

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  06/13/2024
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>42203</p> <p>Based on observation, interview, and record review the facility failed to consider and act promptly to address concerns raised by residents at the Resident Council (RC). Facility failure to ensure resident concerns were considered, acted upon, or a rationale provided when action could not be taken left residents at risk for unresolved concerns, frustration, and a less-than-homelike environment.</p> <p>Findings included .</p> <p>&lt;Facility Policy&gt;</p> <p>The facility's revised January 2017 Resident Council (RC) policy showed the purpose of the RC was to promote resident interest and involvement in the facility, as well as creating a space for residents to voice concerns. The policy showed the RC meetings were facilitated by the council president and minutes kept. The policy showed concerns generated at RC would be addressed via the facility's grievance process.</p> <p>Review of the facility's RC minutes showed the following:</p> <p>The 12/29/2023 RC minutes showed residents expressed a concern that room-bound residents did not receive snacks and treats when there was a party. The minutes did not address whether a solution was discussed at the time, or whether a formal grievance was started for the concern. The next RC was on 01/31/2024. The Old Business section of the 01/31/2024 RC minutes included no follow up to the concern.</p> <p>The 02/21/2024 RC minutes showed the RC president did not wish to attend the meeting.</p> <p>The 03/20/2024 RC minutes showed the vice president resigned from their position at that time, and the president did not join the meeting. Consequently, that month's meeting was canceled.</p> <p>The 04/17/2024 RC minutes showed a new vice president was chosen by residents. The 04/17/2024 minutes showed residents were concerned with the food being served. One resident complained of not getting vegetables, and dry, hard chicken, fish, and pork. Another resident was concerned about the availability of snacks. Residents raised concerns that some of the facility's vending machines did not take cash, and that there was no vending machine on the third floor. The minutes did not indicate what was done in response to these resident concerns, including whether a formal grievance process was started.</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:  505534	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's April 2024 Grievance Log did not include any grievances reflecting concerns raised at the 04/17/2024 RC. There was no follow up to any of the concerns listed from the 04/17/2024 RC meeting in the Old Business section of the next RC meeting minutes on 05/29/2024.</p> <p>The 05/29/2024 RC minutes showed a resident was concerned with two missing containers of ice cream from their unit pantry freezer. The minutes indicated the facility was looking into replacement items. The RC minutes showed residents were concerned with hard-to-cut meat. The minutes showed residents had a concern that chairs were disappearing from the dining room, making it hard to sit down. The minutes showed a resident had a concern with nursing aides moving their items out of reach without asking their permission. The minutes did not indicate how/if the concerns were addressed, including if a formal grievance was initiated.</p> <p>Review of the May and June 2024 grievance logs showed no grievances were generated from the 05/29/2024 RC.</p> <p>The 12/29/2023 and 01/31/2024 minutes were signed by the RC president. The 04/17/2024 and 05/29/2024 RC minutes were signed by the newly appointed RC vice president.</p> <p>In an interview on 06/12/2024 at 12:41 PM, two RC members who wished to remain anonymous stated they were frustrated with the RC process. The residents stated they asked for department heads to attend the meetings but aside from the dietary department, this did not happen. The residents expressed a concern with how snacks and treats were shared with room-bound residents when there was a party, reflecting the concern raised at the 12/29/2023 RC meeting. The residents stated room-bound residents were only offered leftovers. The resident stated they felt the facility was not responsive to concerns raised at RC.</p> <p>In an interview on 06/13/2024 at 12:27 PM Staff V (Activities Director) stated when new concerns arose, they took the concerns to the appropriate department, or processed either through the grievance or state reporting system, as appropriate. Staff V stated they did not process the 05/29/2024 concern regarding nursing aides as a grievance. Staff V stated they referred the missing ice cream concern to Staff D (Social Services Director).</p> <p>In an interview on 06/13/2024 at 12:45 PM Staff D stated they did not remember getting a grievance for missing ice cream after the 05/29/2024 RC. Staff D stated if they received such a concern, they would log and process it formally.</p> <p>REFERENCE: WAC 388-97 -0920(1-6).</p>		

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  06/13/2024
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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43642</p> <p>Based on interview and record review, the facility failed to ensure quarterly personal fund statements were provided to residents with personal fund accounts for 2 of 3 sampled residents (Residents 17 &amp; 27) reviewed for personal fund accounts. This failure placed residents at risk of not having an accurate accounting of their personal funds held in trust by the facility.</p> <p>Findings included .</p> <p>&lt;Facility Policy&gt;</p> <p>According to a revised facility December 2021 Resident Trust Fund policy, the facility would maintain resident trust fund accounts in accordance with state and federal regulations. This policy showed the facility would prepare and distribute, at a minimum, quarterly statements to each resident/resident's responsible party. Copies of the statements were to be kept with the trust reconciliation file.</p> <p>&lt;Resident 27&gt;</p> <p>According to a 05/26/2024 Quarterly Minimum Data Set (MDS - an assessment tool), Resident 27 admitted to the facility on [DATE] had no memory impairment.</p> <p>In an interview on 06/05/24 10:39 AM, Resident 27 stated they had a trust account with the facility and reported they did not receive quarterly statements from staff.</p> <p>&lt;Resident 17&gt;</p> <p>According to a 05/16/2024 Annual MDS, Resident 27 was admitted to the facility on [DATE] and had no memory impairment.</p> <p>In an interview on 06/06/24 at 9:06 AM, Resident 17 stated they had a trust account with the facility and reported they did not receive quarterly statements from staff.</p> <p>In an interview on 06/12/2024 at 12:45 PM, Staff G (Business Office Manager) stated they did not provide statements to residents unless they ask for them and explained that some residents get overwhelmed and think they are bills. Staff G stated providing statements was not a standard thing they hand out, but would if someone asked for one.</p> <p>In an interview on 06/13/2024 at 1:47 PM, Staff G stated they do not routinely provide trust statements to the residents or resident representatives.</p> <p>In an interview on 06/13/2024 at 3:55 PM, Staff A (Administrator) stated their expectation was for staff to follow the facility policy and provide statements as required.</p> <p>REFERENCE: WAC 388-97-0340(3)(c).</p>		

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  06/13/2024
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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43642</b></p> <p>Based on interview and record review, the facility failed to ensure funds were reimbursed to the resident and/or state Office of Financial Recovery (OFR), within 30 days of resident discharge for 7 (Residents 229, 227, 228, 232, 231, 233, &amp; 230) of 9 discharged residents reviewed. This failure caused a delay in reconciling residents' accounts within 30 days as required.</p> <p>Findings included .</p> <p>&lt;Facility Policy&gt;</p> <p>According to a revised facility [DATE] Resident Trust Fund policy, the facility would maintain resident trust fund accounts in accordance with state and federal regulations. This policy showed when a resident discharged or expired, the balance of the resident's personal funds would be returned to the resident, responsible party, or as directed by state regulation.</p> <p>&lt;Resident 229&gt;</p> <p>Record review showed Resident 229 was discharged from the facility on [DATE]. Review of trust records showed the resident had a balance of \$0.60 that still remained in the facility trust's current account balance, 13 months after Resident 229 discharged from the facility.</p> <p>&lt;Resident 227&gt;</p> <p>Record review showed Resident 227 was discharged from the facility on [DATE]. Review of trust records showed the resident had a balance of \$0.09 that still remained in the facility trust's current account balance, 10 months after Resident 227 discharged from the facility.</p> <p>&lt;Resident 228&gt;</p> <p>Record review showed Resident 228 was discharged from the facility on [DATE]. Review of trust records showed the resident had a balance of \$0.11 that still remained in the facility trust's current account balance, nine months after Resident 228 discharged from the facility.</p> <p>&lt;Resident 232&gt;</p> <p>Record review showed Resident 232 was discharged from the facility on [DATE]. Review of trust records showed the resident had a balance of \$43.19 that still remained in the facility trust's current account balance, five months after Resident 232 discharged from the facility.</p> <p>&lt;Resident 231&gt;</p> <p>Record review showed Resident 231 was discharged from the facility on [DATE]. Review of trust records showed the resident had a balance of \$10.95 that still remained in the facility trust's current account balance, almost four months after Resident 231 discharged from the facility.</p> <p>(continued on next page)</p>		

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  06/13/2024
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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>&lt;Resident 233&gt;</p> <p>Record review showed Resident 233 was discharged from the facility on [DATE]. Review of trust records showed the resident had a balance of \$11.42 that still remained in the facility trust's current account balance, almost four months after Resident 233 discharged from the facility.</p> <p>&lt;Resident 230&gt;</p> <p>Record review showed Resident 230 was discharged from the facility on [DATE]. Review of trust records showed the resident had a balance of \$2.30 that still remained in the facility trust's current account balance, one month after Resident 230 discharged from the facility.</p> <p>In an interview on [DATE] at 12:45 PM, Staff G (Business Office Manager) stated their process was to give residents checks when they were discharged and stated they were still attempting to find Resident 232 from a [DATE] discharge. Staff G confirmed there were active remaining balances for residents that discharged greater than 30 days ago and stated they were unaware of any time limit when a resident account was required to be transferred and closed.</p> <p>REFERENCE: WAC [DATE](5).</p>

