

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/15/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505489	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/05/2012
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NAME OF PROVIDER OR SUPPLIER  SEA MAR COMMUNITY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1040 SOUTH HENDERSON STREET SEATTLE, WA 98108
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000 INITIAL COMMENTS

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This report is the result of an unannounced Abbreviated Survey conducted at SeaMar Community Care Center on 9/19/12, 9/27/12, 9/28/12, 10/1/12 and 10/5/12. A sample of 8 current residents was selected from a census of 96 and 2 discharged residents reviewed as closed records.

The following complaints were investigated as part of this survey: #2670085, 2662030, 2666450, 2676520, 2675706, and 2678784.

The survey was conducted by:

Liza Masher, RN, BSN (Complaint Investigator)

The survey team is from:

Department of Social and Health Services  
Aging & Disability Services Administration  
Residential Care Services, Region 4, Unit C  
20425 72nd Avenue South, Suite 400  
Kent, Washington 98032-2388  
Telephone: (253) 234-6004  
Fax: (253) 395-5070

Residential Care Services Date

*Return used 10-15-2015*

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>C. Drew</i>	TITLE <i>Administrator</i>	(X6) DATE <i>10/26/12</i>
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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.

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F 000 Continued From page 1

F 329 483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS  
SS=E

Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.

Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

This REQUIREMENT is not met as evidenced by:  
Based on observation, interview and record review, the facility failed to ensure quarterly psychotropic medication evaluation were performed for three of ten sampled residents (#1, #2, #3). This failure placed residents at risk for adverse side effects or to receive unnecessary

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483.25(i) DRUG REGIMEN IS FREE FROM  
F.329 UNNECESSARY DRUGS

11/2/12

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Psych meds review for Residents #1, #2 and #3 were completed on 10/8/2012 and their care plans were updated as needed.

Also on 10/8/2012, the interdisciplinary team developed a process whereby psych med review will take place during the quarterly care conference process. Additionally, psychotropic medication related issues occurring between care conferences will be addressed during the weekly At Risk (interdisciplinary) Meeting. The At-Risk Meeting was initiated on 10/17/2012.

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medications.

Findings include:

FACILITY POLICY:

The facility's Antipsychotic Drug Use policy stated "The use of psychotropic drugs for each resident will be reviewed quarterly by the interdisciplinary team for the following: drug to drug interactions, drug food interactions, adverse reactions, and ongoing need for use of these medications".

Resident #1 was admitted to the facility on [REDACTED] with diagnoses [REDACTED] according to the [REDACTED] Minimum Data Set Assessment (MDS).

Resident #1 was observed on 10/5/12 at 9:30 a.m. sitting in a wheelchair in her room and answered questions very briefly but did not make any eye contact.

Record review revealed Physician Orders (P.O.'s) dated 12/2/11 included antipsychotic medication, [REDACTED] and P.O.'s dated [REDACTED]/11 included antidepressant [REDACTED]. The last Quarterly Psychotropic Medication Assessment was dated 1/26/12. When asked on 9/28/12 at 2:45 p.m., Staff A, a Mental Health Therapist was unable to locate a more recent quarterly assessment. Similar findings were identified for Resident #2 who had P.O.'s for antipsychotic medication [REDACTED] on 4/5/12 and antidepressant [REDACTED] on 4/7/11. Resident #2's last Quarterly Psychotropic Medication Assessment was dated 4/23/12. Resident #3 who had P.O.'s on 3/14/12 for antipsychotic medication [REDACTED] and

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To monitor compliance – 20% of residents who had care conference (and who have psychotropic medications) will be audited weekly.

Administrator and DNS to ensure compliance.

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antidepressant ██████ on 10/20/11. Resident #3's last Quarterly Psychotropic Medication Assessment was dated 3/26/12.

In an interview on 9/28/12 at 2:45 p.m., Staff A confirmed the evaluation should have been done every three months but was not performed. Staff A said the facility had Psychotropic Drug Review Committee (PDRC) that consists of Mental Health Therapist, Social Worker, Residential Care Managers and Pharmacy Consultant. Staff A also indicated PDRC was led by the Social Worker but since Social Worker left on April 2012 Quarterly Psychotropic Medication Assessment were not done timely. Staff A also said "It affects the residents in a sense that there may not be a gradual dose reduction and change of medication if needed like adjustments, increasing or reducing dose or changing medications."

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