming, and personal hygiene.</p> <p>Findings included .</p> <p><Resident 166></p> <p>According to the 03/21/2024 Admission Minimum Data Set (MDS - an assessment tool), Resident 166 had no verbal communication, was rarely or never understood, had both short-term and long-term memory problems, and was severely impaired with their daily decision-making. The MDS showed Resident 166 had medical conditions including malnutrition and impaired swallowing ability, and was assessed to require one-person moderate assistance from staff when eating.</p> <p>The 03/24/2024 ADL CP instructed the staff to assist Resident 166 with their mobility and ADL needs including assistance with their meals as needed.</p> <p>Observation on 04/09/2024 at 12:33 PM showed Resident 166 was sitting in the dining room during lunch service and not eating their meal.</p> <p>Observation on 04/10/2024 at 11:25 AM showed Resident 166 was observed eating their meal in the dining room unattended. Resident 166 was observed having difficulty navigating their plate of food while eating on their own.</p> <p>Observation on 04/12/2024 at 8:33 AM showed Resident 166 was eating breakfast in the dining room alone and unsupervised by staff.</p> <p>In an interview on 04/09/2024 at 12:45 PM, Staff S (Certified Nursing Assistant) stated Resident 166 needed assistance with eating because of the resident's memory limitation.</p> <p>(continued on next page)</p>		

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 04/16/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/12/2023 at 11:29 AM, Staff F (Resident Care Manager) confirmed Resident 166 had an active diagnoses of memory impairment and swallowing difficulty and stated the resident had eating risks including the potential for choking and/or not eating enough nourishment without encouragement and assistance. Staff F stated the staff should provide Resident 166 one-person eating assistance during meals as assessed in the MDS, but did not.</p> <p>46479</p> <p><Resident 32></p> <p>Review of the 03/07/2024 Admission MDS showed Resident 32 was admitted to the facility following a hip fracture. This MDS showed Resident 32 was totally dependent on staff for personal hygiene and bathing needs. This MDS showed Resident 32 did not reject care during the look back period of the assessment.</p> <p>Review of Resident 32's March 2024 task documentation showed on 03/07/2024 staff documented bathing did not occur. The task documentation showed Resident 32 was not offered or provided a bath from 03/07/2024 to 03/31/2024, indicating the resident went 24 days without bathing.</p> <p>Review of a 04/10/2024 Kardex (directions to care staff) showed Resident 32 preferred bathing on Monday and Wednesday evenings.</p> <p>In an observation and interview on 04/09/2024 at 11:55 AM, Resident 32 was lying in bed and had short facial hair stubble. At that time, Resident 32 stated it was a couple of weeks since their last bed bath and they preferred to be clean shaven. Similar observations were made on 04/12/2024 at 9:32 AM and 04/15/2024 at 10:00 AM.</p> <p>In an observation and interview on 04/16/2024 at 8:50 AM, Resident 32 was in bed, their facial stubble was long. Resident 32 stated they received a bed bath the day prior, but staff did not provide the resident assistance with shaving their face. At that time, Staff S (Certified Nursing Assistant) confirmed Resident 32 had long facial stubble.</p> <p>In an interview on 04/16/2024 at 9:50 AM, Staff B (Director of Nursing) reviewed Resident 32's bathing documentation. Staff B stated they expected staff to offer and document bathing assistance. Staff B stated they expected staff to offer shaving assistance to Resident 32 but staff did not.</p> <p>REFERENCE: WAC 388-97-1060(2)(c).</p>		

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 04/16/2024
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>46471</p> <p>Based on observation, interview, and record review, the facility failed to identify and provide care and services in accordance with the resident's goals and professional standards of practice for 1 of 2 residents (Resident 163) reviewed for Anticoagulation (AC - blood thinner) use and monitoring. This failure placed residents at risk for unidentified and/or worsening bleeding and a decreased quality of life.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>According to the 11/28/2023 facility policy titled, Area of Focus: AC Management, residents who received an AC were at increased risk of bleeding and required additional monitoring to ensure safe resident-centered care. The policy showed the facility should ensure the Care Plan (CP) reflected AC use and was updated as needed.</p> <p><Resident 163></p> <p>Review of the 04/01/2024 Admission Minimum Data Set (MDS - an assessment tool) showed Resident 163 had clear speech, their memory was intact, and had medical conditions including a right hip fracture after a fall. The MDS showed Resident 163 was administered an AC during the assessment period.</p> <p>A 04/01/2024 AC CP showed Resident 163 was on AC therapy and instructed the staff to observe for and report adverse reactions including any bruising.</p> <p>In an observation and interview on 04/09/2024 at 2:11 PM, the top areas of Resident 163's bilateral feet were observed with scattered red petechiae (pinpoint, round spots that form on the skin caused by bleeding). Resident 163 stated they were taking AC to prevent clot-formation from their recent hip surgery and the nurses were aware of the skin condition on their feet. The same observation was noted on 04/12/2024 at 11:10 AM.</p> <p>A 03/29/2024 physician order showed Resident 163 was prescribed an AC daily for 25 days.</p> <p>Review of the 2024 April Medication and Treatment Administration Records showed there was no monitoring for signs and symptoms of bleeding in place for Resident 163.</p> <p>Review of Resident 163's medical records showed a 04/05/2024 skin assessment that did not identify the presence of petechial rash on the resident's feet.</p> <p>(continued on next page)</p>		

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 04/16/2024
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>In an interview on 04/12/2024 at 11:24 AM, Staff F (Resident Care Manager) stated it was important to monitor AC adverse side effects particularly for any signs and symptoms of bleeding because of the severity of consequences it could lead to such as death. Staff F stated they expected the nurses to identify, assess, and monitor skin issues that indicated bleeding when residents were being administered an AC. Staff F confirmed the 04/05/2024 skin assessment did not identify the presence of petechiae on Resident 163's feet and stated a baseline measurement of the areas affected should have, but was not obtained, to track if the skin condition was worsening.</p> <p>REFERENCE: WAC 388-97-1060 (1).</p>		

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 04/16/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46471</p> <p>Based on observation, interview, and record review, the facility failed to provide care and services consistent with professional standards of practice to prevent weight loss for 2 of 3 sampled residents (Residents 163 & 264) reviewed for nutrition. The facility failed to timely assess the residents' nutritional status after facility admission and failed to develop and implement a nutrition Care Plan (CP) with person-centered interventions. These failures placed residents at risk for unidentified nutritional needs and concerns, unplanned weight loss, and a decreased quality of life.</p> <p>Findings included .</p> <p><Facility Policies></p> <p>Review of the facility policy titled, Nutrition Assessment, revised 04/25/2023, each resident would receive a comprehensive assessment to determine nutritional needs on admission and when a resident became at risk for compromised nutritional status. The policy showed the Director of Food and Nutrition Services or designee would visit each resident within 72 hours of admission, review the medical record, and collect relevant information to include in their assessment. The policy showed a systematic approach would be used to optimize information gathering, including the identification of risk factors that could affect the resident's nutritional status.</p> <p>Review of the facility policy titled, Nutritional Intake, revised 08/24/2023, showed the facility would document the resident's nutritional intake each meal in percentages and the staff would notify the nurse if there were any concerns related to the resident's nutritional intake.</p> <p>Review of the facility policy titled, Resident at Risk Policy, revised 04/25/2023, the facility would conduct weekly resident at risk meetings to review residents identified with problems or concerns related to their nutritional status or have an identified risk factor that could lead to nutrition issues. The policy showed the facility must ensure residents maintained nutritional status, such as usual body weight and would be offered a therapeutic diet when there was a nutritional problem.</p> <p>The facility policy titled, Weights and Heights, revised 08/23/2023, showed factors to consider when assessing for cause of weight loss included tooth loss or issues with dentures.</p> <p><Resident 163></p> <p>The 04/01/2024 Admission Minimum Data Set (MDS - an assessment tool) showed Resident 163 admitted to the facility on [DATE] for skilled nursing and rehabilitation services following an injury fall that resulted in a right hip fracture. The MDS showed Resident 163 had clear speech, their memory was intact, and had medical conditions including unstable blood sugar levels, kidney failure, muscle weakness, and malnutrition. The MDS showed Resident 163 had broken teeth, mouth/ facial pain, and had difficulty chewing their food. The MDS showed Resident 163 was provided with a mechanically altered diet during the assessment period.</p> <p>(continued on next page)</p>		