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  06/13/2024
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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>43642</p> <p>Based on interview and record review, the facility failed to complete Quarterly Minimum Data Set (MDS - an assessment tool) assessments within the regulatory timeframe for 2 of 21 (Residents 17 &amp; 38) sampled residents reviewed for resident assessments and timing. The failure to ensure resident assessments were completed timely placed the residents at risk for delayed care planning, unidentified care needs and services, and a decreased quality of life.</p> <p>Findings included .</p> <p>&lt;Resident Assessment Instrument (RAI - instructional guidelines for MDS completion) Manual&gt;</p> <p>The October 2019 RAI Manual showed a Quarterly MDS was a non-comprehensive assessment used to track the resident's status between comprehensive assessments that ensured residents were monitored for critical indicators of a gradual onset of significant change(s) in their status. The RAI outlined a Quarterly MDS must be completed no later than 14 days after the established Assessment Reference Date (ARD) of the assessment.</p> <p>&lt;Resident 17&gt;</p> <p>Review of Resident 17's 02/14/2024 Quarterly MDS showed an ARD of 02/14/2024 and the Registered Nurse (RN) Coordinator completed and locked the assessment on 03/01/2024, two days past the regulatory timeframe as required.</p> <p>&lt;Resident 38&gt;</p> <p>Review of Resident 38's 03/20/2024 Quarterly MDS showed an ARD of 03/20/2024 and the RN Coordinator completed and locked the assessment on 04/05/2024, two days past the regulatory timeframe as required.</p> <p>In an interview on 06/13/2024 at 12:20 PM, Staff F (MDS Coordinator) stated it was their expectation an MDS be completed timely and confirmed the Quarterly MDS for Resident 17 and Resident 38 was completed more than 14 days after the ARD.</p> <p>REFERENCE: WAC 388-97-1000 (4)(a).</p>		

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  06/13/2024
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42203</b></p> <p>Based on observation, interview, and record review the facility failed to ensure 4 (Residents 27, 38, 25, &amp; 5) of 21 resident's Minimum Data Set (MDS - an assessment tool) reviewed were completed accurately to reflect the resident's condition. This failure placed residents at risk for unidentified and/or unmet care needs.</p> <p>Findings included .</p> <p>43642</p> <p>&lt;Resident 27&gt;</p> <p>According to a 07/24/2023 Significant Change MDS, Resident 27 had multiple medically complex diagnoses including depression and a mood disorder, and required the use of antidepressant medications during the assessment period. This MDS showed staff indicated Resident 27 was not currently considered by the state Level 2 Preadmission Screen and Resident Review (PASRR - a process to determine if a potential nursing home resident had mental health/intellectual disability needs that required further assessment/treatment) to have a Serious Mental Illness (SMI).</p> <p>Review of a 09/28/2021 Level 2 PASRR evaluation summary showed Resident 27 was considered by the state Level 2 PASRR process to have a SMI.</p> <p>In an interview on 06/13/2024 at 12:20 PM, Staff F (MDS Coordinator) stated it was their expectation a Level 2 PASRR would be marked, yes on an MDS when a resident was identified by the state as having a SMI. Staff F reviewed Resident 27's records and stated the 07/24/2023 Significant Change MDS needed to be modified.</p> <p>&lt;Resident 38&gt;</p> <p>According to a 09/20/2023 Annual MDS, Resident 38 did not currently use tobacco.</p> <p>Review of a 09/13/2023 smoking safety evaluation completed by staff showed documentation Resident 38 was observed to safely hold, light, and smoke a cigarette or other smoking materials.</p> <p>Review of a 09/19/2023 Smoking Care Plan (CP) showed Resident 38 smoked and directed staff that the resident's smoking supplies were stored/secured, and could be obtained through smoking attendants.</p> <p>In an interview on 06/13/2024 at 12:20 PM, Staff F stated tobacco use should be captured on an MDS when a resident currently smoked. Staff F reviewed Resident 38's records and confirmed staff indicated Resident 38 was identified as a current smoker on their CP.</p> <p>46479</p> <p>&lt;Resident 25&gt;</p> <p>(continued on next page)</p>		

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  06/13/2024
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 25's records showed the resident had a Level 2 PASRR completed on 09/20/2023. This assessment showed Resident 25 had a history of schizophrenia with recent treatment at a behavioral health center.</p> <p>Review of Resident 25's 10/06/2023 Admission MDS showed Resident 25 admitted to the facility on [DATE]. This assessment showed Resident 25 had a diagnosis of schizophrenia. The MDS showed staff marked 0 under the PASRR section indicating Resident 25 was not considered to have a SMI.</p> <p>In an interview on 06/13/2024 at 2:56 PM, Staff F reviewed Resident 25's records and confirmed the 10/06/2023 MDS was inaccurate. Staff F stated the Level 2 PASRR should be captured on the MDS but it was not.</p> <p>&lt;Resident 5&gt;</p> <p>According to the 05/06/2024 Quarterly MDS Resident 5 had medically complex diagnoses including diabetes and used insulin. This MDS showed Resident 5 did not have any injections, including insulin injections, during the assessment's seven-day lookback period.</p> <p>Review of the April and May 2024 medication administration records showed Resident 5 was administered insulin via injection on all seven days of the assessment's lookback period.</p> <p>In an interview on 06/13/2024 at 1:34 PM, Staff B (Director of Nursing) stated Resident 5 received insulin injections multiple times. Staff B stated nurses performed the insulin injections for Resident 5.</p> <p>In an interview on 06/13/2024 at 12:20 PM Staff F stated it was important for MDSs to be accurate so that resident care needs are met.</p> <p>In an interview on 06/13/2024 at 2:10 PM, Staff B stated MDS assessments should be accurate.</p> <p>REFERENCE: WAC 388-97-1000(1)(b).</p>

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  06/13/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42203</b></p> <p>Based on observation, interview, and record review the facility failed to ensure Care Plans (CPs) were updated and/or revised as needed to reflect person-centered care for 4 (Resident 41, 22, 49, &amp; 2) of 21 sample residents whose CPs were reviewed, and failed to ensure residents participated in Care Conferences (CCs) for 4 (Residents 2, 226, 19, &amp; 27) of 21 sample residents whose CPs were reviewed. This failure left residents at risk for unmet care needs, inappropriate care, and other negative health outcomes.</p> <p>Findings included .</p> <p>&lt;Facility Policy&gt;</p> <p>According to the facility's undated Comprehensive Resident CP policy Social Services was responsible to update the CPs within seven days of the completion of the MDS assessment process. The policy showed Social Services would use CCs as an additional source of information for care planning, and CPs should be updated quarterly, annually, and as needed.</p> <p>&lt;Updating and/or Revising CPs&gt;</p> <p>&lt;Resident 41&gt;</p> <p>According to the 05/21/2024 Admission Minimum Data Set (MDS - an assessment tool) Resident 41 had medically complex diagnoses including heart failure, malnourishment, and respiratory diagnoses. The MDS showed Resident 41 had intact memory and multiple pressure injuries (bed sores).</p> <p>According to a 05/16/2024 Physician's Order (PO) Resident 41 required a specialty air mattress set to alternating at Level 5 every shift related to limited mobility for wound prevention.</p> <p>The revised 06/04/2024 at risk for skin integrity problems . CP included a goal for Resident 41 to maintain or develop clean and intact skin. This CP included an intervention showing Resident 41 needed a specialty mattress for pressure relief pressure to be set at Level 3 and could be adjusted for resident comfort.</p> <p>Observation on 06/10/2024 at 10:18 AM showed Resident 41's mattress at level 5 on the float setting rather than alternating setting. In an interview at this time Resident 41 stated I don't think this bed works. Resident 41 stated the mattress didn't feel right.</p> <p>Observation on 06/11/2024 at 8:31 AM showed Resident 42's air mattress was off as the resident slept. The mattress was deflated. Observation on 06/11/2024 at 10:05 AM showed the mattress was now back on and inflated.</p> <p>In an interview on 06/13/2024 at 1:48 PM Staff B (Director of Nursing) stated Resident 41's mattress should be set according to the PO, and the CP should reflect the PO. Staff B stated the CP should be resident-specific, accurate, and implemented.</p> <p>(continued on next page)</p>		

