

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

PRINTED: 12/31/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505438	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2014
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NAME OF PROVIDER OR SUPPLIER SEATTLE KEIRO	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 EAST YESLER WAY SEATTLE, WA 98122
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced State Off-Hours Quality Indicator Survey conducted at Seattle Keiro on 12/09/14, 12/10/14, 12/11/14, 12/12/14, 12/14/15, 12/15/14, 12/16/14 and 12/17/14. This included a weekend off-hours survey from 5:55 p.m. until 8:10 p.m. on 12/14/14. A sample of 40 residents was selected from a census of 140. This sample included the records of seven former/discharged residents.</p> <p>The survey was conducted by:</p> <p>Susan Abrisz, MSW Mavis Kankomba, RN, BSN Ann E. Lee, MSW Barbara Jackson, RN, BSN</p> <p>This team is from:</p> <p>Department of Social & Health Services Aging & Long Term Support Services Administration Residential Care Services, Region 2, Unit E 20425 72nd Avenue South, Suite 400 Kent, Washington 98032-2388 Telephone: (253) 234-6000 Fax: (253) 395-5070</p> <p><i>[Signature]</i> 12/31/14 Residential Care Services Date</p>	F 000	<p><i>Fixed copy of POE Received Jan 1-12-15 KSC</i></p> <p>RECEIVED JAN 14 2015 DSHS/ADSA/RCS</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Randi Sack</i>	TITLE ADMINISTRATOR	(X6) DATE 01/12/2015
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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 242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and review of records, it was determined the facility failed to consistently identify preferences regarding frequency of bathing for Residents (#125 and #205) two of three residents reviewed for their right to make choices. Failure to identify and address resident's choices regarding customary habits which had significance to them could possibly impact their quality of life in the nursing facility.</p> <p>Findings include:</p> <p>The Director of Nursing Staff B was interviewed on 12/15/14 at 12:15 a.m., and stated the facility did not have a written policy and procedure regarding bathing. Review of the facility Admission packet which included resident's information read: "showers are given on a bi-weekly schedule, more often if necessary." Further review of the Admission Packet did not have an explanation of who determined the necessity for residents to have more than two showers a week.</p> <p>RESIDENT #125: On 12/10/14 at approximately 11:00 a.m.,</p>	F 242	<p>F-242: Self-determination – right to make choices</p> <p>Resident #205 has since discharged from the facility. Resident #125 was interviewed regarding her preference for bathing (shower/tub bath/sponge or bed bath) and frequency. Resident #125's care plan and nursing kardex were updated to reflect this specific preference. This resident and all other residents will be offered a choice of bathing type when assessed per facility protocol (admission, quarterly, annually, and upon significant change in condition) and specific choices will be documented at each frequency. The admissions packet has been updated to reflect that the facility will, after admission, routinely offer a resident bathing of his/her choice twice per week and more often upon request. Staff B and F and all licensed staff have been in-serviced on the importance of residents' right to make choices in general and also specifically in terms of bathing. Director of Nursing Services (DNS) and/or designee is responsible for compliance.</p>	01/20/15

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F 242	<p>Continued From page 2</p> <p>Resident #125 said she preferred to be bathed daily, but she was not given an option to choose the frequency of baths when she was admitted. She stated she was told by staff she would be assisted with showers two times a week. Review of Admission Nursing assessment dated 08/17/14 revealed Resident #125 preferred tub baths; however documentation regarding resident's preference for how frequently she took showers was not included.</p> <p>RESIDENT #205 Similar findings were noted for Resident #205 who was admitted to the facility [REDACTED]. On 12/10/14 at approximately 9:30 a.m., Resident #205 stated that he had received only one shower since he was admitted to the facility. The resident also stated he preferred three showers a week. He continued and stated that the facility did not provide him with the options to choose how many times he took showers in a week. Review of the Nursing Kardex, dated 12/01/14, revealed the resident preferred showers, bed baths and tub baths, but did not include how often he preferred to be bathed.</p> <p>On 12/17/14 at about 09:20 a.m., the Resident Care Manager, Staff F, was interviewed about the facility's scheduling of resident's showers and preferred frequency for bathing. Staff F said residents were assessed for bathing patterns on admission, but could not provide evidence the resident was assessed for preferred bathing frequencies.</p> <p>On 12/17/14, the Director of Nursing (DNS) Staff B was interviewed about the facility's scheduling of resident's showers and preferred frequency for bathing. Staff B stated residents were assessed</p>	F 242	<p>RECEIVED JAN 14 2015 DSHS/ADSA/RCS</p>	01/20/15