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 04/16/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 163's medical records showed a 04/01/2024 Mini-Nutritional Assessment (MNA) was conducted by the nursing staff indicating the resident was at risk for malnutrition. A 04/02/2024 MNA Physician Communication form showed the provider agreed with the assessment and the initial course of care and recommendations would be included in the CP. Review of the medical records from 03/29/2024 until 04/12/2024 showed no comprehensive nutrition assessment was completed per facility policy for Resident 163 since their admission to the facility on [DATE] (14 days since admission).</p> <p>Review of Resident 163's comprehensive CP, dated 04/01/2024, showed no nutrition CP was developed or implemented to address the resident's malnutrition risk as identified from the MNA completed on 04/01/2024. The CP showed Resident 163's dental status and chewing difficulties were not addressed (as identified in the MDS assessment). A 04/01/2024 At risk for weight fluctuation CP showed Resident 163 had decreased oral intake.</p> <p>In an observation and interview on 04/09/2024 at 11:01 AM, Resident 163 was observed lying in bed and their representative was at the bedside. Resident 163 was observed almost without any natural teeth remaining except for a few bottom front teeth. Resident 163 stated they had pain and discomfort when chewing regular textured foods served by the facility. .I would suck on the food to get the juices and spit out the sap after . Resident 163 and their representative stated they asked the staff if they could be served pureed food (blenderized food with a texture similar to baby food) instead. Resident 163 stated when they were served pureed food, it was not palatable, made them gag, and very sick to their stomach. Resident 163's representative stated they informed the staff regarding their concern multiple times but the facility had not done any changes yet. The representative stated Resident 163 had significantly lost weight since their admission to the facility.</p> <p>Review of Resident 163's Physician Orders (PO) showed a 03/29/2024 diet order for regular texture foods and was changed on 04/02/2024 to puree texture foods. The PO showed Resident 163's diet was downgraded per the resident's request secondary to difficulty chewing their food. A 03/29/2024 PO instructed the staff to obtain Resident 163's weight daily for three days on admission and then weekly every Friday for four weeks.</p> <p>Review of Resident 163's weights log showed the resident's weights as followed: 279.8 pounds (lbs.) on 03/29/2024; 271.1 lbs. on 03/30/2024 (8.7 lbs. weight loss in one day); 271.8 lbs. on 03/31/2024; 271.4 lbs. on 04/02/2024; no weight was recorded on 04/05/2024; and 262.0 lbs. on 04/12/2024 (9.4 lbs. weight loss in 10 days).</p> <p>In an interview on 04/15/2024 at 9:26 AM, Staff F (Resident Care Manager - RCM) stated the facility's re-weigh protocol was to weigh the resident on the same day for any weight loss or gain of three lbs. or more. Staff F stated Resident 163 should have, but was not re-weighed on 03/30/2024 and on 04/12/2024 to validate the weight's accuracy. Staff F stated Resident 163's weight should have, but was not obtained on 04/05/2024 as ordered.</p> <p>Review of the task documentation regarding Resident 163's percentage of meals eaten from 03/29/2024 until 04/12/2024 showed the resident's meal consumption was between 26-50%; and four out of the 15 days, Resident 163 only ate 0-25% if their meal.</p> <p>Observation and interview on 04/12/2024 at 8:47 AM showed Resident 163 was served a plate of pureed food and a bowl of oatmeal for breakfast. Resident 163 was observed eating the oatmeal but left the plate of pureed food untouched. Resident 163 stated they did not want to eat the pureed food.</p> <p>(continued on next page)</p>

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 04/16/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/12/2024 at 12:22 PM, Staff G (Registered Dietician - RD) stated they did not complete a comprehensive nutrition evaluation for Resident 163 since the resident's admission due to lack of RD staff to conduct the assessment, the RD assigned to this facility is actually on maternity leave right now. Staff G acknowledged the inadequate RD staffing affected residents' nutritional health evaluations/assessments and stated they were in the process of getting caught up with the workload. Staff G confirmed Resident 163 had significant weight loss and stated the resident's issue with their current diet/food texture could have been addressed sooner, but was not.</p> <p>In a record review and interview on 04/12/2024 at 1:44 PM, Staff K's (Certified Nursing Assistant - CNA) meal intake documentation regarding Resident 163's breakfast consumption was 51-75% (despite only eating a bowl of oatmeal). Staff K stated they provided Resident 163 a supplement (health shake) because the resident did not eat well during breakfast. Staff K stated they included Resident 163's consumption of the supplement in their meal intake calculation.</p> <p>Observation on 04/12/2024 at 1:46 PM with Staff K of Resident 163's lunch tray after the resident was done eating showed Resident 163 only ate a spoon of mashed potato and a spoon of the pureed vegetables. Staff K stated Resident 163's meal intake for lunch was less than 25%.</p> <p>In an interview on 04/12/2024 at 1:58 PM, Staff F stated they expected the CNAs to document residents' meal intake correctly based on the resident's actual food consumption so residents' nutritional status could be assessed by the dietary staff accordingly and that it would determine what to do if the resident was not eating enough or losing weight. Staff F confirmed a bowl of oatmeal consumed (and nothing else) for breakfast should be documented as less than 25% and Staff K needed education on documenting meal intakes accurately.</p> <p>In an interview on 04/12/2024 at 2:28 PM, Staff D (Dietary Manager) stated they did not obtain Resident 163's food preferences at the time because of the altered texture diet and concerns for resident safety, there was really nothing much I could offer because of their [Resident 163] consistency restrictions.</p> <p>In an interview on 04/15/2024 at 9:57 AM, Staff J (Rehabilitation Director) stated they evaluated Resident 163 on 04/04/2024 after being referred by nursing because of the resident's chewing difficulty. Staff J stated they were not aware Resident 163 was not eating the pureed diet recommended and/or that the resident had significant weight loss, we [Rehab department] haven't received any referral from nursing. We would expect a referral back if they [Nursing department] wanted us to evaluate the resident for a diet upgrade. Staff J stated they had speech therapy services available for immediate needs if necessary, should a referral been sent to their department.</p> <p>In an interview on 04/15/2024 at 10:47 AM, Staff I (Social Services Director) confirmed Resident 163 was not seen or referred to for their dental care needs and stated the facility did not offer in-house dental services because the residents were only at the facility short-term and any dental needs would be followed-up during the resident's discharge process.</p> <p>(continued on next page)</p>		

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 04/16/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In a joint interview on 04/15/2024 at 10:53 AM with Staff B (Director of Nursing) and Staff H (Regional Director of Clinical Services), Staff H confirmed the nutritional evaluation by the RD should be completed within 72 hours of admission per the policy. Staff B stated it was important to ensure and maintain residents' nutritional health/status because it drove the resident's physical wellness and their ability to get better. Staff B confirmed Resident 163 did not have a CP in place that addressed the resident's malnutrition risk, poor dental status, and chewing difficulties, and stated these problems should have, but was not care planned. Staff H stated the responsibility of identifying problems that required care planning should start with the admission nurse when conducting the head-to-toe assessment, second was the MDS nurse after completion of the comprehensive MDS assessment, and third was the RCM during the utilization review meeting.</p> <p>In an interview on 04/15/2024 at 11:17 AM, Staff A (Executive Director) stated they were not aware the RD did not comprehensively evaluate Resident 163's nutritional status since the resident's admission on 03/29/2024.</p> <p>47836</p> <p><Resident 264></p> <p>According to the 04/11/2024 Admission MDS Resident 264 admitted to the facility on [DATE] and was able to make themselves understood and understand others without memory impairment. The assessment showed Resident 264 required setup for meals, clean up assistance with oral hygiene, and was assessed to have malnutrition or to be at risk for malnutrition. Resident 264 was assessed to have weight loss of 5% or more and was not on a physician prescribed weight loss regimen. The assessment showed the facility did not place Resident 264 on a mechanically altered diet (change in texture of food). The oral/dental status assessment showed Resident 264 had no natural teeth. Resident 264 had a diagnosis of Diabetes Mellitus (unstable blood sugar levels).</p> <p>According to the 03/29/2024 Admission Collection Tool Resident 264 admitted to the facility without their lower dentures and had no natural teeth.</p> <p>Review of a 03/29/2024 diet order slip showed Resident 264 received regular texture foods.</p> <p>Review of a 04/01/2024 MNA, showed Resident 264 scored seven out of 14 showing Resident 264 was malnourished. The assessment showed Resident 264 had no decrease in food intake due to loss of appetite, digestive problems, chewing or swallowing difficulties.</p> <p>Review of Resident 264's weight monitor showed they admitted to the facility weighing 156.1 lbs on 03/29/2024 and weighed 146.5 lbs on 04/07/2024. This record showed Resident 264 had a weight loss of over 6% in nine days.</p> <p>Review of an undated inventory list on 04/09/2024 showed Resident 264 admitted with only their upper denture, no lower denture.</p> <p>Review of Resident 264's CNA task nutrition - snacks documentation on 04/12/2024 showed over the last 30 days staff attempted to offer a snack only once on 04/09/2024 but the resident was not available, no other snacks were offered.</p> <p>(continued on next page)</p>		