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  06/13/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>43642</p> <p>&lt;Resident 22&gt;</p> <p>According to the 05/18/2024 Quarterly MDS Resident 22 had intact memory and medically complex diagnoses including coronary artery disease and Diabetes Mellitus (difficulty controlling blood sugar).</p> <p>Record review showed Resident 22 had a 12/20/2023 dietary order for a minced and moist texture diet. This order superseded a 11/17/2023 order for a regular diet with cut up meats.</p> <p>The revised 05/19/2024 Nutrition Risk . CP showed Resident 22 required their meat to be served in soft and bite sized meats related to dental problems. The CP was not updated to reflect the 12/20/2023 order for a minced and moist texture diet.</p> <p>In an interview on 06/07/2024 at 12:05 PM Staff B stated it was important for CPs to be updated as changes occurred to ensure residents received the care they were assessed to require.</p> <p>&lt;Resident 49&gt;</p> <p>According to the 03/19/2024 Annual MD Resident 49 had medically complex diagnoses including stomach discomfort, heart failure, kidney problems, and a Vitamin D deficiency.</p> <p>Record review showed a 01/31/2024 order for Resident 49 to be served a minced and moist texture diet. This order was discontinued on 02/14/2024 and Resident 49 was placed on a regular texture diet.</p> <p>The revised 09/22/2022 ADL care . CP showed, according to a revised 07/07/2023 intervention, Resident 49 required their meat to be served in soft and bite sized form. The CP was not updated to reflect the 02/14/2024 order for a regular texture diet.</p> <p>In an interview on 06/07/2024 at 12:05 PM Staff B stated it was important for CPs to be updated as changes occurred to ensure residents received the care they were assessed to require.</p> <p>46479</p> <p>&lt;Resident 2&gt;</p> <p>According to the 03/19/2024 Quarterly MDS, Resident 2 had a diagnosis of kidney failure and was dependent on dialysis (a treatment that cleaned and filtered wastes from the blood).</p> <p>Observation on 06/07/2024 at 11:18 AM showed Resident 2 sitting in bed. Resident 2 had a dialysis access site to their right upper chest. In an interview on 06/12/2024 at 10:00 AM, Resident 2 stated they did not have a dialysis access site in their arm, only the access site to their right upper chest.</p> <p>Review of Resident 2's Dialysis CP showed a 12/15/2023 intervention that directed staff not to take Resident 2's blood pressure in the arm with the dialysis access site. This CP did not identify that Resident 2's access site was in their chest. There were no interventions directing staff on how to care for or any precautions to take regarding Resident 2's right chest dialysis access site.</p> <p>(continued on next page)</p>		

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  06/13/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 06/12/2024 at 10:22 AM, Staff E (Resident Care Manager) confirmed Resident 2's CP should be updated to specify where Resident 2's dialysis access site was located.</p> <p>&lt;Care Conferences&gt;</p> <p>&lt;Resident 2&gt;</p> <p>Review of the 03/19/2024 Quarterly MDS showed Resident 2 had no memory impairment and had medically complex conditions including heart failure, end stage kidney failure, anxiety, depression, and respiratory failure.</p> <p>Review of a 03/17/2024 quarterly CC form showed Resident 2 was invited to their 03/17/2024 quarterly CC on the same day the CC occurred. Section B of the form listed out the Interdisciplinary Team (IDT) members who attended the CC. This section showed only Staff D (Social Services Director) attended the CC. There were no other members of the IDT including nursing staff, present during the CC. Section C of the form addressed issues or concerns from the resident. This section showed the Resident [had] no issues or concerns.</p> <p>&lt;Resident 226&gt;</p> <p>Review of the 05/30/2024 Admission MDS showed Resident 226 had no memory impairment and had medically complex conditions including quadriplegia, history of a spinal cord injury, and pain. This assessment showed Resident 226 participated in occupational and physical therapy during the assessment period. The MDS showed Resident 226 was taking an antibiotic, antidepressant, diuretic, and narcotic pain medication during the assessment period.</p> <p>Review of a 05/28/2024 admission CC form showed Resident 226 had a CC on 05/28/2024 and was invited to their CC on the same day the CC occurred. This document showed the only member of the IDT present at the CC was Staff D. IDT members from therapy or nursing were not at the CC according to the form. This document showed the reason for the CC was because Resident 226 was newly admitted to the facility and Resident 226 did not have concerns about their care.</p> <p>In an interview on 06/13/2024 at 10:22 AM, Staff D stated CCs usually only included Staff D and the resident. Staff D stated they put the CC on the calendar so other staff were aware of it. Staff D stated CCs were usually scheduled the same day or one day in advance. Staff D stated nurse managers only attended the CCs if they were available. Staff D confirmed same day or one day in advance was not much notice. Staff D stated their process was to pre-fill out the CC form prior to the actual CC. Staff D stated they would then review the form with the resident. Staff D stated it was important to have the IDT involved in the resident's CC for more cohesion of resident care, but the IDT was not involved.</p> <p>&lt;Resident 19&gt;</p> <p>According to the 05/26/2024 5-Day MDS Resident 19 had intact memory and readmitted to the facility from the hospital on 05/20/2024.</p> <p>In an interview on 06/05/2024 at 9:50 AM Resident 19 stated they did not recall having a CC since they first admitted .</p> <p>(continued on next page)</p>		

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  06/13/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review showed a 05/23/2024 CC form for Resident 19. This documentation showed Resident 19 was invited to attend on 05/23/2024 but did not indicate whether the resident attended. The CC documentation showed Resident 19 report[ed] no issues or concerns and no CP updates were needed or requested.</p> <p>In an interview on 06/13/2024 at 12:44 PM Staff D stated CCs were important to ensure care was well coordinated and continued to meet the resident's needs. Staff D stated the Social Services department led the CC process and involved nursing and activities as needed. Staff d stated often CCs were done only with Social Services input and that usually sufficed.</p> <p>&lt;Resident 27&gt;</p> <p>According to the 05/26/2024 Quarterly MDS Resident 27 had intact memory and medically complex diagnoses including heart failure and a wound infection. The MDS showed Resident 27 admitted to the facility on [DATE].</p> <p>In an interview on 06/05/2024 at 10:49 AM Resident 27 stated the facility had only ever done 1 or 2 CCs since they admitted . Resident 27 stated they had complained enough about it.</p> <p>Record review showed a 04/29/2024 CC form in Resident 27's chart. This form showed Resident 27 was invited to attend on 04/25/2024 but did not indicate whether the resident attended. The CC form showed Resident 27 had no concerns at the time, and no CP updates were needed or requested.</p> <p>REFERENCE: WAC 388-97-1020(2)(c)(d), 1020(2)(d), (4)(c)(i-ii).</p>		

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  06/13/2024
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 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 observation, interview, and record review the facility failed to ensure Physician's Orders (POs) were followed for 3 (Residents 27, 41, &amp; 38) of 21 sample residents reviewed, POs were clarified for 3 (Residents 226, 27, &amp; 49) of 21 sample residents reviewed, and nurses signed only for tasks completed for 2 (Residents 49 &amp; 19) of 21 sample residents. These failures left residents at risk for unmet care needs, unnecessary treatment, inaccurate records, and other negative health outcomes.</p> <p>Findings included .</p> <p>&lt;Follow Orders&gt;</p> <p>&lt;Resident 27&gt;</p> <p>According to a 05/26/2024 Quarterly Minimum Data Set (MDS - an assessment tool) Resident 27 had multiple medically complex diagnoses including heart failure.</p> <p>Review of Resident 27's April, May, and June 2024 Medication Administration Records (MAR) showed the resident received a medication for heart failure with directions to staff to hold the dose if the heartrate was less than 60 beats per minute. The April 2024 MAR showed staff did not hold the medication when the heartrate was outside of the parameters on one of four occasions. In May 2024 staff did not hold the medication as required on six occasions and in June 2024 staff did not hold the medication as required on one occasion.</p> <p>In an interview on 06/13/2024 at 10:07 AM, Staff S (Resident Care Manager) stated staff should follow the orders and Resident 27's medication should be but was not held when their heartrate was less than 60.</p> <p>&lt;Resident 41&gt;</p> <p>According to the 05/21/2024 Admission MDS Resident 41 had medically complex diagnoses including heart failure, malnourishment, and respiratory failure. The MDS showed Resident 41 had intact memory, shortness of breath or trouble breathing when lying flat, and used supplemental oxygen.</p> <p>According to a 06/05/2024 Physician's Order (PO) Resident 41 required oxygen via a nasal cannula (tubing that delivers oxygen to the nostrils) at one-to-two Liters Per Minute (LPM).</p> <p>Observation on 06/10/2024 at 10:18 AM showed Resident 41's oxygen concentrator was set at 2.5 LPM. Observation on 06/11/2024 at 8:31 AM showed Resident 41's oxygen concentrator was set at 2.5 LPM. Observation on 06/13/2024 at 8:36 AM showed Resident 41's oxygen concentrator was set at 3.5 LPM.</p> <p>In an interview on 06/07/2024 at 12:05 PM Staff B (Director of Nursing) stated it was important for POs to be followed.</p> <p>(continued on next page)</p>		

