

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505518	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2024
NAME OF PROVIDER OR SUPPLIER  Briarwood at Timber Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Timber Ridge Way NW Issaquah, WA 98027	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>43642</p> <p>Based on interview and record review, the facility failed to ensure a system by which residents received required written notices at the time of transfer/discharge, or as soon as practicable for 2 (Residents 43 &amp; 30) of 4 residents reviewed for hospitalization s. Failure to ensure written notification to the resident and/or the resident's representative of the reasons for the discharge in writing and in a language and manner they understood, placed residents at risk for a discharge that was not in alignment with the resident's stated goals for care and preferences.</p> <p>Findings included .</p> <p>&lt;Facility Policy&gt;</p> <p>According to the facility's Transfer or Discharge, Facility Initiated policy, revised 10/2022, the facility would provide a notice of transfer as soon as practicable to residents who were transferred emergently to an acute care setting. This policy showed the notice would be provided in a manner the resident could understand. The notice would include the reason, effective date, location, and an explanation of the resident's rights for transfer.</p> <p>&lt;Resident 30&gt;</p> <p>Review of Resident 30's 03/05/2024 Discharge Minimum Data Set (MDS - an assessment tool) showed the resident was transferred to an acute care hospital on 03/05/2024, with their return anticipated.</p> <p>Record review showed staff documented where and why Resident 30 was being transferred to the hospital on a 03/05/2024 Notice of Emergency Transfer form. At the bottom of this form was a statement that said to see the reverse side of the notice for information on appeal rights. The reverse side of the notice with the appeal rights was not found in Resident 30's records for the 03/05/2024 transfer to the hospital.</p> <p>&lt;Resident 43&gt;</p> <p>Review of Resident 43's 10/09/2024 Discharge MDS showed the resident was transferred to the hospital on 10/09/2024, with their return anticipated.</p> <p>(continued on next page)</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review showed staff documented where and why Resident 43 was being transferred to the hospital on a 10/09/2024 Notice of Emergency Transfer form. At the bottom of this form was a statement that said to see the reverse side of the notice for information on appeal rights. The reverse side of the notice with the appeal rights was not found in Resident 43's records for the 10/09/2024 transfer to the hospital.</p> <p>In an interview on 10/23/2024 at 2:50 PM, Staff F (Social Services Director) stated the charge nurses were responsible for filling out an emergency packet, which included the Notice of Emergency Transfer form, and provide the paperwork to the resident upon transfer to the hospital. Staff F stated the transfer form should include the appeal rights for the resident.</p> <p>In an interview on 10/24/2024 at 1:06 PM, Staff G (Licensed Practical Nurse) stated they were one of the charge nurses that often completed transfer paperwork when a resident was sent to the hospital. Staff G pulled a packet from a drawer at the nurse's station and stated the form was what they completed and sent with a resident upon transfer to the hospital.</p> <p>In an interview on 10/24/2024 at 1:12 PM, Staff F reviewed the packet provided by Staff G and confirmed it was missing the second page of the Notice of Emergency Transfer form, which included the required appeal rights. Staff F stated they would have expected the appeal rights to be included in the packet, and stated they were unable to locate them for Resident 30 or 43.</p> <p>REFERENCE: WAC 388-97-0140(1)(a)(b)(c)(i-iii).</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>43642</p> <p>Based on observation, interview, and record review, the facility failed to develop and/or implement a comprehensive Care Plan (CP) for 3 of 12 sampled residents (Residents 34, 7, &amp; 33) whose comprehensive CPs were reviewed. The failure to develop comprehensive, individualized CPs with resident-specific goals and/or interventions placed residents at risk for unmet care needs and a decreased quality of life.</p> <p>Findings included .