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 04/16/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/09/2024 at 2:11 PM, Resident 264 stated they admitted without their lower dentures and were unable to chew any of the food the facility served them. Resident 264 stated they had lost so much weight since they admitted and were concerned. Resident 264 stated they notified the staff on multiple occasions they were unable to chew the provided food due to not having any lower teeth or dentures. Resident 264's untouched lunch tray was next to them. Resident 264 stated they would love to eat the ham on their plate, but they were unable to chew it due to not having any lower teeth.</p> <p>In an observation and interview on 04/11/2024 at 9:12 AM, Resident 264 was sitting in the dining room with their breakfast tray in front of them. The breakfast tray contained French toast, eggs, and hot cereal. Resident 264 stated they were unable to chew any of the food. Resident 264 stated they did not like hot cereal but tried to eat a few bites of it so they could get some nutrition in them, but the other foods were untouched.</p> <p>Review of Resident 264's CNA task ADL - Eating documentation on % of meals accepted showed out of 37 meals offered from 03/29/2024 to 04/10/2024, Resident 264 ate 0-25% of 12 meals, 26-50% of seven meals, and refused five meals without a meal replacement being offered.</p> <p>In an observation and interview on 04/11/2024 at 9:12 AM Staff L (CNA) asked Resident 264 if they were done with their breakfast. Resident 264 replied yeah because I can't chew any of that because I don't have any lower teeth. Staff L stated ok and removed the tray and did not offer a meal replacement. When asked Staff L what they offered when a resident refused their meal, Staff L stated they could not force a resident to eat if the resident did not want to.</p> <p>In an interview on 04/12/2024 at 11:30 AM Staff G stated they did not have weekly resident at nutritional risk meetings, but they should. Staff G stated they were not notified Resident 264 showed they were malnourished on their MNA but should have been. Staff G stated staff were expected to offer a meal replacement if a resident only consumed 0-50% of a meal and if the resident consistently accepted 50% or less or had significant weight loss, staff should notify them, but they were not notified of Resident 264's weight loss or decreased intake. Staff G stated they pulled a record of all the weight loss on 04/05/2024 and noted Resident 264's name on the list but did not complete a nutrition evaluation or implement any interventions to prevent further weight loss, but they should have.</p> <p>In an interview and observation on 04/12/2024 at 12:41 PM Staff M (CNA) asked Resident 264 if they wanted their lunch tray. Resident 264 asked Staff M what it was and Staff M stated chicken, rice, and a vegetable. Resident 264 stated they could not chew that because they didn't have any lower teeth and requested some ice cream. Staff M exited room without responding to the resident's request for ice cream and returned to Resident 264's room stating, how about I just bring you your lunch tray and you try to eat it? Resident 264 replied fine. Staff M brought Resident 264 their lunch tray and provided setup assistance on the over the bed table for the resident. Resident 264 looked at the food and stated they would not be able to chew any of the foods provided.</p> <p>Review of % of lunch accepted documentation on 04/12/2024 at 3:12 PM showed Resident 264 accepted only 0-25% with no meal replacement or supplement offered.</p> <p>(continued on next page)</p>		

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 04/16/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/15/2024 at 10:05 AM Staff A stated they expected the RD to complete a nutritional assessment in a timely matter for new admits. When asked what timely meant Staff A stated they would have to check the policy. Staff A stated the RD nutrition assessment was important to ensure residents were getting the nutritional intake they needed, and that nutrition contributed to all their aftercare and healing. Staff A stated if Resident 264 admitted without dentures the resident should be referred to the dentist and staff should have downgraded the texture of their foods to soft or something easy to swallow.</p> <p>In an interview on 04/15/2024 at 10:14 AM Staff B stated when a resident refused a meal or ate 50% or less, they expected staff to offer a meal replacement. Staff B stated they expected staff to get to the root cause of the meal refusals and attempt to resolve the issue and communicate this with them and the RD. Staff H stated staff should document meal replacement offered and the % accepted but there was no documentation in Resident 264's records showing they had offered any meal replacements. Staff H stated the RD should have completed the nutrition assessment within 72 hours of admit to the facility, but they did not. Staff B stated they were not having weekly resident at nutritional risk meetings but should be.</p> <p>REFERENCE: WAC 388-97-1060(3)(h).</p>

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 04/16/2024
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 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** 46479</p> <p>Based on observation, interview, and record review, the facility failed to implement care for 1 (Resident 43) of 1 resident reviewed for Tube Feeding (TF - nutrition delivered into the stomach by tube) management including documenting and tracking the rate of the TF orders, documenting the amount of TF nutrition and water infused. These failures placed Resident 43 at risk for inadequate calorie or protein intake and/or inadequate hydration.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>According to the facility's Nutritional Intake policy revised 08/24/2023, the facility would document the nutritional intake on each individual resident.</p> <p><Resident 43></p> <p>According to the 03/04/2024 Admission Minimum Data Set (an assessment tool), Resident 43 had diagnoses including inability to express speech, a brain bleed, weakness to one side of their body, malnutrition, and a swallowing disorder. This assessment showed Resident 43 received more than 51 percent of their total calories and fluid intake via TF.</p> <p>Review of a 03/13/2024 Nutrition Assessment showed Resident 43 required 1815 mL of fluids per day and 1512 kilocalories (measurement of energy) per day.</p> <p>Review of Resident 43's census tab showed the resident discharged to the hospital on 03/31/2024 and returned to the facility on [DATE]. A readmission nutrition assessment was not completed until 04/12/2024, eight days after Resident 43 readmitted to the facility. The 04/12/2024 nutrition assessment showed Resident 43 weighed 133 pounds and noted the resident's baseline weight was trending down.</p> <p>Resident 43's 04/10/2024 order summary showed no orders directing staff to weigh Resident 43.</p> <p>Review of Resident 43's order summary showed a 04/05/2024 Physician Order (PO) directing staff to flush Resident 43's feeding tube with 100 milliliters (mL) of water every four hours. A 04/05/2024 PO directed staff to flush Resident 43's feeding tube with 15 mL of water before and after staff administered medication to Resident 43. A 04/05/2024 PO directed staff to administer the prescribed TF formula at a rate of 20 mL/hour for 20 hours. This PO directed the staff to advance the formula by 10 mL every six hours if the residual fluid was less than 200 mLs.</p> <p>Review of Resident 43's April 2024 Medication Administration Record (MAR) showed staff did not document the total amount of water provided to Resident 43 each shift. The MAR showed staff did not document the amount of TF formula administered or the rate at which the TF was administered. The MAR showed staff were not tracking if or when the rate of formula was increased at six hour intervals as ordered.</p> <p>(continued on next page)</p>		

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 04/16/2024
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 04/12/2024 at 8:26 AM showed Resident 43's TF was being administered at a rate of 60 mL/hour and the total infused per the TF pump showed 2150 mL. A similar observation on 04/15/2024 at 10:05 AM showed the TF being administered at a rate of 60 mL/hour and the total formula infused was 579 mL.</p> <p>In an interview on 04/12/2024 at 10:19 AM, Staff G (Registered Dietician) reviewed Resident 43's TF orders. Staff G confirmed the orders were conflicting and stated they expected staff to document how much TF formula the resident received, but staff were not. Staff G stated the amount of formula, water, and the rate of the TF should be documented. Staff G stated they used the documentation to calculate any changes to the TF the resident might need. Staff G stated they would be unable to determine if weight changes were due to the amount of TF formula or underlying health factors because the total amount of formula and water administered to the resident was not documented.</p> <p>In an interview on 04/16/2024 at 10:03 AM, Staff B (Director of Nursing) stated they expected staff to document the amount of water flushes and TF formula infused so the facility could ensure Resident 43 received adequate nutrition.</p> <p>REFERENCE: WAC 388-97-1060(3)(f).</p>

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 04/16/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46471</p> <p>Based on observation, interview, and record review, the facility failed to ensure 2 of 2 residents (Residents 167 & 31) reviewed for respiratory care were provided care consistent with professional standards of practice. Failure to provide deep breathing treatments as ordered (Resident 167) and obtain Physician Orders (POs) for supplemental oxygen (Resident 31) left residents at risk for over or under oxygenation, respiratory discomfort, infections, and a decreased quality of life.</p> <p>Findings included .</p> <p><Resident 167></p> <p><Facility Policy></p> <p>Review of the 09/27/2023 facility policy titled, Incentive Spirometry [IS], showed the facility would provide IS (a breathing exercise using a handheld medical device to help improve lung function) in accordance with professional standards of practice as outlined by [NAME] (a book used for medical references).</p> <p>According to the revised 05/22/2023 IS Lippincott procedures, documentation associated with incentive spirometry included: Assessment of the resident before and after the procedure, including auscultation of breath sounds; flow or volume levels achieved by the resident; and the resident's tolerance of the procedure.</p> <p>According to the 04/01/2024 Admission Minimum Data Set (MDS - an assessment tool), Resident 167 had clear speech and their memory was intact. The MDS showed Resident 167 had medical conditions including a severe bladder infection, low blood count, heart, kidney, and respiratory failure, malnutrition, muscle weakness, and adult failure to thrive. The MDS showed Resident 167 had shortness of breath or trouble breathing when lying flat.</p> <p>Review of the 03/25/2024 hospital discharge summary showed Resident 167 tested positive for Covid-19 (a respiratory infection) and was provided supplemental oxygen during hospitalization .</p> <p>A 03/29/2024 Physician Order (PO) directed nursing staff to provide IS breathing exercise to Resident 167 four times a day to support the resident's respiratory health.</p> <p>In an observation and interview on 04/10/2024 at 9:57 AM, Resident 167 was observed lying in bed with an occasional moist, productive cough; there was no IS device observed in the resident's immediate surrounding. Resident 167 stated they did not perform an IS breathing exercise since admission, .[[I] only did it when I was in the hospital . Resident 167 stated they did not feel they had fully recovered from Covid-19 and their breathing could be better.</p> <p>Review of the April 2024 Treatment Administration Record showed IS was provided to Resident 167 four times a day from 04/01/2024 until 04/12/2024.</p> <p>(continued on next page)</p>		