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  06/13/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 06/13/2024 at 1:48 PM staff B stated Resident 41's oxygen POs should be followed.</p> <p>&lt;Resident 38&gt;</p> <p>Review of Resident 38's May 2024 MAR showed a 01/20/2204 order for 118 milliliters (ml) of a nutritional supplement to be administered once daily. Staff documented on 24 of 24 occasions they administered 240 ml, rather than the 118 ml as ordered. Review of the June 2024 MAR showed staff administered 240 ml of the nutritional supplement to Resident 38, rather than the 118 ml as ordered on 3 of 3 occasions.</p> <p>In an interview on 06/13/2024 at 10:07 AM, Staff S stated it was their expectation for staff to follow the providers orders.</p> <p>&lt;Clarification of Orders&gt;</p> <p>&lt;Resident 226&gt;</p> <p>Review of the 05/30/2024 Admission MDS showed Resident 226 had no memory impairment, was understood, and could understand others in conversation. The assessment showed Resident 226 had diagnoses of a spinal cord injury and pain. The MDS showed Resident 226 received scheduled and non-scheduled pain medications during the assessment period.</p> <p>In an interview on 06/06/2024 at 8:18 AM, Resident 226 stated they experienced pain from their knees down and the doctors were recently adjusting their pain medications.</p> <p>Review of Resident 226's 06/06/2024 order summary showed a 05/24/2024 PO for an over-the-counter pain medication to be administered every eight hours As Needed (PRN) for pain. This order did not include pain level parameters to direct staff when Resident 226 should receive the PRN medication.</p> <p>The 06/06/2024 order summary showed a 06/05/2024 PO directing staff to administer one tablet of a narcotic pain medication PRN for pain. This order did not identify parameters for staff to know what pain level to administer the medication for. A second 06/05/2024 PO directed staff to administer two tablets of the PRN narcotic pain medication PRN for pain. This PO did not instruct staff at what pain level to administer the medication for.</p> <p>Review of Resident 226's 06/2024 MAR showed staff administered the over-the-counter PRN pain reliever for resident-reported pain levels of 3, 5, 6, 7, and 8. This MAR showed staff administered one tab of the PRN narcotic medication for resident reported pain levels of 0, 1, 6, 7, and 8. The MAR showed staff administered two tablets of the PRN narcotic pain medication for resident reported pain levels of 7 and 8.</p> <p>In an interview on 06/12/2024 at 1:12 PM, Staff B confirmed the POs should be clarified with pain level parameters, so staff knew what medication order to administer to Resident 226.</p> <p>&lt;Resident 27&gt;</p> <p>(continued on next page)</p>		

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  06/13/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>According to a 05/26/2024 Quarterly MDS, Resident 27 had multiple medically complex diagnoses including chronic wound infections and frequently had pain.</p> <p>Review of Resident 27's May 2024 MAR showed an order for a non-narcotic pain medication to be given as needed every six hours for pain. Staff documented this medication was administered on four occasions for a pain range of 4-8 out of a 10-pain scale. A second order for a narcotic pain medication was to be given every six hours as needed for pain. Staff documented this as administered on 37 occasions for a pain range of 5-9 out of a 10-pain scale. There were no directions to staff to indicate which pain medication should be administered for which pain levels.</p> <p>In an interview on 06/13/2024 at 10:07 AM, Staff S stated their expectation was for pain medications orders to have parameters if there was more than one medication ordered for pain. Staff S stated the POs needed to be clarified so staff had directions on which medication to administer.</p> <p>&lt;Resident 49&gt;</p> <p>Review of Resident 49's June 2024 MAR showed a 02/15/2024 order for a pain medication patch to be applied, to affected areas one time daily for pain. This order did not indicate to staff where Resident 49's pain was located.</p> <p>In an interview on 06/13/2024 at 10:07 AM, Staff S stated the pain medication patch needed to be clarified.</p> <p>&lt;Signing for Tasks Not Completed&gt;</p> <p>&lt;Resident 49&gt;</p> <p>According to a 03/27/2204 Annual MDS Resident 49 had multiple medically complex diagnoses including kidney failure and required dialysis services.</p> <p>Observations on 06/11/2024 at 9:03 AM showed staff preparing Resident 49 to leave for dialysis. Staff did not provide Resident 49 with any paperwork or documentation prior to the resident leaving for dialysis.</p> <p>Review of Resident 49's June 2024 Treatment Administration Records (TAR) showed a 2/15/2024 order for staff to send a copy of the current MAR with documentation of any changes in the resident's condition and any new labs obtained or the dialysis transfer form with the resident to coordinate medication regime with the dialysis center every Tuesday, Thursday, and Sunday. This order was signed as completed by staff on 06/11/2024.</p> <p>In an interview on 06/13/2024 at 10:07 AM, Staff S stated it was their expectation staff did not sign for tasks they did not complete.</p> <p>&lt;Resident 19&gt;</p> <p>(continued on next page)</p>		

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  06/13/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation of the morning medication pass on 06/07/2024 at 8:21 AM showed Staff J (Licensed Practical Nurse) administering medications to Resident 19. Staff J brought Resident 19 their morning medications. At that time Resident 19 stated they did not want their eye drops or laxative drink mix. Staff J removed the eye drops and disposed of the laxative. In an interview at that time, Staff J stated Resident 19 rarely wanted their eye drops or laxative.</p> <p>Review of Resident 19's June 2024 MAR on 06/07/2024 at 2:09 PM, showed Staff J documented Resident 19 accepted the eye drops and laxative medications. Staff J did not document Resident 19 refused the medications as observed earlier that day.</p> <p>In an interview on 06/12/2024 at 1:10 PM, Staff B stated staff should not document medications as given if the medications were not administered. Staff B stated if a resident consistently refused a medication, Staff B expected nursing staff to contact the physician for further instruction.</p> <p>REFERENCE: WAC 388-97-1620(2)(b)(i)(ii),(6)(b)(i).</p> <p>46479</p> <p>42203</p>		

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  06/13/2024
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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43642</b></p> <p>Based on interview and record review, the facility failed to develop and implement a discharge planning process to effectively transition the residents to the community for 2 (Residents 26 &amp; 22) of 2 residents reviewed for discharge planning. This failure placed the residents at risk for a delay in discharge, unnecessary nursing care, avoidable healthcare expenses, and diminished quality of life.</p> <p>Findings included .</p> <p>&lt;Resident 26&gt;</p> <p>According to a 04/19/2024 Quarterly Minimum Data Set (MDS - an assessment tool), Resident 26 admitted to the facility on [DATE], had no memory impairment, and had an active discharge plan occurring for the resident to return to the community.</p> <p>In an interview on 06/04/2024 at 2:41 PM, Resident 26 stated they waited a long time to be discharged to an adult family home and expressed frustration it was taking so long.</p> <p>Review of a 04/28/2023 Admission MDS and the 01/30/2024 Annual MDS showed Resident 26 had an active discharge plan occurring for the resident to return to the community.</p> <p>Review of a revised 10/10/2023 discharge Care Plan (CP) showed Resident 26 wanted to discharge to an adult family home to be close to their son or their sister. This CP Goal section showed the resident's discharge goals are: (SPECIFY abilities, dates, milestones). The goal was incomplete and not resident specific. This CP included a second goal for Resident 26 to be able to correctly administer their own medications and treatments.</p> <p>Review of Resident 26's physician orders did not show the resident was on a self-medication administration program.</p> <p>&lt;Resident 22&gt;</p> <p>According to a 05/18/2024 Quarterly MDS, Resident 22 admitted to the facility on [DATE], had no memory impairment, and had an active discharge plan in place for the resident to return to the community.</p> <p>In an interview on 06/04/2024 at 10:40 AM, Resident 22 expressed they discussed their discharge with staff but did not know why it took so long.</p> <p>Review of a revised 04/24/2023 discharge CP showed Resident 22 wished to return to their apartment with care givers. This CP included a goal showing the resident's discharge goals are: (SPECIFY abilities, dates, milestones). This goal was incomplete and not resident specific. The CP included a second goal for Resident 22 to be able to correctly administer their own medications and treatments.</p> <p>(continued on next page)</p>		

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  06/13/2024
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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 22's physician orders did not show the resident was on a self-medication administration program.</p> <p>In an interview on 06/13/2024 at 2:10 PM Staff B (Director of Nursing) stated it was important for discharge CPs to be current, resident specific, and revised with changes. Staff B stated it was important for discharge goals to be realistic. Staff B stated the process was important to ensure residents discharged safely, and it was important for the facility to work towards discharge when practical.</p> <p>In an interview on 06/13/2024 at 12:44 PM Staff W (Social Services Director) stated when residents admit they discuss discharge goals with the resident and follow up as appropriate depending on the resident's wishes. Staff W stated goals for discharge depended on the resident's functional status and the setting the resident aimed to discharge to. Staff W stated they did not document their conversations with state agencies or other potential providers.</p> <p>REFERENCE: WAC 388-97-0080.</p>