</p> <p>&lt;Facility Policy&gt;</p> <p>According to the facility's Care Plans, Comprehensive Person-Centered policy, dated 03/01/2023, the facility would develop and implement a comprehensive person-centered CP that included measurable objectives to meet the resident's physical, psychosocial, and functional needs. This policy showed the interdisciplinary team would review and update the CP for significant changes in the resident's condition, when the desired outcome was not met, upon readmission from a hospital stay, and quarterly.</p> <p>&lt;Resident 7&gt;</p> <p>According to a 07/19/2024 Quarterly Minimum Data Set (MDS - an assessment tool), Resident 7 had multiple medically complex diagnoses including dementia with severe memory impairment and required substantial assistance from staff for lower body dressing.</p> <p>Review of Resident 7's revised 05/25/2023 risk of skin breakdown CP showed directions to staff to apply compression stockings to both of Resident 7's lower legs in the morning and to remove in the evening.</p> <p>Observations on 10/23/2024 at 11:30 AM showed Resident 7 with a bandage wrapping to their left leg and no compression stockings on their right leg.</p> <p>In an interview on 10/25/2024 at 1:16 PM, Staff H (MDS Coordinator) stated their expectation was for staff to follow a resident's CP interventions and apply the compression stockings for Resident 7 as directed.</p> <p>&lt;Resident 34&gt;</p> <p>According to a 09/11/2024 Annual MDS, Resident 34 had multiple medically complex diagnoses including a stroke, with the loss of strength or muscle weakness on one side of the body, and an abnormal heartbeat which required the use of anticoagulant medications during the assessment period.</p> <p>Review of Resident 34's revised 04/21/2024 risk of skin breakdown CP showed directions to staff to apply compression stockings to both of Resident 34's lower legs in the morning and to remove in the evening.</p> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observations on 10/24/2024 at 1:14 PM showed Resident 34 without compression stockings on. On 10/25/2024 at 8:00 AM, Resident 34 was wearing a compression stocking to their left leg but none on their right leg. In an interview at this time, Resident 34 stated, oh yeah, I am supposed to have on both legs, but they [staff] often cannot find the other one.</p> <p>Review of a 10/20/2022 COVID (a contagious respiratory illness) CP, showed Resident 34 was at risk for mood changes related to social isolation due to COVID. This CP gave directions to staff to provide Resident 34 with room activities as able and to provide alternative methods of communication with family and friends.</p> <p>In an interview on 10/24/2024 at 2:40 PM, Staff B (Director of Nursing) stated it was their expectation staff follow CP interventions as directed and update and revise a resident's CP with changes. Staff B stated Resident 34 did not currently have a COVID infection and should have been resolved off of the resident's CP.</p> <p>46479</p> <p>&lt;Resident 33&gt;</p> <p>According to the 09/12/2024 5-Day MDS, Resident 33 had mild cognitive impairment. This MDS showed Resident 33 had diagnoses of a urinary tract infection, lung disease, and elevated white blood cell count. This MDS showed Resident 33 was taking an antibiotic medication during the assessment period.</p> <p>Review of Resident 33's order summary showed a 09/11/2024 order for an antibiotic to be administered three times per week for an elevated white blood cell count. This order did not include a stop date for how long Resident 33 would be taking the antibiotic. On 10/24/2024, the antibiotic order was updated showing the indication for use was for a chronic lung infection and showed no stop date on the order, indicating long term use.</p> <p>Review of Resident 33's 09/01/2024 comprehensive CP showed no goals or interventions related to their lung infection. There were no goals or interventions related to Resident 33 receiving antibiotics since 09/11/2024.</p> <p>In an interview on 10/25/2024 at 9:31 AM, Staff C (Staff Development Coordinator/Infection Control) stated Resident 33 was being followed by a lung specialist. Staff C stated the facility and the lung specialist were going back and forth to determine if the antibiotic would long term and just recently the physician determined the medication would be long term.</p> <p>REFERENCE: WAC 388-97-1020(1), (2)(a)(b).