STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505188	A. BUILDING _____ B. WING _____	**07/07/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LIFE CARE CENTER OF FEDERAL WAY	**1045 SOUTH 308TH STREET FEDERAL WAY, WA 98003**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0758 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Interview and record review the facility failed to ensure one resident (#1) were free unnecessary [MEDICAL CONDITION] drugs. Facility staff's failure to identify individualized non-drug interventions (NDI's) with behavior monitoring placed the resident at risk to receive unnecessary medications. Findings included . RESIDENT #1 According to the 06/09/2020 Quarterly MDS (minimum data set) Resident #1, had physical behavioral symptoms directed towards staff which included threatening, screaming and cursing. In a telephone interview on 06/19/2020 at 11:02 AM, Resident #1 stated, I usually feel pretty safe in the facility, except on one occasion when this tall black guy shoved a soiled rag in my mouth. On 06/19/2020 at 11:56 AM, during a telephone interview with Staff's (A, B & C) present. Staff B DNS (RN-Director of Nurses) stated, the resident frequently experienced delusions, such as resisting care, or believing he can walk (resident is unable to walk due to recent stroke), or aggressive behavior towards staff. A review of the resident's clinical record revealed staff failed to consistently document the resident's behaviors such as delusional statements, refusal of care and verbal/physical attacks towards staff. A review of the June 2020 Physicians orders revealed Resident #1 was currently receiving an anti-depressant medication and a medication to aide in sleep. During a telephone interview on 06/23/2020 at 1:32 PM. Staff D, SSD (Social Service Director) said, he's delusional, he says things like I walked to the commuter train station or he'll refuse to take drinking water from staff because he's afraid they gave him dirty water. Staff #D said, in addition, he accuses staff of exhibiting threatening behaviors when in fact he's usually the aggressor. Staff D was asked if the facility had identified the target behaviors and documented the resident behaviors and the number of hours the resident slept. Staff D said, Currently, we don't consistently document the resident's behaviors, I guess it's because everyone is just kind of use to him acting like this. Also, I was told because he only takes a supplement for sleep weren't required to monitor the number of hours he slept. In an interview at 1:52 PM Staff C RNC (Regional Nurse Consultant), acknowledged the facility staff failed to consistently monitor the resident's behaviors, document or monitor the number of hours the resident slept each day. Staff #3 said, If the resident was receiving the medications/supplements for a specific reason the staff should monitor the resident for the effectiveness of the treatment. REFERENCE: WAC 388-97-1060 (3)(k)(i). .

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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.