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F 242	Continued From page 3 for bathing patterns on admission. She further stated the information was documented in the Minimum Data Set (MDS) assessment tool. Review of Resident's #205's MDS did not show the resident was assessed for preferred frequency of bathing.	F 242		01/20/15	
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS 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 interview and record review, the facility	F 329	F-329: Drug regimen is free from unnecessary drugs Resident #107 was assessed and also seen by a Mental Health regarding antipsychotic drug use and a new recommendation was submitted to the resident's physician for review. An order was received to continue the anti-depressant and a rational for its continued use was documented. Resident #107 exhibited no adverse effects from continued use of the medication. The facility Psychotropic Medication Review Committee (PMRC) updated the protocol for Gradual Dose Reduction (GDR) including timely follow-up of any recommendation with the attending physician. Staff D, the 3rd floor social worker, members of the PMRC and licensed nurses have been in-serviced on the updated protocol. DNS and/or designee is responsible for compliance.	01/20/15	

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F 329	<p>Continued From page 4</p> <p>failed to ensure recommendations from the Psychotropic Medication Review Committee were forwarded to a resident's physician for review for Resident #107, one of five residents reviewed for unnecessary medications. This failure resulted in the resident possibly receiving an antidepressant for which there was no indication for its continued use.</p> <p>Findings include:</p> <p>Resident #107 was admitted to the facility on [REDACTED] with multiple medical diagnoses including dementia, anxiety and depression. The most recent Minimum Data Set (MDS) assessment, dated 10/09/14, indicated the resident did not have a serious mental illness, had no indicators of depression or behavioral disturbances, including hallucinations or delusions.</p> <p>On 12/17/14 at 9:13 a.m., an interview was conducted with Resident #107 utilizing facility staff for interpretation. When asked how she was, Resident #107 stated "Good." When asked if she was happy, she stated "Yes, happy except no husband" after which she smiled and laughed.</p> <p>Review of the the Physician's Orders for Resident #107 revealed the resident was receiving the antidepressant [REDACTED] daily for anxiety with the order dated [REDACTED]</p> <p>Review of Resident #107's medical record revealed a note from the Consultant pharmacist to the resident's attending physician, dated 02/13/13. The note identified problems with use of the diagnosis of "insomnia/nervousness" for [REDACTED] indicating this was not an acceptable</p>	F 329	<p style="text-align: right;">RECEIVED JAN 14 2015 DSHS/ADSA/RCS</p>	01/20/15

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F 329	<p>Continued From page 5</p> <p>medical diagnosis. Additionally, the pharmacist recommended the physician consider a possible gradual dose reduction (GDR) of the [REDACTED]. Review of the letter revealed no written response from the physician concerning these recommendations.</p> <p>Further review of Resident #107's medical record revealed a recommendation by the facility's Psychotropic Medication Review Committee meetings, urging the attending physician consider the discontinuation of the [REDACTED]. On 12/17/14, Staff D, the 3rd floor social worker, provided two "Note to Attending Physician/Prescriber" dated 10/14/14 and 12/08/14, which were unsigned by the Consultant Pharmacist and recommended the discontinuation of the [REDACTED].</p> <p>On 12/17/2014 at 8:53 a.m. and 12:01 p.m., interviews were held with Staff D. He stated the Psychotropic Medication Review Committee met on a quarterly basis. He indicated the process was for the Committee to review residents' medications and if any issues were identified, the Consulting Pharmacist would generate the "Note to the Attending/Physician/Prescriber" for the physician's review. The resident's "case manager" would then follow up on the recommendations. When asked why this process had not been followed for the two different recommendations for Resident #107, he stated he did not know.</p> <p>Failure of the facility to ensure the resident's physician was informed of recommendations from the Psychotropic Medication Review Committee did not ensure Resident #107 received only medications which were necessary since at least 10/14/14, and possibly since</p>	F 329	<p style="text-align: right;">RECEIVED JAN 14 2015 DSHS/ADSA/RCS</p>	01/20/15