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  06/13/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>43642</p> <p>Based on observation, interview, and record review the facility failed to ensure a restorative program was provided for 2 of 4 (Resident 19 &amp; 38) sample residents identified by staff with mobility limitations and reviewed for Range of Motion (ROM). These failures placed residents at risk for declines in ROM, reduction in mobility, increased dependence on staff, and a decreased quality of life.</p> <p>Findings included .</p> <p>&lt;Policy&gt;</p> <p>According to a revised March 2019 facility, Restorative Program policy, the restorative program focused on achieving and maintaining each resident's highest practicable functioning. This policy showed each restorative service was recorded on a restorative flowsheet each time the program was implemented/completed.</p> <p>&lt;Resident 19&gt;</p> <p>According to a 04/14/2024 Quarterly Minimum Data Set (MDS - an assessment tool) Resident 19 had no memory impairment and was dependent on staff to roll from side to side and to sit up on the side of their bed. This MDS showed Resident 19 had no rejection of care and only received their Restorative Nursing Program (RNP) on one day during the assessment period.</p> <p>In an interview on 06/05/2024 at 9:35 AM, Resident 19 stated they only received their RNP once or twice since returning from the hospital in May 2024.</p> <p>Review of a revised 05/07/2024 impaired mobility Care Plan (CP) showed Resident 19 had a RNP three days per week.</p> <p>Review of a 05/22/2024 Physical Therapy (PT) evaluation showed the plan for Resident 19 was to begin restorative therapy to assist with bed mobility and wheelchair transfers.</p> <p>According to the May and June 2024 restorative documentation, Resident 19 only received the RNP four times in the two-week period starting 05/20/2024 and ending 06/11/2024, rather than the minimum of six times as ordered.</p> <p>In an interview on 06/12/2024 at 1:20 PM, Staff M (Restorative Nurse) reviewed Resident 19's restorative flowsheets and stated according to the documentation, Resident 19 was not provided the RNP as scheduled.</p> <p>&lt;Resident 38&gt;</p> <p>According to a 03/20/2024 Quarterly MDS, Resident 38 had no memory impairment and had multiple medically complex diagnoses including a spinal cord dysfunction with a functional limitation in ROM to one of their arms and both legs.</p> <p>(continued on next page)</p>		

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  06/13/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 06/06/2024 at 12:47 PM, Resident 38 stated staff recently mentioned they were going to start doing exercises with the resident again.</p> <p>The revised 05/08/2024 impaired mobility CP directed staff to provide a RNP for Resident 38 three to six days per week.</p> <p>Review of May 2024 restorative documentation showed Resident 38 was started on the restorative program on 05/08/2024 and received only five days of the RNP during the month of May, rather a minimum of nine days as ordered. Review of June 2024 restorative documentation showed Resident 38 was only provided four days of their RNP in the first two weeks, rather than a minimum of six days as ordered.</p> <p>In an interview on 06/12/2024 at 1:20 PM, Staff M stated restorative programs were important, so residents would not lose the mobility they had and/or to regain strength they had previously. Staff M reviewed Resident 38's restorative flowsheets and stated according to the documentation, Resident 38 was not provided the RNP as scheduled. Staff M stated their expectation was for staff to provide RNPs as directed, document when the program was completed, and/or refused by a resident.</p> <p>REFERENCE: WAC 388-97-1060((3)(d),(j)(ix).</p>		

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  06/13/2024
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>43642</p> <p>Based on observations, interview, and record review, the facility failed to ensure ongoing communication and collaboration occurred with the dialysis (procedure to clean and filter waste from the blood) center for 2 (Resident 2 &amp; 49) of 2 sample residents reviewed. These failures placed residents at risk for unidentified medical complications, adverse health outcomes, and unmet care needs.</p> <p>Findings included .</p> <p>&lt;Facility Policy&gt;</p> <p>Review of the facility's Dialysis policy, updated March 2021, the facility required the dialysis center to provide the resident's pre and post dialysis weights, labs, medications given at the appointment, and any follow up care required upon upon the resident's return to the facility. This policy showed if the facility nurse did not receive the required documentation, the facility was expected to call the dialysis center to request the information.</p> <p>&lt;Resident 49&gt;</p> <p>According to a 03/27/2204 Annual Minimum Data Set (MDS - an assessment tool), Resident 49 had multiple medically complex diagnoses including kidney failure and required dialysis services.</p> <p>In an interview on 06/05/2024 at 12:48 PM Resident 49 stated they were frustrated with staff about their dialysis appointments. Resident 49 stated staff rarely sent them with the paperwork for their dialysis appointments and reported the staff were supposed to send a sack lunch on their breakfast tray on dialysis days.</p> <p>Review of Resident 49's Physician Orders (POs) showed a 02/14/2024 order directing staff to call the dialysis center if Resident 49 did not have a dialysis transfer form upon their return to the facility. The PO showed the transfer form should include Resident 49's pre and post dialysis weights. Staff were to document the receipt of the transfer form. Resident 49 had an additional 02/15/2024 order for staff to send a copy of the current Medication Administration Record (MAR) with documentation of any changes in the resident's condition and any new labs obtained or the dialysis transfer form with the resident to coordinate medication regime with the dialysis center every Tuesday, Thursday, and Sunday.</p> <p>Review of an 11/30/2023 revised risk for nutrition Care Plan (CP) showed a 05/28/2024 intervention with directions to staff to provide a sack lunch on the breakfast tray on Tuesdays, Thursdays, and Sundays for dialysis.</p> <p>(continued on next page)</p>

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  06/13/2024
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observations on 06/06/2024 at 8:31 AM showed Resident 49 was brought their breakfast tray by staff and the tray did not include a sack lunch. Review of Resident 49's breakfast meal ticket at this time showed directions to staff to provide the dialysis sack lunch on the breakfast tray on Tuesdays, Thursdays, and Sundays. In an interview at this time, Resident 49 stated, see they never remember. Resident 49 stated if they did not remind staff, they would often not get the lunch and had to pack their own food from their room. Resident 49 stated they often had to wait for staff to go and obtain the lunch when it is time to leave.</p> <p>Observations on 06/11/2024 at 8:16 AM showed no sack lunch was delivered on Resident 49's breakfast tray. In an observation at 9:03 AM on 06/11/2024, staff were observed preparing Resident 49 to leave for dialysis. Staff did not provide Resident 49 with any documentation for dialysis or a sack lunch. At 9:38 AM on 06/11/2024, after Resident 49 was in the lobby waiting for their ride to dialysis, staff stated they forgot about the sack lunch, went to kitchen to grab it, and brought it to the resident, but no paperwork was provided as ordered.</p> <p>In an interview on 06/12/2024 at 11:12 AM, the dialysis center staff stated Resident 49 did not usually arrive with any paperwork and stated the facility only calls, once in a while.</p> <p>Review of Resident 49's scanned documents for May 2024 showed the facility only received Hemodialysis Treatment Information documents twice, on 05/12/2024 and 05/30/2024, rather than after every dialysis appointment as ordered.</p> <p>In an interview on 06/13/2024 at 11:01 AM, Staff V (Resident Care Manager - RCM) stated part of the process of preparing a resident for dialysis was making sure they had their paperwork, their meal was packed and ready, and after visit paperwork was obtained. Staff V stated it was their expectation staff follow the dialysis policy and follow the POs.</p> <p>46479</p> <p>&lt;Resident 2&gt;</p> <p>According to the 03/19/2024 Quarterly MDS, Resident 2 did not have memory impairment and had a diagnoses of kidney failure. This MDS showed Resident 2 was dependent on dialysis.</p> <p>Review of Resident 2's POs showed a 12/13/2023 PO directing staff to call the dialysis center if Resident 2 did not have a dialysis transfer form upon their return to the facility. The PO showed the transfer form should include Resident 2's pre and post dialysis weights. Staff were to document the receipt of the transfer form.</p> <p>Review of Resident 2's May 2024 MAR showed staff documented a 9 indicating a progress note was made related to whether staff received the dialysis transfer form on 5 of 13 opportunities. On 05/18/2024, the documentation was blank. Review of Resident 2's May 2024 progress notes, showed staff did not document progress notes regarding whether the dialysis center was called and the transfer form was obtained.</p> <p>(continued on next page)</p>		

