

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505534	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER Transitional Care Center of Seattle		STREET ADDRESS, CITY, STATE, ZIP CODE 2611 S Dearborn Street Seattle, WA 98144	

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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>29644</p> <p>Based on observation, interview, and record review, the facility failed to identify the risk of hot liquids, adequately supervise, and initiate interventions for the safe use of hot liquids for a resident who required staff assistance for 1 of 1 residents (Resident 1), reviewed for accidents. Resident 1 experienced harm when they sustained a burn to their left lower lip.</p> <p>Findings included .</p> <p>Review of the facility Microwave Reheating Guidelines dated October 2017 showed foods and fluids heated in the microwave were served to residents at safe temperatures. Safety steps listed included temperature is taken prior to service to the resident. Hot beverages and hot foods are served to residents at less than or equal to 150 degrees Fahrenheit. Directions to staff included to document the food temperature in the Microwave Reheating Log.</p> <p><Resident 1></p> <p>Review of the Quarterly Minimum Data Set (MDS - an assessment tool) showed Resident was had medically complex conditions, was alert and oriented, with severely impaired vision. Resident 1 was assessed as able to feed themselves after set up by staff and felt it was very important to have snacks between meals.</p> <p>Review of Resident 1's Care Plan dated 12/28/2023 showed the resident ate meals after set up. In addition Resident 1's vision was poor with blindness in both eyes.</p> <p>Resident 1 was observed on 05/31/2024 at 12:15 PM with an injury to their left lower lip, with a layer of skin missing on the exterior and interior of the lip. In addition, there were small, dark crusted areas on the outer edge of the lip. During an interview at that time, Resident 1 stated they bought soup from the vending machine and asked a staff member to put water in it and microwave it to heat it up. Resident 1 stated they blew on the soup, they thought it was cool enough to eat, but they were hungry and they ate it too fast and bit their lip.</p> <p>Review of Resident 1's record showed a 05/31/2024 1:17 PM Nursing Progress Note written by a nurse that checked on Resident 1 following recent burn to lip. The area was noted to be healing with mild redness. Resident voiced biting and removing the scab. The nurse advised the resident to be careful to avoid burn from worsening.</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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The Skin Observation Tool dated 05/31/2024 showed Resident 1's was assessed with an irregular shaped wound to their lower lip, measuring 3 centimeters (cm) long, 2 cm wide, and 0.1 cm deep. The degree of the burn was not specified.</p> <p>During an interview on 05/31/2024 at 2:29 PM, Staff B, Director of Nursing, stated Resident 1 asked for a cup of noodles during the night shift. A staff member heated it up too hot and the resident burnt their lip, then bit on their lip which caused it to bleed. According to Staff B they were unable to provide documentation to show the staff checked the food temperature prior to serving the soup to Resident 1 as they had not documented on the Reheating Log as expected.</p> <p>REFERENCE: WAC 388-97-1060(3)(g).</p>