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 04/16/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 167's nursing progress notes from 03/28/2024 until 04/12/2024 did not show any documentation regarding the resident's IS use as indicated in the facility policy.</p> <p>In an observation and interview on 04/12/2024 at 12:01 PM, Staff F (Resident Care Manager) confirmed the nurses signed off on the IS treatment order. Staff F stated it was important to provide respiratory support including deep breathing exercises and IS to help improve the lung function of residents who were respiratory compromised. Staff F was observed searching Resident 167's room for the presence of the IS device and was not able to find the device. Staff F was observed asking Resident 167 if they were provided IS breathing exercises by the nursing staff and Resident 167 responded, No. Staff F was observed asking the day shift nurse (who last signed on the TAR as completed) if they provided IS to Resident 167 as ordered and the nurse responded they signed the order in the TAR but did not provide IS. Staff F stated the nurses were expected to only sign the order if they provided the treatment. Staff F stated Resident 167's IS order should have, but was not provided as ordered.</p> <p>46479</p> <p><Resident 31></p> <p><Facility Policy></p> <p>Review of the facility's Oxygen Administration (Safety, Storage, Maintenance) policy, revised 02/27/2024 showed oxygen orders would be written with the specific rate the resident required. The policy showed oxygen supplies would be changed out weekly and dated with the date the supply was changed.</p> <p>Review of a 02/20/2024 Admission MDS showed Resident 31 had no memory impairment and admitted to the facility after sustaining a fracture to their leg. This MDS showed Resident 31 did not receive oxygen therapy during the look back period.</p> <p>A 04/05/2024 physician progress note showed the physician assessed Resident 31 for wheezing. The progress note showed the physician wrote Oxygen. [Chest x-ray] pending. The progress note did not specify at what rate staff were to administer the oxygen to Resident 31. There were no progress notes showing staff clarified the physician's progress note.</p> <p>Review of Resident 31's 04/10/2024 order summary showed no POs directing staff to monitor the resident's blood-oxygen levels, administer oxygen to the resident, or change oxygen supplies.</p> <p>In an observation and interview on 04/10/2024 at 8:53 AM, Resident 31 was wearing supplement oxygen. The oxygen was being delivered at two liters per minute via tubing going to the resident's nose and the tubing did not have a date. In an interview at that time, Resident 31's family member stated the facility started using the supplemental oxygen last weekend.</p> <p>In an observation and interview on 04/10/2024 at 9:20 AM, Staff T (Registered Nurse) confirmed staff did not have POs to administer oxygen to Resident 31. Staff T confirmed the oxygen tubing was undated. Staff T stated the tubing should be dated and changed weekly.</p> <p>In an interview on 04/16/2024 at 10:07 AM, Staff B (Director of Nursing) confirmed staff should have contacted the physician for orders to administer the oxygen but they did not.</p> <p>(continued on next page)</p>		

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 04/16/2024
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 0695</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)(j)(vi).</p>		

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 04/16/2024
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>46471</p> <p>Based on observations, interview, and record review, the facility failed to ensure pain management was provided to residents consistent with professional standards of practice including the failure to offer nonpharmacological interventions, identify parameters for administration of as needed (PRN) pain medications, and identify the location of residents' pain for 4 of 4 residents (Residents 18, 13, 213, & 167) reviewed for pain management. These failures left residents at risk for experiencing untreated pain and a decreased quality of life.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>Review of the facility's Pain Assessment and Management policy revised 09/12/2023 showed the facility must ensure pain management was provided to residents that aligned with the residents' Care Plan (CP) and resident goals. This policy showed the facility would address and/or treat the underlying causes of pain while implementing nonpharmacological and pharmacological (not involving the use of drug/medication) interventions to pain management.</p> <p><Resident 167></p> <p>According to the 04/01/2024 Admission Minimum Data Set (MDS - an assessment tool), Resident 167 had clear speech and their memory was intact. The MDS showed Resident 167 had medical conditions including a severe bladder infection, low blood count, heart, kidney, and respiratory failure, malnutrition, muscle weakness, and adult failure to thrive. The MDS showed Resident 167 had pain that affected their sleep and interfered with both their therapy services and activities of daily living. The MDS showed Resident 167 was administered an opioid (a narcotic pain medication) during the assessment period. The MDS did not show Resident 167 was administered nonpharmacological interventions for their pain.</p> <p>The 03/28/2024 Pain Care Plan (CP) showed Resident 167 had pain to their right hip and shoulder and instructed staff to administer the resident's pain medications as ordered and to evaluate the effectiveness of pain interventions.</p> <p>In an observation and interview on 04/10/2024 at 9:53 AM, Resident 167 was observed lying flat on their back in bed. Resident 167 stated they always had pain on their lower back and right hip.</p> <p>On 04/11/2024 at 1:41 PM, Resident 167 was observed being wheeled out from the therapy gym. Resident 167 stated they had to stop their physical therapy treatment session because their back was very painful and requested to be taken back to their room.</p> <p>A 03/28/2024 Physician Order (PO) instructed the nursing staff to identify the pain location and to provide nonpharmacological interventions prior to administering a PRN pain medication.</p> <p>(continued on next page)</p>		

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 04/16/2024
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the April 2024 Medication Administration Record (MAR) showed Resident 167 was administered a PRN pain medication on 04/02/2024, 04/03/2024, and 04/09/2024. The MAR showed, during these three occasions where Resident 167 verbalized pain, the nurse did not identify the pain location or attempt any nonpharmacological interventions as ordered prior to administering a PRN pain medication.</p> <p>Review of the progress notes from 04/01/2024 until 04/15/2024 did not show the nurse documented Resident 167's pain location or provided nonpharmacological interventions as indicated in the resident's pain management plan.</p> <p>In an interview on 04/15/2024 at 9:07 AM, Staff F (Resident Care Manager) stated pain management was important for residents' optimum healing and recovery. Staff F stated they expected the nurses to follow the PO as ordered so the interdisciplinary team, including the physician, could identify new areas/locations of pain and gauge the effectiveness of Resident 167's pain management.</p> <p>46479</p> <p><Resident 18></p> <p>Review of the 03/22/2024 Admission MDS showed Resident 18 admitted to the facility for treatment following a hip fracture and had diagnoses including a progressive memory loss disorder. This MDS showed Resident 18 received PRN pain medication and did not receive nonpharmacological interventions for pain during the look-back period.</p> <p>A 03/19/2024 PO instructed staff to administer an over-the-counter pain reliever every four hours PRN for pain. An additional 03/19/2024 PO instructed staff to administer an opioid pain reliever every six hours PRN for pain. These POs did not include parameters identifying at what pain level staff should administer which medication. There were no POs directing staff to monitor Resident 18's pain level or offer nonpharmacological interventions prior to administering the PRN pain medications.</p> <p>In an interview on 04/12/2024 at 1:06 PM, Staff B (Director of Nursing) stated staff should be assessing Resident 18's pain level every shift and confirmed there was no PO directing staff to monitor Resident 18's pain level. Staff B stated the pain medication orders should include pain level parameters, so staff knew which medication to administer to the resident. Staff B stated nonpharmacological interventions should be attempted prior to administering a PRN pain medication.</p> <p><Resident 13></p> <p>Review of the 03/23/2024 Admission MDS, Resident 13 admitted to the facility for treatment of a hip fracture and had diagnoses including a progressive memory loss disorder, and unspecified pain. This assessment showed Resident 13 received a PRN pain medication and did not receive nonpharmacological interventions during the look-back period.</p> <p>A 03/20/2024 PO directed staff to assess Resident 13's pain and document nonpharmacological interventions prior to administering PRN pain medications. A 03/20/2024 PO directed staff to administer an opioid pain medication every four hours PRN for pain. An additional 03/20/2024 PO directed staff to administer an over-the-counter pain medication PRN every six hours for pain. These POs did not include parameters identifying at what pain level staff should administer which medication.</p> <p>(continued on next page)</p>		

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 04/16/2024
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 13's March 2024 MAR showed Resident 13 received a PRN opioid pain medication on two occasions. Once for a pain level of 7 out of 10 and once for a pain level of 10 out of 10 on the numeric pain scale. Review of the MAR showed staff did not document nonpharmacological interventions prior to administration of the PRN opioid medication.</p> <p>In an interview on 04/12/2024 at 1:25 PM, Staff B stated there should be parameters for staff to follow when administering the PRN pain medications. Staff B stated nonpharmacological interventions should be documented but were not.</p> <p><Resident 213></p> <p>Review of the 04/03/2024 Admission MDS showed Resident 213 had diagnoses of neck and shoulder pain. This MDS showed Resident 213 received PRN pain medications but did not receive nonpharmacological interventions for pain during the look-back period.</p> <p>A 03/27/2024 PO directed staff to administer an over-the-counter pain medication every six hours PRN. A 03/27/2024 PO directed staff to administer one tablet of an opioid pain medication every four hours PRN for pain. An additional 03/27/2024 PO directed staff to administer two tablets of the same opioid pain medication every four hours PRN for pain. These POs did not include parameters identifying at what pain level staff should administer which medication order.</p> <p>Review of Resident 213's March 2024 MAR showed staff administered one tablet of the opioid pain medication on three occasions for a pain level of 8, 6, and 7. This MAR showed staff administered two tablets of the opioid pain medication on two occasions for pain levels of 8 each time.</p> <p>Review of Resident 213's April 2024 MAR showed staff administered the PRN over-the-counter pain medication on one occasion for a pain level of 7. This MAR showed staff administered one tablet of the opioid pain medication on 15 occasions. This MAR showed the opioid was administered for a pain level of 4 on two occasions, a pain level of 5 on four occasions, a pain level of 6 on five occasions, a pain level of 7 on three occasions, and a pain level of 8 on one occasion. This MAR showed staff administered two tablets of the opioid pain medication on 16 occasions. This MAR showed the opioid was administered for a pain level of 0 on one occasion, a pain level of 5 on one occasion, a pain level of 6 on one occasion, a pain level of 7 on five occasions, a pain level of 8 on seven occasions, and a pain level of 9 on one occasion.</p> <p>In an interview on 04/12/2024 at 1:22 PM, Staff B confirmed Resident 213's pain medications needed to be clarified and should have specific parameters for staff to follow when administering PRN pain medications.</p> <p>REFERENCE: WAC 388-97-1060 (1).</p>		