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  06/13/2024
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 2's scanned documents showed the facility received Hemodialysis Treatment Information documents a day or more after Resident 2's dialysis treatment. There was no treatment information paperwork for Resident 2's 05/14/2024 dialysis appointment. Resident 2 had dialysis on 05/18/2024 but the treatment information was not received until 05/20/2024. Resident 2's 05/25/2024 paperwork was not received until 05/29/2024, four days after the appointment.</p> <p>In an interview on 06/11/2024 at 1:03 PM, Staff E (RCM) stated the nurse was responsible for sending the dialysis transfer form with Resident 2 to their dialysis appointment. Staff E stated upon Resident 2's return to the facility, the nurse was to verify Resident 2 came back with the transfer form completed by the dialysis center. If Resident 2 arrived to the facility without the form, Staff E stated the nurse was supposed to call the dialysis center to obtain the paperwork.</p> <p>In an interview on 06/12/2024 at 9:09 AM, the dialysis center staff reported the facility just started sending [Resident 2] with paperwork yesterday.</p> <p>In an interview on 06/12/2024 at 1:14 PM, Staff B (Director of Nursing) stated it was important the facility received the transfer form because the facility needed to know Resident 2's weight. Staff B stated it was important for the nursing staff to know if Resident 2 had a lot of fluid removed during their dialysis appointment, so staff knew what monitoring Resident 2 required.</p> <p>REFERENCE: WAC 388-97-1900(1), (6)(a-c).</p>

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  06/13/2024
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42203</b></p> <p>Based on observation, interview, and record review the facility failed to provide residents the required medically related social services to attain or maintain the highest practicable physical, mental, and psychosocial wellbeing for 1of 18 sampled residents (Resident 66). The failure to address the residents' refusals of care and follow up on essential care needs placed Resident 66 at risk for poor hygiene, skin issues, nd decreased quality of life.</p> <p>Findings included .</p> <p>According to the 04/03/2024 Quarterly Minimum Data Set Resident 66 admitted to the facility on [DATE] and had medically complex diagnoses including a history of stroke, an anxiety disorder, malnutrition, increased need for sleep, adult failure to thrive, Diabetes Mellitus (DM - difficulty controlling blood sugar) and hearing loss. The MDS showed Resident 66 refused an interview to assess their memory and was assessed by staff with intact memory. The MDS showed Resident 66 rejected care daily, and their rejection of care worsened since the previous assessment.</p> <p>Observation on 06/04/2024 11:53 AM showed Resident 66 lying in their room. Resident 66 was undressed and uncovered from the waist down, and had dry flaky feet and toes with thick, scaly, yellow toenails. Resident 66 laid on their right side in an unlit room. There were two empty glasses on their over-bed table and numerous packets of sugar, condiments, and jams on the bedside table. Two urinals were hung on a garbage can.</p> <p>On 06/04/2024 at 1:46 PM Resident 66 refused an interview with a surveyor.</p> <p>An 11/06/2023 Department of Social and Health Services (DSHS) assessment showed Resident 66 was admitted to the hospital after being discharged from their retirement center. This assessment showed Resident 66's spouse would not accept the resident back home. This assessment showed Resident 66 wanted to discharge to an adult family home in the [NAME] area.</p> <p>Record review showed a 01/31/2024 podiatry consultation in Resident 66's record. The consult showed Resident 66 refused the appointment.</p> <p>Record review showed Resident 66 had a 12/29/2023 order for weights to be collected weekly. The order was discontinued on 02/02/2024.</p> <p>Record review showed Resident 66 refused to be weighed on 01/02/2024, on 01/16/2024, and on 01/22/2024. No weight was obtained for Resident 66 between 12/29/2023 and 02/07/2024, the entire duration of the weekly weights order. There were no documented attempts to reapproach Resident 66 to measure their weight. There were no progress notes or other records indicating the Social Services department was involved in problem solving Resident 66's refusals to be weighed.</p> <p>Review of the bathing record showed in April 2024 showed Resident 66's scheduled bath days were Sundays and Tuesdays. The bathing record showed Resident 66 refused bathing on 04/14/2024, 04/18/2024, 04/21/2024, 04/25/2024, and 04/28/2024.</p> <p>(continued on next page)</p>		

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  06/13/2024
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the May 2024 bathing record showed Resident 66 refused bathing on 05/02/2024, 05/05/2024, 05/09/2024, 05/19/2024, 05/23/2024, 05/26/2024, and 05/30/2024.</p> <p>Review of the June 2024 bathing record showed Resident 66 refused bathing on 06/02/2024, 06/06/2024, 06/09/2024, and 06/13/2024. Resident 66 refused all bathing from 04/14/2024 until accepting a shower on 05/16/2024, over a month later. After accepting a shower on 5/19/2024, Resident 66 did not receive another shower through 06/13/2024, a period of 25 days. In total Resident 66 received two showers and no other bathing from 04/14/2024 through 06/13/2024, a period of two months.</p> <p>Review of the progress notes showed on 11 occasions Staff C (Resident Care Manager) charted they discussed shower refusals with Resident 66 (03/18/2024, 03/22/2024, 03/25/2024, 04/16/2024, 04/19/2024, 05/06/2024, 05/10/2024, 05/13/2024, 05/20/2024, 05/28/2024, and 06/03/2024). None of the progress notes indicated Staff C referred the refusals concern to the Social Services department.</p> <p>Review of the progress notes showed only four progress notes completed by the social services department for Resident 66: a 12/29/2023 progress note regarding Resident 66's social determinants of health that showed the resident refused to respond to all questions except to indicate they did not require an interpreter; a 03/28/2024 quarterly social services review note; a 03/29/2024 progress note regarding Resident 66's social determinants of health that showed the resident refused to respond to all questions except to indicate they did not require an interpreter. There were no social service notes addressing Resident 66's refusals of care or discharge planning.</p> <p>Review of the 04/02/2024 care conference documentation showed Staff D (Social Services Director) was the only facility staff who attended the conference. The documentation showed Resident 66 refused to participate in the conference. The conference included a goal to discharge to an adult family home and identified finding an adult family home as barrier to discharge.</p> <p>In an interview on 06/07/2024 at 11:21 AM Staff C stated Resident 66 refused foot care, toenail care, and bathing. Staff C stated Resident 66 did not like to be woken from sleep. Staff C stated Resident 66 could become agitated when woken.</p> <p>Review of the Care Plan (CP) showed a behavior monitor CP that directed staff to document Resident 66's behaviors including refusing showers. There was no CP developed to comprehensively address Resident 66's refusals, and no direction to staff what do if the resident refused care.</p> <p>In an interview on 06/13/2024 at Staff D stated when a resident refused care the RCM should involve social services. If social services were unable to assist, behavioral health services should be sought. Staff D stated they were not involved with a particular resident for refusals at that time. When asked about Resident 66 in particular, Staff D stated the resident had refused all assistance including behavioral health services. Staff D stated they could provide no records to demonstrate their involvement in Resident 66's refusals including Resident 66 rejecting Social Services assistance. Staff C did not identify the cause or purpose of Resident 66's refusals.</p> <p>REFERENCE: WAC 388-97-0960 (1).</p>		

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  06/13/2024
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>43642</p> <p>Based on interview and record review, the facility failed to ensure pharmacy recommendations were followed up in a timely manner and/or included in the resident's records for 3 (Residents 43, 27, &amp; 49) of 5 residents who were reviewed for unnecessary medications. This failure placed residents at risk for delays in necessary medication changes, lab work, incomplete medical records, and adverse side effects.</p> <p>Findings included .</p> <p>&lt;Facility Policy&gt;</p> <p>Review of the facility's Medication Regimen Review (MRR) policy dated March 2019, showed a pharmacist completed monthly MRR reviews for the residents. This policy showed the pharmacist emailed any irregularities or recommendations to the attending physician, medical director, and director of nursing. Once reviewed, the facility would respond to the pharmacist's recommendations for nursing tasks/interventions within two weeks.</p> <p>&lt;Resident 27&gt;</p> <p>According to a 05/26/2024 Quarterly Minimum Data Set (MDS - an assessment tool), Resident 27 had multiple medically complex diagnoses including heart failure, high blood pressure, and had frequent pain identified during the assessment period.</p> <p>A 04/12/2024 MRR showed the facility's pharmacist reviewed Resident 27's medications and made two recommendations. One recommendation was to decrease a nerve pain medication. This recommendation was signed by the provider, indicated they agreed, but did not include a date the provider signed the order. This recommendation was not found in Resident 27's records, rather in a facility binder. The second recommendation was to obtain lab work related to a risk of thyroid abnormalities due to Resident 27 taking a heart rhythm medication. This recommendation was signed, agreed to, and dated on 05/01/2024, 19 days after the recommendation was made, and included an order to obtain the lab work recommended.</p> <p>A 05/01/2024 progress note showed staff documented an order was received to have the recommended lab work completed and staff scheduled the lab work for 05/06/2024. Review of Resident 27's records on 06/13/2024, nine weeks after the pharmacy recommendation was made, showed the ordered lab work was still not completed as ordered.</p> <p>In an interview on 06/13/2024 at 10:07 AM, Staff S (Resident Care Manager) stated their expectation was for staff to obtain lab work as recommended and ordered by the provider. Staff S reviewed the lab binder and stated they did not see the lab slip was completed with the recommended orders and stated the labs should be completed as ordered.</p> <p>&lt;Resident 49&gt;</p> <p>(continued on next page)</p>		