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F 329	Continued From page 6 02/13/13.	F 329		01/20/15	
F 364 SS=E	<p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP</p> <p>Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of food temperatures documented by the facility, the facility failed to consistently ensure meals served to residents were maintained at sufficiently hot temperatures to promote palatability.</p> <p>Three of nine sample residents, who were interviewed reported problems with food that was not hot when served, and were not palatable due to this. Since these residents spoke on condition of anonymity, resident identifiers will not be used. Failure by the facility to ensure meals were palatable when served placed residents at risk for less than adequate nutritional intake.</p> <p>Findings include:</p> <p>RESIDENT INTERVIEWS: During initial interviews with residents on 12/09/14 through 12/14/14, three residents identified problems with the palatability of meals they were served, reporting that food which was to be hot, was often cold when served.</p>	F 364	<p>F-364: Nutritive value/appear, palatable/prefer temp</p> <p>The facility immediately started using insulated bases and covers for all plated hot items and fitted lids on bowls and cups requiring to be delivered to residents' rooms. This measure will ensure that the heat does not escape as quickly and allow the food to cool, and remain at palatable levels. Residents were subsequently interviewed and temperatures of food delivered to rooms were deemed acceptable. Residents will be interviewed regarding the palatability of food, including temperature, monthly at Resident Council meetings and prn. Temperatures will be checked periodically in rooms unannounced via "guest trays." Licensed staff and dietary staff have been in-serviced on new interventions and the importance of timely meal delivery, including delivery of room trays, in order to maintain temperature and palatability of meals. Dietary manager and/or designee is responsible for compliance.</p>	01/20/15	

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F 364	<p>Continued From page 7</p> <p>Residents stated the food was "sometimes served cold when it is supposed to be served hot"; "It's not that hot. The soup is not hot". A third resident reported some foods were not hot when served, including vegetables and soup.</p> <p>MEAL OBSERVATIONS: On 12/15/14 between 12:08 p.m. and 12:35 p.m., the noon meal service for residents of the Garden Terrace unit was observed. At 12:23 p.m., a test tray was requested. At 12:27 p.m., the cart with resident meal trays arrived at the smaller dining room. By 12:34 p.m., staff had completed serving lunch trays to residents.</p> <p>At 12:35 p.m., the following food temperatures and other data were obtained from the test tray: A bowl of miso soup was 123 degrees Fahrenheit (dF) and was barely warm. It had been served in a bowl that was not warmed or covered when placed in the meal cart. A serving of pureed beef was 124 dF barely warm and of an extremely heavy/ glutinous texture when tasted. Hot foods are to be maintained at 140 dF or more during service and should not lose significant heat during the serving process to maintain palatability.</p> <p>On 12/16/14 from 12:22 p.m. through 12:43 p.m., a second observation of the noon meal service was conducted for third floor residents. Hot food temperatures documented by dietary staff prior to meal service were well above 160 dF.</p> <p>At 12:30 p.m. on 12/16/14, a test tray was requested and was placed on a cart along with meal trays for residents who ate in a small third floor dining room. The cart with meal trays arrived at the dining room at 12:31 p.m., and the</p>	F 364		01/20/15	

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F 364	<p>Continued From page 8</p> <p>last meal tray was served at 12:43 p.m.</p> <p>Temperatures of hot food items on the test tray were measured at 12:43 p.m. A serving of white fish was 106 dF and barely warm when tasted. The temperature obtained for a bowl of Osumono soup was 111 dF and lukewarm, and a serving of rice was 114 dF and was cold when tasted. A serving of chopped kale was 119 dF, was slightly warm, and had little discernable seasoning. The bowls in which these items were served were not heated prior to serving the meal. This resulted in heat transferring from the food to the dish. The bowls also were not covered after service to minimize further heat loss.</p> <p>At 12:55 p.m., the temperature of a bowl of soup from the steam table was checked for comparison and found to be 148 dF. The significant loss of heat noted for each of the food items on the test tray was discussed with Staff C, the Dietary Manager, who was present during the meal service. When the test tray temperatures were discussed with him, he nodded, then commented "Maybe we need to use lids."</p> <p>During a follow up interview on 12/17/14 at 11:00 a.m., Staff C was asked about his process for monitoring food temperatures during meal service. He said he did "spot checks for accuracy" and checked food temperatures from the tray line service, but for residents who ate in the main dining room, instead of residents who were served from the tray carts. He also said the Registered Dietitians did a test tray to monitor food temps monthly. He said approximately 17 residents on third floor did not dine in the main dining room and approximately ten residents in the Garden Terrace unit ate in the smaller dining</p>	F 364		01/20/15	