</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>43642</p> <p>Based on interview and record review, the facility failed to ensure: physician's orders were followed for 1 (Resident 34); medications were administered within ordered parameters for 1 (Resident 38); and physician orders were clarified as needed for 1 (Resident 96) of 12 sample residents reviewed. These failures placed residents at risk for medication errors, delayed treatment, and adverse outcomes.</p> <p>Findings included .</p> <p>&lt;Facility Policy&gt;</p> <p>According to the facility's Administering Medications policy, reviewed 03/01/2023, showed staff would administer medications in accordance with prescriber orders.</p> <p>&lt;Medications Given Outside of Parameters&gt;</p> <p>&lt;Resident 38&gt;</p> <p>According to an 08/09/2024 Quarterly Minimum Data Set (MDS - an assessment tool), Resident 38 had multiple medically complex diagnoses including high Blood Pressure (BP).</p> <p>Review of Resident 38's August 2024 Medication Administration Records (MAR) showed the resident was receiving three different medications (Medication A, B, and C) for high BP with directions to staff to hold the dose for the following parameters: Medication A was to be held if the Systolic BP (SBP - a measure of the pressure in your arteries when your heart beats) was less than 105; Medication B was to be held if SBP was less than 140; and Medication C was to be held if the SBP was less than 105. This MAR showed staff gave Medication B outside of parameters on eight occasions.</p> <p>Review of Resident 38's September 2024 MAR showed staff gave Medication B outside of parameters on five occasions.</p> <p>Review of Resident 38's October 2024 MAR showed staff gave: Medication A outside of parameters on one occasion; Medication B outside of parameters on nine occasions; and Medication C outside of parameters on one occasion.</p> <p>In an interview on 10/24/2024 at 2:40 PM, Staff B (Director of Nursing) stated their expectation was for staff to follow the medication parameters as ordered by the provider.</p> <p>&lt;Clarifying Orders&gt;</p> <p>&lt;Resident 96&gt;</p> <p>Review of Resident 96's October 2024 MAR showed the resident had a 10/18/2024 order for a laxative suppository medication to be given as needed for constipation. A second 10/18/2024 order for the same laxative suppository was also ordered to be given as needed for constipation.</p> <p>(continued on next page)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 10/25/2024 at 1:16 PM, Staff H (MDS Coordinator) stated Resident 96 should not have two of the same laxative suppository orders and the orders needed to be clarified.</p> <p>&lt;Following Orders&gt;</p> <p>&lt;Resident 34&gt;</p> <p>Review of Resident 34's September 2024 MAR showed a 04/04/2023 order for a liquid laxative to be given as needed for constipation if the resident had no bowel movement in two days. This MAR showed staff administered the medication at 11:12 AM on 09/06/2024.</p> <p>Review of Resident 34's September 2024 bowel monitoring showed staff documented the resident had two bowel movements on 09/05/2024, the day before administering the medication with directions to give if no bowel movement in two days.</p> <p>In an interview on 10/25/2024 at 1:16 PM, Staff H stated it was their expectation staff follow the orders and only give medications as ordered.</p> <p>REFERENCE: WAC 388-97-1620(2)(b)(i)(ii).</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>46479</p> <p>Based on observation, interview, and record review the facility failed to ensure 5 of 12 sample residents (Residents 33, 5, 26, 29, &amp; 34) reviewed for care and services received the necessary care and services they required in accordance with professional standards of practice. The facility failed to monitor residents taking anticoagulant medications (Residents 33, 5, 26, &amp;, 29) and assess, monitor, and apply compression stockings to residents with edema (Resident 34). These failures placed residents at risk for delays in treatment, potential declines in health, and other negative health outcomes.</p> <p>Findings included .</p> <p>&lt;Facility Policy&gt;</p> <p>Review of the facility's Anticoagulation Protocol policy, updated 01/2018, showed the staff and the physician would monitor for potential complications such as excessive bruising, bleeding, or bloody urine for resident's who were receiving anticoagulant medications.</p> <p>Review of the facility's Edema policy, reviewed 03/01/2023, showed residents with edema would be routinely assessed to determine effectiveness of current treatments and/or worsening conditions. This policy showed interventions could include compression socks, elevating the extremity, medications management, and pharmacy review.