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  06/13/2024
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>According to a 03/27/2024 Annual MDS, Resident 49 had multiple medically complex diagnoses including heart failure, chronic lung disease, and received scheduled pain medications during the assessment period.</p> <p>A 02/16/2024 MRR showed the facility's pharmacist reviewed Resident 49's records and made a recommendation to discontinue an asthma inhaler medication. This recommendation was signed by the provider on 02/29/2024, indicated they agreed, and was noted by facility staff on 02/29/2024.</p> <p>A 02/29/2024 progress note showed staff documented the pharmacy recommendation was made to discontinue the asthma inhaler medication, the orders were updated, and the resident was placed on alert monitoring for the change.</p> <p>On 03/12/2024 the pharmacist indicated the asthma inhaler medication was still being administered and recommended evaluation. Record review showed Resident 49 continued on the asthma inhaler medication until 03/13/2024, almost four weeks after the original recommendation to discontinue the medication was made on 02/16/2024.</p> <p>A 03/12/2024 MRR showed the facility's pharmacist reviewed Resident 49's records and made a recommendation to evaluate a narcotic pain medication discontinue date, this recommendation was not available in Resident 49's records as required.</p> <p>In an interview on 06/13/2024 at 2:10 PM, Staff B (Director of Nursing) stated their expectation was for staff to follow up on pharmacy recommendations and expected staff to process orders within a couple days of being signed by the provider. Staff B stated recommendations made by pharmacy should be readily available in the resident records.</p> <p>46479</p> <p>&lt;Resident 43&gt;</p> <p>Review of Resident 43's 04/10/2024 Quarterly MDS showed Resident 34 had diagnoses of heart failure and used a diuretic (medication that helped the body rid itself of excess fluid) medication during the assessment period.</p> <p>Review of a 04/12/2024 MRR showed the facility's pharmacist reviewed Resident 43's medication. The pharmacist noted Resident 43 was taking the diuretic medication and recommended the facility staff obtain bloodwork for Resident 43 related to the use of the diuretic. This form was signed by the provider but not dated as to when the provider acknowledged the form.</p> <p>Review of Resident 43's lab results showed Resident 43 had the recommended bloodwork completed on 05/13/2024, more than four weeks after the pharmacist recommendation.</p> <p>In an interview on 06/13/2024 at 11:19 AM, Staff B stated it was their expectation staff completed provider orders within 24 hours of receiving them. Staff B was unable to determine when the provider acknowledged the MRR.</p> <p>REFERENCE: WAC 388-97-1300(4)(c).</p>		

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  06/13/2024
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>42203</p> <p>Based on observation, interview, and record review the facility failed to ensure food served from the facility kitchen met the dietary preferences or required texture for 6 of 21 sample residents (Residents 43, 56, 41, 18, 38, &amp; 25). The failure to ensure residents were served meals that honored their preferences (Residents 38 &amp; 25) and was prepared with the required texture (Residents 43, 56, 41, &amp; 18) left residents at risk for weight loss, frustration, overly-processed food, and a diminished quality of life.</p> <p>Findings included .</p> <p>&lt;Facility Policy&gt;</p> <p>According to the facility's updated March 2016 Food Preference Record Policy dietary orders and food allergy/intolerance information should be gathered from the medical record and resident preferences verified via interview with the resident by the Food and Nutrition Service (FANS) Manager. The interview would be a discussion of cultural/religious preferences and therapeutic or altered-texture diets.</p> <p>&lt;06/11/2024 Lunch Service&gt;</p> <p>Record review showed the main entree on the menu that day was lime tarragon chicken. The break out menu (a print out showing all the different substitutions required for different dietary orders such as altered textures, controlled carbohydrate diets etc.) showed residents requiring a soft and bite sized menu should be served two ounces of the chicken at SB (soft and bite sized) texture and residents requiring minced and moist textured food should be served two ounces of the chicken at MM (minced and moist) texture.</p> <p>Observation the facility kitchen's tray line for lunch service on 06/11/2024 showed Staff T (FANS Cook) preparing the entrees for lunch trays. At 11:47 AM Staff T stated the minced and moist and soft and bite sized entrees were prepared with the same altered texture chicken, the difference was the minced and moist entrees required sauce/gravy over the meat. Observation of the steam table at that time showed Staff T served both the minced and moist and soft and bite sized plates with chicken that had a finely shredded texture and more closely resembled a minced texture to a bite sized texture. The minced and moist plates were served with a sauce/gravy, as described by Staff T. Staff T stated that day's menu included a half cup of buttered noodles but residents requiring a controlled-carbohydrate menu should receive a quarter cup of the buttered noodles. Staff T demonstrated the used half cup measure to estimate a quarter cup of buttered noodles rather than measuring with a quarter cup measure.</p> <p>Review of the 06/11/2024 Diet Type Report showed 10 current residents (including Residents 43, 56, 41, and 18 who were included in the survey sample) required soft and bite sized texture meals.</p> <p>(continued on next page)</p>		

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  06/13/2024
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 06/13/2024 at 10:58 AM Staff U (Speech-Language Pathologist) stated there should be a difference in texture between minced and moist and soft and bite sized textured meals. Staff U stated the principle difference was in the size of the pieces of food: minced and moist should have a finer texture closer on the spectrum to a puree than soft and bite sized. Staff U stated providing residents food where the texture was altered more than the resident was assessed to require could negatively impact the palatability of the food.</p> <p>In an interview on 06/13/2024 at 10:23 AM Staff H (FANS Manager) stated residents should be served food at the texture they were assessed to require. Staff H stated all food servings should be measured to ensure residents received the nutrition they required, no eyeballing.</p> <p>43642</p> <p>&lt;Resident 38&gt;</p> <p>According to a 03/20/2024 Quarterly Minimum Data Set (MDS - an assessment tool), Resident 38 had no memory impairment, no rejection of care, and was independent with eating. This MDS showed Resident 38 was of Asian decent.</p> <p>In an interview on 06/05/2024 at 8:36 AM, Resident 38 stated they often only ate fruit for meals and most of the time they skip meals as the food was mostly American food. Resident 38 stated they liked culturally appropriate foods and often ordered food from outside in order to have food the liked and preferred. Resident 38 stated it was a long time since they spoke with the dietician and stated the dietician did not follow up with Resident 38 regarding food preferences.</p> <p>Observations on 06/06/2024 at 12:42 PM showed a lunch tray with fruit in Resident 38's room. In an interview at this time, Resident 38 stated they would eat better if they were served Asian foods, and stated, I would love that. Resident 38 stated they no longer bothered to look at the menu and usually just ordered food from outside the facility when they could afford it.</p> <p>Review of a 09/15/2023 food preferences record showed staff identified Resident 38 had no cultural/religious food preferences.</p> <p>Review of a 09/20/2023 dietary manager progress note showed documentation they spoke with Resident 38 regarding food preferences and the resident wished to stop meals due to the meals not being what they liked. This note showed Resident 38 indicated they preferred Filipino food only.</p> <p>A 01/23/2024 dietitian progress note showed documentation Resident 38 had some recent weight loss. Resident 38 stated they skipped meals due to decreased appetite, desire to lose weight, and the food being served did not meet their preferences.</p> <p>Review of a 03/28/2024 revised meal intake Care Plan (CP) showed a goal that Resident 38 would not have weight loss or complications related to refusing food and would eat at least one bite of each food offered daily. This CP gave directions to staff to encourage the resident's family members to bring in favorite food items from home or favorite restaurant items and to explain the importance of prescribed diet and the need for adequate nutritional intake.</p> <p>(continued on next page)</p>		

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  06/13/2024
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 06/13/2024 at 10:23 AM, Staff H was asked about honoring food preferences in regards to cultural and ethnic foods. Staff H stated they had a menu to follow. Staff H stated they provided fruit plates per Resident 38's request. Staff H stated they believed their meal service menus offered plenty of choices for the residents.</p> <p>46479</p> <p>&lt;Resident 25&gt;</p> <p>According to the 03/28/2024 Quarterly MDS, Resident 25 did not have impaired memory, was understood, and could understand others in conversation. This MDS showed Resident 25 had weight loss.</p> <p>In an observation and interview on 06/06/2024 at 1:10 AM, Resident 25 was eating lunch in their room. Resident 25 had a chocolate nutritional shake that was untouched on their tray. At that time, Resident 25 stated they had an intolerance for milk and did not drink the nutritional shakes staff provided. Observation of the nutritional shake showed non-fat milk listed as the first ingredient. Observation of Resident 25's meal ticket showed milk listed under the dislikes section of the tray ticket. A similar observation on 06/11/2024 at 12:58 PM showed a strawberry flavored nutritional shake containing non-fat milk as the first ingredient.</p> <p>Review of Resident 25's 10/05/2023 Food Preference Record document showed Resident 25 had an intolerance to milk. Under the section of dislikes, staff marked Resident 25 did not like milk.</p> <p>In an interview on 06/13/2024 at 11:01 AM, Staff V (Resident Care Manager) stated it was their expectation a resident's food preferences be followed by staff.</p> <p>REFERENCE: WAC 388-97-1100(1),(2).</p>		