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 04/16/2024
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 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46471</p> <p>Based on observation, interview, and record review, the facility failed to provide appropriate treatment and services for residents diagnosed with dementia to attain and/or maintain their highest practicable physical, mental, and psychosocial well-being for 1 of 3 residents (Resident 166) reviewed for dementia (a memory problem) care. Failure of the facility to identify, develop, and implement a person-centered Care Plan (CP) that addressed residents' dementia diagnosis and behaviors placed the residents at risk for having unidentified and/or unmet care needs, avoidable decline, and a diminished quality of life.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>According to the facility policy titled, Care of the Cognitively Impaired [Dementia Care], revised 08/22/2023, the facility would provide dementia treatment and services that were person-centered and reflected the resident's goals of care while maximizing dignity, privacy, socialization, and safety. The policy showed the facility would develop and implement person-centered CPs and interventions and would utilize individualized, non-pharmacological approaches to care including purposeful and meaningful activities that enhanced the resident's well-being.</p> <p><Resident 166></p> <p>According to the 03/21/2024 Admission MDS, Resident 166 had no verbal communication, was rarely or never understood, had both short-term and long-term memory problems, and was severely impaired with their daily decision-making. The MDS showed Resident 166 received an Antipsychotic (AP) medication and was dependent on staff for their Activities of Daily Living (ADL) needs. The MDS showed Resident 166 did not exhibit any behaviors during the assessment period.</p> <p>Review of Resident 166's diagnosis list showed the resident had a diagnosis of dementia without behavioral disturbance that was active during the resident's admission on 03/24/2024.</p> <p>On 04/09/2024 at 1:13 PM, Resident 166 was observed sitting on the wheelchair in the dining room for lunch service. Resident 166 was observed with a blank stare and would occasionally smile back at their tablemates, but was non-communicative when asked how they were doing.</p> <p>In a continuous observation on 4/12/2024 from 1:44 PM until 2:10 PM, Resident 166 was observed sitting in the wheelchair alone in the dining room, looking at passers-by; the television was on but the resident was not watching.</p> <p>A 03/24/2024 physician order showed Resident 166 was on an AP medication because of their dementia with behavioral disturbance.</p> <p>(continued on next page)</p>		

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 04/16/2024
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 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the April 2024 Medication Administration Record (MAR) on 04/11/2024 showed Resident 166 was administered an AP medication daily since they admitted to the facility on [DATE]. The MAR showed Resident 166 was monitored for the presence of visual hallucinations (a false perception of objects or events involving the sense of sight) and AP medication side effects. The MAR showed Resident 166 did not exhibit any behavior and did not experience any side effects from 03/24/2024 until 04/11/2024.</p> <p>Review of Resident 166's CP showed the staff initiated a nursing problem on 04/05/2024 indicating the resident had impaired cognitive ability and thought processes. The CP was incomplete, not person-centered, and lacked supporting diagnosis information regarding Resident 166's mental condition. The CP was not developed to include Resident 166's visual hallucinations or use of an AP medication to manage their dementia. The CP did not list non-pharmacologic interventions or approaches the staff should utilize to individualize Resident 166's dementia care.</p> <p>In an interview on 04/11/2024 at 9:13 AM, Staff F (Resident Care Manager) confirmed Resident 166's dementia CP was incomplete and not person-centered and stated, This is not a CP at all. Staff F stated the CP should have, but did not include resident-specific non-pharmacologic interventions. [Resident 166] loves to talk about flowers and enjoys visits from friends. Staff F stated they did not observe Resident 166 exhibit any visual hallucinations since admission and the provider should have, but was not notified to reassess the resident's continued use of an AP.</p> <p>In an interview on 04/11/2024 at 11:00 AM, Staff B (Director of Nursing) stated dementia care was important because it was targeted on reasons and interventions that helped mitigate and improve the condition of a resident with dementia. Staff B stated dementia care involved parameters in using AP medications (or not) if/when necessary. Staff B stated they expected the nursing staff to ensure residents diagnosed with dementia received the necessary person-centered care and services they were assessed to require and that the residents' CP should reflect their goals of care.</p> <p>Refer to F641- Accuracy of Assessments.</p> <p>Refer to F677- ADL Care Provided for Dependent Residents.</p> <p>Refer to F842- Resident Records - Identifiable Information.</p> <p>REFERENCE: WAC 388-97-1040 (1)(a-c).</p>		

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 04/16/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46479</p> <p>Based on observation, interview, and record review the facility failed to ensure 2 (Resident 18 & 13) of 5 residents reviewed for unnecessary medications were free from unnecessary psychotropic medications. Facility staff failed to: provide non-pharmacological interventions prior to administering an as needed Antipsychotic (AP) medication, re-evaluate and document the specific condition being treated with the as needed AP medication, obtain consent prior to administering psychotropics, and identify target behaviors. These failures placed residents at risk to receive unnecessary psychotropic medications, experience adverse side effects, and detracted from the resident/resident representative's ability to exercise their right to decline treatment/therapies.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>Review of the facility's Psychotropic Medication Informed Consent policy revised 10/04/2022 showed the facility would obtain consent or refusal to the use of psychotropic medications and the medication would not be started until after the medication was approved by the resident and/or their representative. This policy showed residents would not receive psychotropic medications unless the medication was used to treat a specific, diagnosed , and documented condition. The facility would update the resident's Care Plan (CP) and initiate behavior monitoring.</p> <p><Resident 18></p> <p>Review of the 03/22/2024 Admission Minimum Data Set (MDS - an assessment tool) showed Resident 18 admitted to the facility on [DATE] and had severely impaired cognition with a diagnosis of a progressive memory loss disorder. This assessment showed Resident 18 was taking an AP medication and did not have behaviors during the assessment period.</p> <p>Review of Resident 18's order summary showed a 03/19/2024 Physician Order (PO) for an AP medication to be administered to Resident 18 every eight hours as needed for agitation. There were no orders directing nursing staff to attempt and document non-pharmacological interventions prior to administering the as needed AP medication.</p> <p>Review of Resident 18's 03/20/2024 AP CP showed Resident 18 used the AP medication for agitation. This CP did not identify non-pharmacological interventions for staff to utilize prior to administering the as needed pain medication.</p> <p>Review of a 03/27/2024 pharmacy consultation report showed the facility's pharmacist reviewed Resident 18's AP medication and recommended the as needed AP medication be discontinued. The consultation showed if the AP medication could not be discontinued, the prescriber should directly examine the resident to determine if the [AP] was still needed and document the specific condition being treated prior to issuing a new [as needed] order. This consult showed the physician declined the recommendation and wrote has behavioral issues.</p> <p>(continued on next page)</p>		

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 04/16/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 18's March 2024 Medication Administration Record (MAR) showed Resident 18 was administered the as needed AP medication on four occasions. Review of Resident 18's April 2024 MAR showed staff administered the AP medication to Resident 18 on five occasions.</p> <p>Review of Resident 18's progress notes from 03/19/2024 to 04/10/2024 showed on seven of nine occasions, staff did not document non-pharmacological interventions were attempted prior to administering the as needed AP medication to Resident 18. Review of the physician's progress notes for the same time frame showed the physician address the rationale for the continued use of the as needed AP medication or evaluate the resident's need for the AP medication as required.</p> <p>Observation on 04/09/2024 at 12:58 PM showed Resident 18 sitting in the dining room eating lunch and calmly conversing with other residents. Similar observations were made on 04/11/2024 at 8:36 AM and 04/12/2024 at 10:42 AM.</p> <p>Record review on 04/12/2024 at 1:29 PM showed no consent for the AP medication in Resident 18's electronic or paper medical records. In an interview at that time, Staff B (Director of Nursing) and Staff H (Regional Director of Clinical Services) reviewed Resident 18's records and confirmed there was no consent for the use of the AP medication. In a joint interview at that time, Staff B and Staff H stated the AP medication should not be administered without the resident or resident representative's consent. Both staff stated it was important for residents to know the risks and benefits of the medications they were taking.</p> <p>In an interview on 04/12/2024 at 1:05 PM, Staff B confirmed the as needed AP medication was not justified by the physician and follow up should occur regarding the use of as needed AP medications. Staff B stated non-pharmacological interventions should be attempted prior to nursing staff administering as needed AP medications. In an interview on 04/16/2024 at 10:10 AM, Staff B confirmed Resident 18's CP needed to be updated and specific to include non-pharmacological interventions.</p> <p><Resident 13></p> <p>Review of the 03/23/2024 Admission MDS showed Resident 13 had a diagnosis of anxiety and used an Antidepressant (AD) medication during the lookback period.</p> <p>Review of Resident 13's POs showed a 03/20/2024 PO for staff to administer an AD medication once daily for depression.</p> <p>Review of Resident 13's 03/22/2024 depression CP showed staff did not identify target behaviors for staff to monitor related to Resident 13's use of the AD medication.</p> <p>Record review on 04/12/2024 at 1:29 PM showed no consent for the AD medication in Resident 13's electronic or paper medical records. In an interview at that time, Staff B and Staff H reviewed Resident 13's records and confirmed there was no consent for the use of the AD medication. In a joint interview at that time, Staff B and Staff H stated a consent should be obtained and kept in the resident's record prior to the resident receiving their first dose of the psychotropic medication.</p> <p>In an interview on 04/12/2024 at 1:25 PM, Staff B stated target behaviors should be monitored and care planned so staff knew whether the medication and interventions were effective.</p> <p>(continued on next page)</p>		