</p> <p>&lt;Resident 33&gt;</p> <p>According to the 09/02/2024 Admission Minimum Data Set (MDS - an assessment tool), Resident 33 had mild cognitive impairment. The MDS showed Resident 33 had diagnoses including an abnormal heart rhythm and a disease in which arteries to the heart have a build up of fatty substances. This assessment showed Resident 33 took anticoagulant medication during the assessment period.</p> <p>In an interview on 10/21/2024 at 12:20 PM, Resident 33 stated they had nose bleeds almost daily. Resident 33 stated they were hospitalized on ce for having a nosebleed that would not stop.</p> <p>Review of a 09/01/2023 hospital discharge summary showed Resident 33 was discharged to the facility with orders for an anticoagulant to be taken twice daily.</p> <p>Review of a 05/11/2024 progress note showed Resident 33 returned to the facility after a hospital stay with a diagnosis of gastrointestinal bleeding. Review of a 09/12/2024 progress note showed Resident 33 was readmitted to the facility after a short hospital stay due to a nosebleed.</p> <p>Review of Resident 33's 10/25/2024 order summary showed a 09/16/2024 order directing staff to administer an anticoagulant medication twice daily to Resident 33. This summary showed a 10/03/2024 order directing staff to monitor Resident 33 for signs and symptoms of bleeding every shift related to the use of the anticoagulant medication. The 10/03/2024 order to monitor Resident 33 for bleeding was implemented 13 months after the initial order for the anticoagulant medication.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>&lt;Resident 5&gt;</p> <p>According to the 08/07/2024 Quarterly MDS, Resident 5 had mild cognitive impairment. This MDS showed Resident 5 had diagnoses including an irregular heart rhythm and high cholesterol. The MDS showed Resident 5 took anticoagulant medication during the assessment period.</p> <p>Review of a 10/22/2024 order summary showed a 06/12/2024 order for an anticoagulant medication to be administered to Resident 5 twice daily. This order summary showed no directions to staff to monitor adverse side effects such as bleeding for the anticoagulant medication.</p> <p>&lt;Resident 26&gt;</p> <p>Review of the 07/22/2024 Quarterly MDS showed Resident 26 was cognitively impaired. This MDS showed Resident 26 had diagnoses of high cholesterol and an irregular heart rhythm. The MDS showed Resident 26 was taking anticoagulant medication during the assessment period.</p> <p>Review of Resident 26's order summary showed a 07/26/2024 order directing staff to administer an anticoagulant medication to Resident 26 twice daily. This order summary showed no instructions for staff to monitor for side effects of the anticoagulant until over two months later, when a 10/01/2024 order was written, directing staff to monitor for bleeding.</p> <p>In an interview on 10/24/2024 at 11:55 AM, Staff B (Director of Nursing) stated nurses should be monitoring residents for side effects to anticoagulants such as bleeding. Staff B stated they would have to check if the monitoring should be documented in the resident's record. No further information was provided.</p> <p>43642</p> <p>&lt;Resident 29&gt;</p> <p>According to a 09/03/2024 Annual MDS, Resident 29 had multiple medically complex diagnoses including heart failure and required the use of anticoagulant medications during the assessment period.</p> <p>Review of Resident 29's order summary showed a 09/18/2023 order for an anticoagulant medication to be administered to Resident 29. This order summary showed no directions to staff to document if any possible adverse side effects such as bleeding for the anticoagulant medication occurred.</p> <p>In an interview on 10/24/2024 at 2:40 PM, Staff B stated it was important to monitor a resident who was taking an anticoagulant medication and stated, the resident was at risk for bleeding and bruising. Staff B stated it was their expectation staff would start monitoring a resident as soon as they started taking an anticoagulant medication.</p> <p>&lt;Resident 34&gt;</p> <p>According to a 09/11/2024 Annual MDS, Resident 34 had multiple medically complex diagnoses including a stroke, with the loss of strength or muscle weakness on one side of the body, and an abnormal heartbeat which required the use of anticoagulant medications during the assessment period.