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  06/13/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>42203</p> <p>Based on observation and interview, the facility failed to ensure resident meals were prepared or stored in accordance with professional standards of food safety for 1 of 1 facility kitchens, and 2 of 3 unit refrigerators. The failure to ensure dried foods were stored as required, that all refrigerated food was dated and labeled as required, to ensure Potentially Hazardous Food (PHF), drinks were served at the appropriate temperature, the kitchen was free from potential contaminants, and unit refrigerators were properly maintained left residents at risk for food contamination, food borne illnesses, and spoiled food.</p> <p>Findings included .</p> <p>&lt;Facility Policy&gt;</p> <p>According to the facility's revised October 2017 Food Storage policy, cold foods should be maintained at a temperature of 41 degrees Fahrenheit or colder. The policy showed all opened food packages should have a use by date.</p> <p>The facility's revised August 2020 Resident Personal Refrigerators and Foods Brought Into Center by Family/Visitors policy showed perishable food brought in to residents from outside the facility must be covered, labeled, dated, and discarded according to the food labeling reference guide. The policy showed refrigerators storing resident food should have a thermometer inside them, and a log where temperatures are documented.</p> <p>The facility's July 2008 Refrigerator and Freezer Temperatures policy showed all refrigerators and freezers should have an internal thermometer. The policy showed staff should document the temperature twice a day. The policy showed refrigerators should be maintained at a temperature of 35 - 40 Fahrenheit.</p> <p>&lt;Kitchen Observations&gt;</p> <p>Observation of the facility's kitchen dry storage area on 06/04/2024 at 9:38 AM showed an open bag of carrot cake mix. The bag was not marked with the date it was open. In an interview at that time Staff H (Food and Nutrition Service Manager) stated the date sticker fell off but it should be dated. The pantry contained an open bag of powdered sugar with no open date. Staff H stated because it was not dated it must be thrown out. The pantry contained an open packet of orzo pasta that was not dated. Staff H said the open pasta container should be dated. The pantry contained an open bag of puffed rice cereal that was not dated to indicate when it was opened.</p> <p>Observation on 06/04/2024 at 9:45 AM of the kitchen's freezer showed an open container of hamburger patties. This package was not dated to indicate when it was open. Staff H stated the package should be dated.</p> <p>(continued on next page)</p>

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  06/13/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 06/11/2024 at 11:20 AM showed an air duct was located on the ceiling along most of the length of the kitchen, over food preparation areas. The duct had six vents. The vents had streaks of dust and grime radiating three-to-five inches from the slots. An additional smaller vent was located on the end of the duct. This vent also had streaks of dirt radiating out from the slots.</p> <p>In an interview on 06/13/2024 at 10:23 AM Staff H stated the vents should be cleaned monthly by the maintenance department. Staff H stated they did not maintain a log or schedule documenting when the vents were cleaned.</p> <p>Observation on 06/11/2024 at 9:02 AM of the kitchen's drink fridge showed the fridge contained the following: an open, undated carton of thickened, 2% milk, an open, undated carton of thickened apple juice, and an open, undated carton of thickened lemon water. In an interview at that time Staff H stated the cartons should be labeled but were not and discarded the three cartons.</p> <p>&lt;Tray Line&gt;</p> <p>Observation on 06/11/2024 at 11:39 AM showed Staff I (Food and Nutrition Service Aide) placed trays of milk and juice on a counter near the steam tray to place on trays as they were prepared and loaded on the cart. There was nothing to prevent the beverages from reaching room temperature. The beverages were unrefrigerated from 11:39 AM until the last tray was placed on the cart at 12:53 PM.</p> <p>Observation of a test tray 06/11/2024 at 1:02 PM showed the glass of milk on the tray was at 58 Fahrenheit and the juice was at 63 Fahrenheit. In an interview on 06/13/2024 at 10:23 AM Staff H stated it was important for food to be served at the right temperature. Staff H stated milk could spoil. Staff H pondered how better to keep the drinks at temperature.</p> <p>&lt;Unit Fridges&gt;</p> <p>Observation of the 300 Unit Pantry 06/12/2024 at 9:48 AM showed the refrigerator contained seven sandwiches, various condiments, butters, drink cartons, and apple sauces, all with use by dates. The refrigerator had a thermometer, but no log was found where staff could document the temperature. The pantry contained a second refrigerator which stored some dishes in containers brought in from outside the facility for a resident in that unit. This refrigerator contained a thermometer but did not have a log to document the temperature of the refrigerator per the facility policy.</p> <p>Observation of the 200 Unit Pantry on 06/12/2024 at 9:53 AM showed the refrigerator contained prepared sandwiches, condiments and beverages, all with use by dates . This fridge did not have a thermometer inside to capture the temperature and no log was observed where staff could document the temperature. The pantry had a second refrigerator containing home-cooked food dated 06/01/2024 with the name of a resident from that floor. On the door of the fridge a food storage guideline was attached showing homemade food should be used within five days or less. The fridge did not contain a thermometer, and there was no log where staff could document the temperature. The freezer above the refrigerator was empty except for a thermometer. There was no temperature log for the freezer. In an interview on 06/04/2024 at 9:45 AM Staff H stated it was important for refrigerators to be at the right temperature and stated the facility logged the temperature of their refrigerators</p> <p>REFERENCE: WAC 388-97-1100 (3), -2980.</p>		

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  06/13/2024
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 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>43642</p> <p>Based on observation, interview, and record review, the facility failed to ensure specialized rehabilitative services were provided as determined by the Physician's Order (PO) for 2 of 2 (Residents 22 &amp; 17) residents reviewed for therapy services. This failure prevented residents from attaining, maintaining, or being restored to their highest practicable level of physical, mental, functional, and psycho-social well-being.</p> <p>Findings included .</p> <p>&lt;Resident 22&gt;</p> <p>According to a 05/18/2024 Quarterly Minimum Data Set (MDS - an assessment tool), Resident 22 had multiple medically complex diagnoses and had no memory impairment. This MDS showed Resident 22's most recent Physical Therapy (PT) or Occupational Therapy (OT) regimen was 10/06/2023.</p> <p>In an interview on 06/04/2024 at 10:40 AM, Resident 22 stated they were supposed to have therapy on their neck but reported, nothing was being done about that.</p> <p>Observations on 06/04/2024 at 11:23 AM, showed Resident 22 put on their call light, staff answered, and Resident 22 stated, when do I get therapy for my neck? At this time, the staff went to the therapy department to notify them of the resident's concern.</p> <p>Review of Resident 22's PO showed a 04/15/2024 order for a referral to PT for evaluation and treatment of headaches with neck movements and decreased Range Of Motion (ROM).</p> <p>Review of Resident 22's records revealed no PT evaluation was completed after the 04/15/2024 order was received, two months previously.</p> <p>In an interview on 06/13/2024 at 1:24 PM, Staff N (Therapy Director) reviewed their records and stated there was no PT evaluation completed in 2024 for Resident 22. Staff N stated they were only recently made aware of the pending PT order from 04/15/2024.</p> <p>&lt;Resident 17&gt;</p> <p>According to a 05/16/2024 Annual MDS, Resident 17 had multiple medically complex diagnoses including arthritis and pain to both knees and had no memory impairment. This MDS showed Resident 17 had no recent therapy regimens that occurred and no rejection of care.</p> <p>In an interview on 06/06/2024 at 9:10 AM, Resident 17 indicated the doctor talked to them about doing exercises and stated, they do not have anyone here.</p> <p>Review of Resident 17's POs showed a 12/27/2023 order for a referral to PT/OT for re-evaluation of weakness related to transfer safety.</p> <p>(continued on next page)</p>		

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  06/13/2024
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 17's records revealed no PT or OT evaluation was completed after the 12/27/2023 order was received, almost six months previously.</p> <p>In an interview on 06/13/2024 at 1:24 PM, Staff N reviewed their records and stated there was no PT or OT evaluations completed since the 12/27/2023 PO was obtained. Staff N stated they were not aware of the order for evaluation on 12/27/2023. Staff N stated their expectation was for PT and/or OT evaluations to be completed within 24-48 hours after a referral for PT/OT was made.</p> <p>REFERENCE: WAC 38-97-1280 (1)(a-b).</p>		