STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505534	A. Building B. Wing	11/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Transitional Care Center of Seattle	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 46471 Based on observation, interview, and record review, the facility failed to ensure a person-centered comprehensive Care Plan (CP) was implemented for 1 of 6 residents (Resident 1) whose CP was reviewed for assistance with Activities of Daily Living (ADLs). The failure to implement identified CP interventions for safety and adhere to individualized care of residents with identified behaviors affecting provision of ADL care placed residents at risk for potential abuse and/or neglect, inconsistent and/or inadequate care, worsening resident behaviors, and a decreased quality of life. Findings included . <Resident Assessment Instrument - RAI> 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) showed clinical competence, observational, interviewing and critical thinking skills, and assessment expertise form all disciplines were required to develop individualized CP's. The manual showed the CP (together with the established goals and interventions) become each resident's unique path towards achieving or maintaining their highest practical level of well-being. <Resident 1> According to the 08/15/2024 Annual Minimum Data Set (MDS - an assessment tool), Resident 1 had clear speech, intact memory, and with serious mental illnesses including anxiety, depression, and extreme shifts in mood. The MDS showed Resident 1 exhibited rejection of care behaviors and was administered both antipsychotic and antidepressant medications during the assessment period. A 10/11/2024 behavior CP showed Resident 1 had ineffective coping skills, was at risk for impaired psychosocial well-being, and had a history of unsubstantiated allegations involving staff regarding ADL care. A 10/11/2024 CP intervention instructed staff to perform care in pairs. In an observation and interview on 11/18/2024 at 11:32 AM, Resident 1 was observed lying in bed and a cares in pairs sign was posted on the wall. Resident 1 stated they informed the facility about a staff who was rough with them while providing incontinent care. Resident 1 stated the staff was alone when care was provided. (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the 11/04/2024 facility incident report showed Resident 1 stated they were manhandled by Staff D (Certified Nursing Assistant - CNA) during ADL care. The report showed Staff D was providing Resident 1 incontinent care by themself, was dismissed by Resident 1 after the resident felt they were being mistreated, and Staff E (CNA) came and relieved Staff D. The report showed both Staff's D and E worked alone with Resident 1 and did not follow the resident's CP of providing care with two staff present. In an interview on 11/18/2024 at 1:06 PM, Staff B (Risk Manager) stated their investigation of Resident 1's concern regarding rough care by staff confirmed both Staff's D and E were alone and did not provide care in pairs. In an interview on 11/18/2024 at 2:25 PM, Staff C (Resident Care Manager) stated staff must use the CP as their guide in taking care of residents for safety. Staff C confirmed Resident 1 was to receive care in pairs and stated they expected all staff to follow the CP as written. Staff C stated they were aware both Staff's D and E did not follow the CP when they provided Resident 1 ADL care alone. In an interview on 11/18/2024 at 2:31 PM, Staff A (Director of Nursing) stated they expected CNAs to review the resident's Individual Service Plan (ISP) for the level of care needs necessary for safe care, follow the CP as written, and implement resident-specific interventions identified for the residents. Refer to F745- Provision of Medically-Related Social Services. REFERENCE: WAC 388-97-1020 (1), (2)(a).

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NAME OF PROVIDER OR SUPPLIER Transitional Care Center of Seattle		STREET ADDRESS, CITY, STATE, ZIP CODE 2611 S Dearborn Street Seattle, WA 98144	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. 46471 Based on interview and record review, the facility failed to: Provide medically-related social services to attain and/or maintain the highest practicable physical, mental, and psychosocial well-being of residents; assist residents in obtaining resolution to their grievances regarding refusals of treatment and care; and advocate for residents in the assertion of their rights within the facility for 1 of 6 residents (Resident 1) reviewed for behavioral health. This failure placed residents at risk of unmet social service needs, unsafe care, psychosocial decline, and a diminished quality of life. <Facility Policy> The Comprehensive Resident Care Plan [CP] facility policy, revised July 2015, showed Social Services would review and update each resident CP quarterly, annually, and as mandated in the Resident Assessment Instrument process after MDS completion. The policy showed Social Services would review relevant resident information and determine appropriate care plan interventions. The Behavior Management facility policy, revised October 2022, showed residents exhibiting behavior symptoms would be evaluated by the facility. The policy showed the Interdisciplinary Team (IDT) would review the CP and the Minimum Data Set (MDS - an assessment tool) for appropriate interventions and management. The policy showed the facility used the Psychotropic Drug and Behavior Review Form to document the IDT review monthly and as needed. The Informed Consent Resident Refusal of Treatment/Care facility policy, revised November 2012, showed when a resident exercise their right to refuse specific treatment/care services, the IDT would schedule a meeting with the resident and/or their representative to discuss the resident's healthcare status, current plan of care, the choices the resident was choosing to exercise, reasons for those choices, and the risks and benefits of those choices. <Resident 1> According to the 08/15/2024 Annual MDS, Resident 1 had clear speech, intact memory, with serious mental illnesses including anxiety, depression, and extreme shifts in mood, and was administered an antipsychotic medication during the assessment period. The MDS showed Resident 1 exhibited behaviors including rejection of care. A 10/11/2024 behavior CP showed Resident 1 had ineffective coping skills, was at risk for impaired psychosocial well-being, and had a history of unsubstantiated allegations involving staff regarding the provision of ADL care. A 10/11/2024 CP intervention instructed staff to perform care in pairs. A 11/11/2024 CP intervention showed, Refer to Social Service Department [SSD] if resident expresses hard emotions, has concerns with staff, other residents, or care, and has any changes in mood. On 11/18/2024 at 11:32 AM, Resident 1 stated they informed the facility that a staff was rough with them while providing incontinent care. Resident 1 stated they do not agree with the facility having multiple staff help them all at once. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the 11/04/2024 facility incident report showed Resident 1 stated they were manhandled by Staff G (Certified Nursing Assistant - CNA) during ADL care. The report showed Staff G was providing Resident 1 incontinent care by themselves and was dismissed by the resident after feeling being mistreated. In an interview on 11/18/2024 at Staff B (Risk Manager) stated the facility investigation determined Resident 1 refused having care in pairs from staff, in contrast with the resident's CP. Staff B stated they referred Resident 1 to the SSD for appropriate behavior intervention and management. Review of Resident 1's medical records on 11/18/2024 did not show a Psychotropic Drug and Behavior Review Form was initiated for the resident's behavior determined by the facility in the 11/04/2024 incident report. Review of Resident 1's progress notes from 11/04/2024 until 11/18/2024 did not show any SSD documentation regarding the resident's behavior identified in the 11/04/2024 incident report. The facility was not able to provide any documentation to support Resident 1's refusal of care, specifically providing care in pairs, was addressed by the SSD. In an interview on 11/18/2024 at 2:25 PM, Staff C (Resident Care Manager) stated they expected SSD to address Resident 1's behaviors for safe care, .especially since [Resident 1] refuse care in pairs .[I] need to protect both my staff and the resident. In an interview on 11/18/2024 at 2:31 PM, Staff A (Director of Nursing) stated they were aware of Resident 1's refusal of care in pairs and was waiting for SSD to write their notes. Staff A reviewed Resident 1's medical records and confirmed there was no documentation from SSD. Staff A stated the expected SSD to be involved in dealing with residents' refusal of care, .especially since Resident 1 has a lot of behavior issues. Staff A stated they expected SSD to document, in the medical record, their interaction with residents timely. Refer to F656- Develop/Implement Comprehensive CP. REFERENCE: WAC 388-97-0960(1).