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 04/16/2024
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)		
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	REFERENCE: WAC 388-97-1060(3)(k)(i).		

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 04/16/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46471</p> <p>Based on observation and interview, the facility failed to ensure the physical environment was kept clean and food stored under sanitary conditions for 1 of 1 kitchen observed. Facility staff failed to: Label and date food; discard damaged/spoiled food; keep kitchen vents free from dirt/dust build-up; and maintain cleanliness of handwashing sinks and garbage bins. The facility failed to ensure 2 of 4 resident refrigerators in the nursing units (Lily Garden & Tea Garden) were monitored for opened and undated food and liquids, partially-eaten and spoiled resident-owned food brought in from outside sources, and cleanliness. These failures contributed to an unsanitary kitchen environment and unsafe storage of food and drinks, and placed residents at risk for food-borne illness.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>According to the facility policy, Sanitation and Maintenance, revised [DATE], the Director of Food and Nutrition Services was responsible for ensuring the dietary department was maintained according to the standards of sanitation and in compliance with federal, state, and local requirements. The policy showed food was stored, prepared, and served in accordance with food service safety and remained free from any signs of physical contamination that could inadvertently enter the food.</p> <p>Review of the facility policy, Food from Outside Sources, revised [DATE], showed any food items brought into the facility for resident consumption should be discarded if not eaten within four hours. The policy showed foods that were partially eaten (leftovers) should not be stored in the communal refrigerator.</p> <p>Review of the [DATE] facility policy titled, Resident Refrigerators, showed the facility staff would check individual food items for expiration dates and discard outdated food promptly. The policy showed food should be labeled and dated to monitor for food safety and food items in unmarked or unlabeled containers should be labeled with the contents, and the date the food item was stored. The policy showed any food suspected to be contaminated or with visible signs of contamination should be discarded immediately.</p> <p><Kitchen Walk-In Refrigerator></p> <p>Observation on [DATE] at 8:59 AM showed the following: A box of cabbage hearts with black spots and obvious signs of wilting and discoloration; one package of wilted and molded strawberries; two containers of opened and undated beef base; and one package of butter of which the wrapper was ripped off and the food was exposed and/or compromised.</p> <p>In an interview on [DATE] at 9:34 AM, Staff D (Dietary Manager) stated they expected the dietary staff to label and date opened food items, throw away any produce with obvious signs of decomposition, and discard exposed food where the packaging was compromised for resident safety.</p> <p><Dry Storage></p> <p>(continued on next page)</p>		

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 04/16/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation and interview on [DATE] at 9:12 AM showed a gallon of honey that was opened and undated. Staff D stated the food item should be thrown away, .I [Staff D] don't even know how long it's been sitting there.</p> <p><Physical Kitchen Environment></p> <p>Observation on [DATE] at 8:57 AM showed the hand washing sink, towel dispenser, and garbage bin located next to the food preparation area had dried-up water and food splashes and heavy dirt build-up. The garbage bin was full and the cover/lid was broken.</p> <p>In an interview on [DATE] at 9:28 AM, Staff D stated the night shift staff were responsible for cleaning the kitchen. Staff D stated the kitchen environment should be clean and sanitary at all times for safety when preparing, handling, and serving resident food, .we [staff] are catering to vulnerable and elderly residents . they may have a sensitive stomach and could easily suffer from food-borne illnesses.</p> <p>Observation on [DATE] at 8:57 AM during breakfast service showed three kitchen ceiling air vents with black debris and heavy dust build-up; one of the vents was directly located above the tray line table where resident food were being plated during meal service.</p> <p>In an interview on [DATE] at 9:28 AM, Staff D stated the maintenance department was responsible for cleaning the air vents in the kitchen. Staff D stated the condition of the air vents were not acceptable and needed cleaning for food safety.</p> <p><Nourishment Rooms></p> <p><Lily Garden Unit></p> <p>Observation on [DATE] at 9:42 AM showed several food items that were opened and undated, and resident food from outside that were partially eaten including: One carton of grape concentrate; one carton of thickened lemon water; two pitchers of brown liquid; a package of partially-consumed oriental noodles inside a plastic bag; and one hardened sugar doughnut wrapped in a paper towel. The inside refrigerator platform was observed dirty, sticky, and had food stains.</p> <p>In an interview on [DATE] at 10:07 AM, Staff F (Resident Care Manger) confirmed all opened, undated, and partially eaten resident food found in the nourishment refrigerator and stated all food items identified should be thrown away for resident safety. Staff F stated they expect the nursing staff (who opened the cartons of stocked drinks/liquids) to write the date the food item was opened for monitoring, .to know when these opened items should be tossed out according to the policy. Staff F stated the dietary staff were responsible for the cleanliness and maintenance of the nourishment refrigerator.</p> <p><Tea Garden Unit></p> <p>(continued on next page)</p>		

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 04/16/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation on [DATE] at 1:16 PM showed several food items that were opened, undated, expired, and resident food from outside sources that were partially eaten including: Two cartons of soy milk; one carton of prune juice; one carton of thickened cranberry juice; three containers of partially-eaten outside food for the resident in room [ROOM NUMBER]-B; and one carton of thickened dairy beverage that expired on , d+[DATE].</p> <p>In an interview on [DATE] at 1:35 PM, Staff D confirmed all opened, undated, expired, and partially eaten resident food found in the nourishment refrigerator and stated all food items identified should be thrown away for resident safety. Staff D stated they were in constant coordination with the nursing staff in ensuring nourishment refrigerators were kept clean, opened beverage cartons were dated, and food items brought in from outside sources were labeled according to the facility policy but was a recurrent and on-going challenge.</p> <p>REFERENCE: WAC [DATE](3).</p>		

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 04/16/2024
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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>46471</p> <p>Based on observation, interview, and record review the facility failed to ensure 1 of 2 garbage dumpsters and 1 of 1 recycling dumpster reviewed and inspected for outdoor garbage and refuse disposal were properly covered and the surrounding areas were kept clean as required. These failures placed the facility at risk of attracting bugs, rodents, and other disease-carrying germs/bacteria that could reproduce, grow, and place the residents at risk for acquiring these diseases.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>According to the 04/25/2024 facility policy titled, Disposal of Garbage and Refuse, the facility must dispose garbage and refuse properly per federal, state, and local requirements. The policy showed all waste should be properly contained in the dumpsters and were covered appropriately. The policy showed all areas, where garbage/refuse were located, were kept clean, free of debris, and maintained in a sanitary condition to prevent harborage and feeding of pests.</p> <p>A joint observation and interview on 04/12/2024 at 9:59 AM with Staff D (Dietary Manager) showed three dumpsters were located at the back end of the facility: The recycling dumpster lid was open and overflowing with boxes/recyclable materials; the middle garbage dumpster's lid was not completely closed and a clear, plastic bag with leftover food was wedged in between and partially hanging; and the third garbage dumpster's surrounding was dirty with trash and garbage debris including a cigarette butt and several used surgical masks. When Staff D was asked if they expect staff to keep the dumpsters covered, lids secured at all times, and surrounding areas clean and maintained to prevent insect and rodent infestations that could cause residents to get sick, Staff D stated, Oh, absolutely. Staff D stated all staff should be held accountable in making sure the outdoor garbage and refuse disposal areas were kept clean and sanitary.</p> <p>REFERENCE: WAC 388-97-1320(4).</p>