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F 364	Continued From page 9 room. When asked if the facility had a means to heat dishes prior to serving meals, Staff C said they did not use a plate warmer or plate liners. He also commented the facility used to use insulated plate covers but this was not currently being done. He acknowledged the food temperatures as obtained from the test tray were not in the proper temperature range.	F 364		01/20/15	
F 412 SS=D	483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide or obtain routine dental services to meet the needs of Resident #158, one of three residents reviewed for dental services. The failure to promptly make a dental referral placed Resident #158 at risk for poor nutritional status due to damaged dentures and missing teeth. Findings include:	F 412	F-412: Routine/Emergency dental services in nfs Resident #158 was assessed and also seen by the dentist. There were no complaints of pain and the resident did not require significant dental work. The resident will now be seen routinely by the facility dentist. The facility protocol for referrals to the dentist, including routine and emergency visits, has been updated. Staff E, the Speech Language Pathologist (SLP) and licensed staff have been in-serviced on the updated protocol. DNS and/or designee is responsible for compliance.	01/20/15	

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F 412	<p>Continued From page 10</p> <p>Resident #158 was admitted to the facility on [REDACTED]. Admitting diagnoses included failure to thrive (FTT), a condition affecting the resident's nutritional status. Record review revealed the resident was able to make her needs known.</p> <p>During an interview on 12/09/14 at 2:49 p.m., the resident stated she lost two bottom teeth which were not a part of a lower partial denture. She said she did not want to make a "big deal" about it and did not know if the facility could do anything. The two front lower teeth were missing, and an area of her lower gums was black in color.</p> <p>A facility admission assessment dated [REDACTED] revealed Resident #158 had both natural teeth and dentures and there were missing teeth and broken teeth.</p> <p>On 12/04/14, Resident #158 received a visit from her medical provider. Notes from this visit indicated the resident continued to have FTT, and planned nutritional and hydration support. Additionally, the nursing care plan revealed the resident had broken partial plates. Interventions included preventing aspiration and to provide referral for dental services as needed.</p> <p>The resident had been followed by the Speech Language Pathologist (SLP) for chewing and swallowing impairment with goals which included slowing weight loss.</p> <p>Review of the facility's "Communication Book" revealed documentation by the SLP dated 04/01/14 indicating Resident #158 had two lower teeth which were decayed. Another entry dated 04/06/14 also revealed difficulty with dentures</p>	F 412	<p>RECEIVED JAN 14 2015 DSHS/ADSA/RCS</p>	01/20/15

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505438	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/17/2014	
NAME OF PROVIDER OR SUPPLIER SEATTLE KEIRO		STREET ADDRESS, CITY, STATE, ZIP CODE 1601 EAST YESLER WAY SEATTLE, WA 98122		
(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
F 412	<p>Continued From page 11 and a dental bridge. A progress note dated 04/06/14 written by the SLP, also provided a detailed description of the condition of the resident's teeth and recommended a dental referral "ASAP to see if her lower teeth need to come out and to address the poor fitting partial."</p> <p>On 12/16/14 at 1:05 p.m., during an interview with the Resident Care Manager, (Staff E), she stated the SLP did document the missing teeth in progress notes and on a facility communication form. However, the instructions for making a dental referral were not in the Communication Book, and the SLP did not follow the necessary process. She believed this resulted in Resident #158 not receiving a dental appointment for eight months after a referral was to be made.</p>	F 412	<p style="text-align: center;">RECEIVED JAN 14 2015 DSHS/ADSA/RCS</p>	01/20/15