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 34's records showed a 07/25/2024 provider progress note indicating the resident was being assessed related to weight gain and swelling to their lower legs. Mild edema was observed by the provider with recommendations for Resident 34 to wear compression stockings on both legs during the day and off at night. This progress note showed documentation if symptoms worsen or persist, staff were to contact the provider's office.</p> <p>Observations on 10/24/2024 at 1:14 PM showed Resident 34 without compression stockings on.</p> <p>Review of an 08/23/2024 dietician progress note showed documentation that nursing staff reported no edema when compression stockings were in place, but the dietician documented they observed edema to both lower legs.</p> <p>Review of a 09/17/2024 quarterly progress note written by staff, showed Resident 34 utilized compression stockings secondary to edema to both lower legs.</p> <p>Review of a 10/03/2024 dietician progress note showed Resident 34 was experiencing some edema, correlating with weight gain.</p> <p>According to a 10/03/2024 History and Physical document, Resident 34 was seen by the provider related to edema to their left lower leg more than their right lower leg and ordered a low dose of a medication to promote the excretion of water from the body. This document indicated Resident 34 was assessed to have symptoms of heart failure.</p> <p>Review of Resident 34's comprehensive care plan showed staff did not address the resident had heart failure and was placed on a medication for edema.</p> <p>In a joint interview on 10/25/2024 at 1:16 PM with Staff H (MDS Coordinator) and Staff I (Resident Care Manger), Staff H stated if a resident was placed on a medication to reduce edema, they would expect staff to utilize the compression stockings and to assess and document the status of the edema. Staff I stated it was important to monitor frequently to see if the resident's edema had stabilized and how they were responding to the medications. Staff I reviewed Resident 34's records for documentation of the edema by the nursing staff on the weekly skin checks. Staff I was unable to find documentation on the weekly skin checks from staff regarding the status of Resident 34's edema.</p> <p>45720</p> <p>REFERENCE: WAC 388-97-1060(1).</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43642</b></p> <p>Based on observation, interview, and record review the facility failed to ensure the resident environment was free of accident hazards for 2 (Resident 7 &amp; 26) of 12 sample residents. The failure to ensure resident bathroom door chime alarms were activated (Residents 7 &amp; 26), ensure a maintenance cart containing tools and chemicals was supervised in resident common areas, and ensure kitchen pantry doors and storage rooms remained closed and/or locked, placed residents at risk for accidents, injury, and other negative health outcomes.</p> <p>Findings included .</p> <p>&lt;Maintenance Cart&gt;</p> <p>Observations on 10/21/2024 between 9:36 AM and 9:47 AM showed a maintenance cart unsupervised in the hallway between resident rooms [ROOM NUMBERS]. On this cart were several accessible tools, including a drill and a bottle of a drain opening compound with a layer of powder at the bottom.</p> <p>In an interview on 10/25/2024 at 1:16 PM, Staff H (Minimum Data Set - MDS - Coordinator) stated unsupervised sharps and tools posed a risk for resident safety, especially with residents who had dementia.</p> <p>&lt;Storage Room&gt;</p> <p>Observations on 10/24/2024 at 8:07 AM showed an unlocked storage room door next to the nurse's station. Inside the room were many shelves stocked full of supplies and four bottles of a liquid medication disposal system, visible from the door. The bottles showed a warning label that the product may be harmful if swallowed and to keep out of reach of children.</p> <p>In an interview on 10/25/2025 at 1:16 PM, Staff H stated the storage room was supposed to be locked and kept secured so the residents could not get a hold of anything dangerous to them.</p> <p>&lt;Kitchen Pantry Door&gt;</p> <p>Observation on 10/21/2024 at 9:37 showed the pantry door near the nurse's station was propped open. The pantry contained an oven, prep table, dried food storage, and dishwasher. There were no staff observed in the pantry when the door was propped open. The pantry door contained a keypad lock system.