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 04/16/2024
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47836</p> <p>Based on observation, interview, and record review the facility failed to ensure specialized rehabilitative services were provided as assessed to be required for 1 of 2 sample residents (Residents 265) reviewed for rehabilitation with skilled therapy services. This failure prevented residents from attaining, maintaining, or restoring their highest practicable level of physical, mental, functional, and psycho-social well-being.</p> <p>Findings included .</p> <p><Resident 265></p> <p>According to the 04/10/2024 Admission Minimum Data Set (an assessment tool - MDS), Resident 265 admitted to the facility on [DATE] status post right hip fracture with surgical repair. The assessment showed Resident 265 was assessed to require specialized rehabilitative services to include Physical Therapy (PT) and Occupational Therapy (OT). The assessment showed Resident 265 utilized a walker and wheelchair for mobility devices. The MDS showed Resident 265 had diagnoses of a degenerative neurological disorder, generalized muscle weakness, unsteadiness on feet, and end stage renal disease (progressive loss of kidney function) requiring Hemodialysis (HD) treatment (medical procedure for purifying blood) three times weekly.</p> <p>Review of a 04/01/2024 OT Evaluation and Plan of Treatment, Resident 265 was assessed to require OT services five times a week.</p> <p>Review of a 04/01/2024 PT Evaluation and Plan of Treatment, Resident 265 was assessed to require PT services five times a week.</p> <p>Record review of a 04/01/2024 Activity of Daily Living Care Plan (CP) showed Resident 265 was approved to bear weight on their right leg. Review of the 04/01/2024 HD CP showed Resident 265 went out of facility for HD every Tuesday, Thursday, and Saturday from 11:00 AM until 4:00 PM.</p> <p>In an interview on 04/10/2024 at 8:38 AM, Resident 265 stated they were only receiving therapy services about three times a week when they were supposed to be getting therapy five times a week. Resident 265 stated they wished they received therapy more often because they knew therapy was important for a safe transfer home.</p> <p>During an observation and interview on 04/12/2024 at 11:24 AM a sign was posted on Resident 265's closet door which instructed therapy staff to check off each day of the week OT and PT was provided. Resident 265 stated their family member created the sign so they kept track of how often they received skilled therapy services.</p> <p>Review of therapy notes on 04/15/2024 showed Resident 265 received OT for the week of 03/31/2024-04/06/2024 four times, and PT three times. Review of therapy notes for the week of 04/07/2024-04/13/2024 showed Resident 265 received OT three times and PT four times.</p> <p>(continued on next page)</p>		

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 04/16/2024
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/15/2024 at 12:55 PM, Staff J (Rehab Director) stated therapy staff was expected to schedule therapy around a residents HD schedule to ensure they received therapy as assessed to require. Staff J stated Resident 265's family member met with them yesterday and was concerned Resident 265 was not receiving therapy due to them going out of facility to HD. Staff J stated the family member requested therapy staff see Resident 265 on Sunday, Monday, Tuesday (before HD), Wednesday, and Fridays to ensure they received therapy as ordered. Staff J stated they did not have a good system of ensuring residents that go out to HD would receive therapy services as ordered. Staff J stated they needed to come up with a better way of ensuring therapy did not conflict with HD.</p> <p>REFERENCE: WAC 388-97-1280(1)(a).</p>

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 04/16/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>46471</p> <p>Based on observation, interview, and record review, the facility failed to ensure resident medical records were accurate and consistent for 2 of 17 sample residents (Residents 166 & 167) whose resident records were reviewed. The facility failed to ensure the correct type of active diagnosis was identified (Resident 166) and the correct Advance Directives (AD) status was represented (Resident 167) in the resident's records. These failures placed residents at risk for unidentified and/or unmet care needs, missed opportunities for care planning, and inaccessible health care instructions if/when needed.</p> <p>Findings included .</p> <p><Resident 166></p> <p>According to the 03/21/2024 Admission Minimum Data Set (MDS - an assessment tool), Resident 166 had no verbal communication, was rarely or never understood, had both short-term and long-term memory problems, and was severely impaired with their daily decision-making.</p> <p>Review of Resident 166's diagnosis list showed the resident had a diagnosis of dementia without behavioral disturbance that was active during the resident's admission on 03/24/2024.</p> <p>On 04/09/2024 at 1:13 PM, Resident 166 was observed sitting on the wheelchair with a blank stare. When asked how they were doing, Resident 166 smiled but was non-communicative and did not engage in the conversation.</p> <p>Review of Resident 166's progress notes showed a 03/24/2024 physician note indicating the resident's diagnosis of unspecified dementia without behavioral disturbance.</p> <p>Review of the April 2024 Medication Administration Record (MAR) showed Resident 166 was administered an antipsychotic medication daily for their diagnosis of dementia with behavioral disturbance. The MAR showed Resident 166 was monitored for the presence of visual hallucinations (a false perception of objects or events involving the sense of sight).</p> <p>In an interview on 04/11/2024 at 9:13 AM, Staff F (Resident Care Manager) stated the documentation regarding the type dementia Resident 166 had was conflicting and should have, but was not clarified with the provider.</p> <p><Resident 167></p> <p>According to the 04/01/2024 Admission MDS, Resident 167 had clear speech and their memory was intact. The MDS showed Resident 167 had medical conditions including low blood count, heart, kidney, and respiratory failure, malnutrition, muscle weakness, severe bladder infection, and adult failure to thrive.</p> <p>(continued on next page)</p>		

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 04/16/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/10/2024 at 10:05 AM, Resident 167 stated they had formulated an AD and designated their family member as their Durable Power of Attorney (DPOA) for healthcare decisions.</p> <p>The 04/02/2024 Resident Admission Agreement Acknowledgement [Attachment H] form showed Resident 167 had executed an Advance Directive (AD) and that a copy would be provided to the facility.</p> <p>Review of Resident 167's medical records on 04/10/2024 did not show a copy of the resident's AD was in place or accessible to staff.</p> <p>Review of Resident 167's Social Services (SS) progress notes showed, on 04/10/2024, the SS staff documented Resident 167 did not have a DPOA and information regarding formulating an AD was provided to the resident. On 04/11/2024, the SS staff documented the facility received a copy of Resident 167's AD and a copy was placed in the resident's medical records.</p> <p>In an interview on 04/11/2024 at 12:07 PM, Staff I (Social Services Director) stated the Admission Agreement AD acknowledgment form was not communicated to their department. Staff I stated they were still trying to figure out a good communication system between their department and the Admissions department.</p> <p>In an interview on 04/11/2024 at 2:22 PM, Staff Q (Admission Director) stated they were new to the role and their collaboration with the SS department regarding AD consistency could be improved.</p> <p>In an interview on 04/12/2024 at 2:15 PM, Staff H (Regional Director of Clinical Services) stated they expected the Admissions and SS departments to coordinate in assessing and obtaining ADs to ensure resident records were accurate and consistent.</p> <p>REFERENCE: WAC 388-97-1720 (1)(a)(i-iv).</p>		

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 04/16/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46479</p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a sanitary environment to help prevent the transmission of communicable diseases. The facility failed to implement and/or follow isolation precautions for 5 of 5 residents (Residents 167, 2, 32, 43, & 31) reviewed for Transmission-Based Precautions (TBP) and failed to consistently perform Hand Hygiene (HH) during meal service on 2 of 4 resident units ([NAME] and Lily Garden) observed during meals. These failures placed the residents at risk for facility acquired or healthcare-associated infections and related complications.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>Review of the facility's Transmission Based Precautions and Isolation Procedures policy revised 03/21/2024 showed the facility utilized Enhanced Barrier Precautions (EBP) to reduce the transmission of Multidrug-Resistant Organisms (MDROs). This policy showed employees would use a gown and gloves during high contact resident care activities that provided opportunities for MDROs to transfer to staff hands and clothing.</p> <p>Review of the facility's Contact Precautions, policy dated 05/24/2023 showed when contact precautions were implemented, the use of Personal Protective Equipment (PPE) was required and resident risk factors that increased the likelihood of transmission would be identified including incontinence. The policy showed the facility should ensure healthcare personnel were educated and trained regarding the appropriate use of PPE prior to caring for a resident. The policy showed when a resident was transported outside of their room for medically necessary purposes, the transporter would discard contaminated PPE before transport and wear clean PPE to handle the resident at the destination.</p> <p><EBP></p> <p><Resident 31></p> <p>According to a 03/29/2024 wound provider assessment, Resident 31 had a Stage 3 (full thickness tissue loss) Pressure Ulcer (PU) with tunneling to their tailbone area.</p> <p>A 04/09/2024 Physician Order (PO) instructed staff to implement EBP for Resident 31's tailbone PU.</p> <p>Observation on 04/09/2024 at 9:24 AM showed Resident 31 did not have an isolation cart in front of their room or an EBP sign on their door instructing staff of the EBP to implement prior to providing high contact resident care activities.</p> <p>In an interview on 04/10/2024 at 1:15 PM, Staff E (Infection Control Preventionist) stated it was their expectation residents with PUs were placed on EBP. Staff E confirmed Resident 31 was not on EBP when the resident was first noted with the PU but stated they should be.</p> <p><Resident 32></p> <p>(continued on next page)</p>		