</p> <p>In an interview on 10/22/2024 at 8:20 AM, Staff D (Registered Nurse) stated the pantry door was usually only left open during mealtimes. Staff D stated kitchen staff usually closed the pantry door when the meal service was completed.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 10/25/2024 at 2:20 PM, Staff A (Administrator) stated the maintenance cart should not be left unsupervised when tools and sharps were accessible to residents. Staff A stated the storage room and kitchen pantry should be locked, with the door closed, if staff were not in the area and stated, you do not want confused residents to go into an unsafe space.</p> <p>&lt;Fall Interventions&gt;</p> <p>&lt;Resident 7&gt;</p> <p>According to a 07/19/2024 Quarterly MDS (an assessment tool) Resident 7 had multiple medically complex diagnoses including dementia with severe memory impairment and required substantial assistance from staff to transfer to the toilet. This MDS showed Resident 7 had three falls since the prior assessment, one with a major injury, and was utilizing alarms at least daily.</p> <p>Review of Resident 7's October 2024 Treatment Administration Records showed a 03/19/2024 order to ensure the bathroom chime alarm was in use and functioning every shift.</p> <p>Review of a revised 05/25/2023 fall Care Plan (CP) showed directions to staff that Resident 7 required assistance with toileting and to use a bathroom door chime alarm to alert staff when they tried to go to the bathroom. This intervention showed the bathroom door was to be kept closed at all times and staff were to check the function and presence of the bathroom door alarm every shift.</p> <p>Observations on 10/23/2024 at 11:27 AM showed Resident 7 lying in bed with their breakfast tray in front of them and their wheelchair at their bedside. Resident 7 stated, I need to use the bathroom. Observations at this time showed Resident 7's bathroom door was open, and the chime alarm was not activated. Similar observations of Resident 7 lying in bed with their bathroom door open and unarmed were noted on 10/24/2024 at 8:42 AM and 3:43 PM, and on 10/25/2024 at 7:52 AM.</p> <p>Review of Resident 7's fall incident reports from 05/09/2024, 05/18/2024, and 07/04/2024 showed staff identified the resident's falls occurred during self-transfers and staff were to continue to use a motion sensor and bathroom door chime alarm.</p> <p>In an interview on 10/24/2024 at 2:40 PM, Staff B (Director of Nursing) stated it was their expectation CP interventions and physician orders were followed as, that is the reason they are there.</p> <p>In an interview on 10/25/2024 at 1:16 PM, Staff H stated the best way to prevent falls was to follow the CP interventions staff put in place as a team. Staff H stated their expectation was for staff to keep Resident 7's bathroom door closed and have the alarm turned on to help prevent falls.</p> <p>45720</p> <p>&lt;Resident #26&gt;</p> <p>Review of the 07/22/2024 Quarterly MDS showed Resident 26 had a diagnosis including dementia and had severely impaired cognition. The MDS showed Resident 26 had one fall with no injury and one fall with injury during the assessment period. This MDS showed Resident 26 had a bed, chair, and other alarm in place and the alarms were used daily during the assessment period.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505518	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2024
NAME OF PROVIDER OR SUPPLIER  Briarwood at Timber Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Timber Ridge Way NW Issaquah, WA 98027	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observations on 10/21/2024 at 10:21 AM and 2:29 PM showed Resident 26's bathroom door was open and the alarm on the bathroom door was disengaged.</p> <p>Observation on 10/22/2024 at 8:48 AM showed Resident 26's bathroom door was open, Resident 26 entered the bathroom and the alarm on the bathroom door did not trigger.</p> <p>Review of Resident 26's revised 08/05/2024 Fall CP showed Resident 26 fell on [DATE], 06/02/2024, 08/08/2024, and 09/15/2024. This CP showed Resident 26 had a door chime alarm on the bathroom door to alert staff when the resident tried to use the bathroom without assistance.</p> <p>During an interview on 10/25/2024 at 8:49 AM, Staff E (MDS Support Nurse) stated Resident 26 had a chime alarm on the bathroom door to alert staff when the resident went into their bathroom. Staff E stated the bathroom door must remain shut for the alarm to work.</p> <p>REFERENCE: WAC 388-97-1060(3)(g).</p>		