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 04/16/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A 03/15/2024 PO instructed staff to clean, medicate, and apply a dressing to a PU on Resident 32's tailbone area. A 04/09/2024 PO instructed staff to implement EBP for Resident 32's tailbone PU.</p> <p>Review of a 03/29/2024 wound provider assessment showed Resident 32 had a Stage 3 PU with tunneling.</p> <p>Observations on 04/09/2024 at 12:08 PM, 04/12/2024 at 9:32 AM, and 04/15/2024 at 10:00 AM showed Resident 32 did not have an isolation cart in front of their room or an EBP sign directing staff of the EBP to implement prior to providing high contact resident care activities.</p> <p>In an interview on 04/15/2024 at 10:25 AM, Staff N (Resident Care Manager) confirmed Resident 32 should be on EBP but they were not.</p> <p><Resident 43></p> <p>According to the 03/04/2024 Admission Minimum Data Set (MDS - an assessment tool), Resident 43 received artificial nutrition via a tube surgically implanted in their abdomen.</p> <p>Observation on 04/09/2024 at 9:39 AM showed Resident 43 had an isolation cart outside their door. A sign above the cart showed Resident 43 was on Special Droplet/Contact Precautions. Resident 43's door was shut per instructions on the precautions sign.</p> <p>Observation on 04/09/2024 at 11:39 AM showed Resident 43 lying in bed. A tube feeding pole with artificial nutrition was set up in the room. A similar observation on 04/12/2024 at 8:26 AM showed Resident 43 was lying in bed, receiving the artificial nutrition.</p> <p>In an interview on 04/10/2024 at 1:15 PM, Staff E stated Resident 43 should not be on droplet/contact precautions. Staff E stated Resident 43 should be on EBP because the resident received artificial nutrition by tube. Staff E stated the droplet/contact posting was incorrect.</p> <p>46471</p> <p><TBP></p> <p><Resident 167></p> <p>According to the 04/01/2024 Admission MDS, Resident 167 had medical conditions including a bladder infection and was administered antibiotics during the assessment period. The MDS showed Resident 167 was frequently incontinent of their urine and was assessed to require substantial/maximal assistance from staff for their toileting hygiene.</p> <p>In an observation and interview on 04/09/2024 at 10:13 AM, a Contact Precaution sign was observed posted outside Resident 167's door and instructed all staff to perform HH and wear PPE at all times. Staff T (Registered Nurse - RN) confirmed Resident 167 had a contagious infection in their urine. At 10:15 AM, the TBP sign was observed different; it was replaced with Enhanced Barrier Precaution (EBP) and instructed staff to only wear PPE during high-contact resident activities. Staff T stated they did not know why the TBP was changed. On 04/10/2024 at 8:27 AM, the TBP sign outside Resident 167's door was switched back to Contact Precaution.</p> <p>(continued on next page)</p>		

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 04/16/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In a joint interview on 04/10/2024 at 10:21 AM with Staff B (Director of Nursing) and Staff F (Resident Care Manager), Staff F stated there was communication issue from Staff E. [Staff E] told me yesterday it [isolation precaution] should be EBP and not Contact precaution, so I changed the sign on the door. Then Resident 167's active urine infection was further reviewed and it turned out Contact precaution was the appropriate type to put in place. Staff B stated the correct type of isolation precaution should be identified and established to protect both staff and residents and to prevent the spread of infection.</p> <p>Observation on 04/11/2024 at 1:41 PM showed Resident 167 was taken to the therapy gym by Staff W (Physical Therapy Assistant). Resident 167 was observed in close contact with Staff W, who was not wearing any PPE, during the therapy session while assisting the resident to stand up using the parallel bars.</p> <p>In an interview on 04/11/2024 at 1:37 PM, Staff J (Rehabilitation Director) stated Staff E gave them clearance to take Resident 167 to the gym and provide rehabilitation services.</p> <p>In an interview on 04/11/2024 at 2:39 PM, Staff E stated they expected the rehabilitation therapists to follow the TBP sign posted on the door including the use of PPE if contact/touching the resident was involved in providing therapy services.</p> <p>In an interview on 04/11/2024 at 2:48 PM, Staff A (Executive Director) stated the therapist should check in with the nurse regarding Resident 167's isolation precautions prior to providing rehabilitative services. When asked if the therapist should wear PPE as written on the TBP sign, Staff A stated, Yes.</p> <p><Resident 2></p> <p>Observation on 04/10/2024 at 8:42 AM showed an EBP sign was posted outside room [ROOM NUMBER]; a room occupied by two residents (Residents 2 & 163). The sign did not indicate the resident(s) to whom the isolation precaution in place was intended for, either one or both.</p> <p>In an interview on 04/10/2024 at 8:45 AM, Staff K (Certified Nursing Assistant - CNA) stated they did not know which of the residents in room [ROOM NUMBER] required the EBP.</p> <p>In an interview on 04/10/2024 at 8:47 AM, Staff U (CNA) stated they did not know which of the residents in room [ROOM NUMBER] required the EBP.</p> <p>In an interview on 04/10/2024 at 8:50 AM, Staff V (RN) initially stated they were unsure which of the residents in room [ROOM NUMBER] required the EBP at first but then stated the precaution was for Resident 167 (bed 2) for the open wounds on their legs.</p> <p>Review of Resident 2's physician orders showed a 04/10/2024 order for EBP.</p> <p>In an interview on 04/10/2024 at 10:21 AM, Staff F stated the EBP for room [ROOM NUMBER] was for Resident 2 because of the PU on the resident's left heel. Staff F stated they expected the nursing staff to know which resident and why residents were placed on isolation precautions during shift report for safety and infection control.</p> <p>(continued on next page)</p>		

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 04/16/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><HH></p> <p><Lily Garden></p> <p>Observation during lunch service on 04/09/2024 at 12:24 PM at the Lily Garden dining room showed Staff K (CNA) approached Resident 28, patted their back, and proceeded to assist the resident in cutting up their food. Staff K then assisted Resident 48 and cut their food up without performing HH between the two residents. Staff K continued to assist other residents at the same table without washing their hands; repositioned Resident 2's wheelchair to fit under the dining table, engaged the wheelchair brakes, and proceeded to apply butter to Resident 2's bread without performing HH.</p> <p>In an interview on 04/09/2024 at 12:39 PM, Staff K stated hand washing and/or applying alcohol-based hand sanitizer was important when assisting residents with their meal because it prevented passing harmful bacteria [germs] that could cause stomach illnesses. Staff K stated they should have, but did not perform HH between assisting residents in the dining room.</p> <p>In an observation on 04/09/2024 at 12:33 PM, Staff S (CNA) was done passing the meal trays to the residents in the dining room, sat at the corner, and did not wash their hands. Staff S saw Resident 166 was just looking at their food and not eating. Staff S came and sat next to the resident and started assisting Resident 166 with their meal without performing HH.</p> <p>In an interview on 04/09/2024 at 12:45 PM, Staff S stated they should have, but did not wash their hands before helping Resident 166 with their lunch.</p> <p>In an interview on 04/10/2024 at 1:15 PM, Staff E stated it was their expectation staff washed their hands after they touch or handle any resident equipment. Staff E stated they expected staff to wash their hands between passing resident meal trays.</p> <p>47836</p> <p><[NAME] Unit></p> <p>An observation and interview on 04/12/2024 at 7:47 AM showed Staff R (CNA) entered room [ROOM NUMBER]A and cleared Resident 263's personal items from the over the bed table before they setup the breakfast tray. Staff R exited room [ROOM NUMBER] without performing HH, collected a breakfast tray off the meal cart, entered room [ROOM NUMBER]A. Staff R attempted to wake Resident 266 in room [ROOM NUMBER]A by touching their arm and telling them it was time for breakfast. Staff R setup Resident 266's meal tray and exited the room without performing HH. Staff R stated they were expected to perform HH between residents, but they did not.</p> <p>In an interview on 04/15/2024 at 11:46 AM Staff E stated they expected staff to perform HH between passing meal trays to residents. Staff E stated this was important to prevent infection.</p> <p>REFERENCE: WAC 388-97-1320 (1)(a), (2)(b).</p> <p>45941</p>		

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 04/16/2024
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46479</p> <p>Based on interview and record review, the facility failed to administer a pneumococcal vaccine for 1 (Resident 213) of 5 residents reviewed for vaccinations. This failure placed the resident at risk for contracting pneumonia (a potentially life threatening lung infection) and associated complications.</p> <p>Findings included .</p> <p><Facility Policy></p> <p>According to the facility's Influenza Vaccine & Pneumococcal Vaccine Policy for Residents revised 09/13/2023 showed each resident would be offered a pneumococcal vaccine. If the resident was eligible for the vaccine, the vaccine would be administered to the resident per Physician Orders (POs).</p> <p><Resident 213></p> <p>Review of the 04/03/2024 Admission Minimum Data Set (an assessment tool) showed Resident 213 admitted to the facility on [DATE]. This assessment showed Resident 213 was not up to date on the pneumococcal vaccine.</p> <p>Review of an Informed Consent for Pneumococcal Vaccine showed Resident 213 consented to receive the pneumococcal vaccine on 03/27/2024.</p> <p>Review of Resident 213's April 2024 Medication Administration Record (MAR) showed Resident 213 was due to receive a pneumococcal vaccine on 04/11/2024. This MAR showed the staff documented Resident 213 did not receive the vaccine because the resident was out of the facility during that time.</p> <p>Review of Resident 213's progress notes and MAR on 04/16/2024 at 9:58 AM showed there was no follow up related to re-offering Resident 213 the pneumonia vaccine. In an interview at that time, Staff B (Director of Nursing) stated it was their expectation the following shift would offer the vaccine when the resident returned to the facility, but they did not.</p> <p>REFERENCE: WAC 388-97-1340(1),(2),(3).</p>		