



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

April 1, 2020

Administrator
Life Care of Kirkland
10101 NE 120th Street
Kirkland, WA 98034

**IMPOSITION OF A STOP PLACEMENT
AND CONDITIONS ON A LICENSE**

Dear Administrator:

On March 26, 2020 the Department of Social and Health Services (DSHS), Residential Care Services conducted an unannounced complaint investigation at your facility to determine compliance with state licensing requirements and Federal requirements for nursing homes participating in the Medicare and/or Medicaid programs.

Survey staff found the facility to be in violation of the following state requirement(s):

388-97-1060(1) – Quality of care

The facility failed to ensure timely interventions for a respiratory outbreak resulting in multiple acute changes leading to hospitalization and resident deaths.
WAC 388-97-4480(2)(b)(4)(d) and WAC 388-97-4500(1)(a)(2)(a)(4)(c).

388-97-1260(3)(a)(b)(c) – Physician services

The facility failed to ensure adequate physician coverage during a respiratory crisis resulting in risk for harm for all residents.
WAC 388-97-4480(2)(b); (4)(d) and WAC 388-97-4500(1)(a); (2)(a); (4)(c)

388-97-1320(1)(a)(2)(a)(b)(c); (5)(c)(d) – Infection control

The facility failed to ensure an effective infection control system was in place resulting in a widespread and unmanaged respiratory outbreak.
WAC 388-97-4480(2)(b); (4)(d) and WAC 388-97-4500(1)(a); (2)(a); (4)(c)

388-97- 1620(1)(2)(b)(i)(ii)(c) – General administration

The Administration and Governing Body failed to ensure during a widespread crisis that the nursing facility was operated efficiently resulting substandard levels of care.
WAC 388-97-4480(2)(b)(d); (4)(c) and WAC 388-97-4500(1)(a); (2)(c); (4)(c)

388-97-1700(2)(a)(b) – Medical director

The facility failed to ensure the medical director fully implemented and coordinated resident care resulting in risk for lack of needed care of all residents during a respiratory crisis.
WAC 388-97-4480(2)(b); (4)(c) and WAC 388-97-4500(1)(a); (2)(c); (4)(c)

388-97-1720(1)(a)(i)(ii)(iii)(iv)(c)(2)(a)(b)(c)(d)(e)(f)(h)(i)(j)(k)(l)(m) - Clinical records

The facility failed to ensure comprehensive clinical records were maintained and accurate resulting in lack of documented medical assessments with a potential for gaps in the continuity of care for all residents.
WAC 388-97-4480(2)(b); (4)(c) and WAC 388-97-4500(1)(a); (2)(c); (4)(c)

388-97-1760(1)(2)(a)(b) – Quality Assessment and Assurance

The facility failed to ensure a QAPI/QAA program developed a plan for correction of quality deficiencies resulting in lack of quality outcomes improving residents' lives.
WAC 388-97-4480(2)(b); (4)(c) and WAC 388-97-4500(1)(a); (2)(c); (4)(c)

Federal Remedies

On March 16, 2020, the Centers for Medicare and Medicaid Services (CMS) conducted a focused complaint investigation at your facility to determine compliance with Federal requirements for nursing homes participating in the Medicare and/or Medicaid programs. The results of the **CMS survey** and any Federal remedies was delivered to you separately.

Electronic Plan of Correction (ePOC)

You must submit an acceptable, electronic Plan of Correction (ePOC) for the state citations dated March 26, 2020, no later than 10 calendar days after you receive it to:

Pat Rimar, Field Manager
Region 2

Your ePOC must address these issues:

- How the nursing home will correct the deficiency as it relates to the resident;

- How the nursing home will act to protect residents in similar situations;
- Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur;
- How the nursing home plans to monitor its performance to make sure that solutions are sustained;
- Dates when corrective action will be completed (no more than 45 days from the last day of the inspection); and
- The title of the person responsible to ensure correction.

Failure to submit an acceptable POC by the 10th calendar day may result in the imposition of remedies. You are required to display the state licensure survey report for public review.

State Remedies [RCW 18.51.060 and WAC 388-97-4460]

As a result of the March 26, 2020 findings of violations of federal and/or state requirements, a stop placement and conditions were imposed effective April 1, 2020.

The Stop Placement and Conditions are based on the following:

388-97-1060(1) – Quality of care

The facility failed to ensure timely interventions for a respiratory outbreak resulting in multiple acute changes leading to hospitalization and resident deaths.
WAC 388-97-4480(2)(b)(4)(d) and WAC 388-97-4500(1)(a)(2)(a)(4)(c).

388-97-1260(3)(a)(b)(c) – Physician services

The facility failed to ensure adequate physician coverage during a respiratory crisis resulting in risk for harm for all residents.
WAC 388-97-4480(2)(b); (4)(d) and WAC 388-97-4500(1)(a); (2)(a); (4)(c)

388-97-1320(1)(a)(2)(a)(b)(c); (5)(c)(d) – Infection control

The facility failed to ensure an effective infection control system was in place resulting in a widespread and unmanaged respiratory outbreak.
WAC 388-97-4480(2)(b); (4)(d) and WAC 388-97-4500(1)(a); (2)(a); (4)(c)

388-97- 1620(1)(2)(b)(i)(ii)(c) – General administration

The Administration and Governing Body failed to ensure during a widespread crisis that the nursing facility was operated efficiently resulting substandard levels of care.
WAC 388-97-4480(2)(b)(d); (4)(c) and WAC 388-97-4500(1)(a); (2)(c); (4)(c)

388-97-1700(2)(a)(b) – Medical director

The facility failed to ensure the medical director fully implemented and coordinated resident care resulting in risk for lack of needed care of all residents during a respiratory crisis.

WAC 388-97-4480(2)(b); (4)(c) and WAC 388-97-4500(1)(a); (2)(c); (4)(c)

388-97-1720(1)(a)(i)(ii)(iii)(iv)(c); (2)(a)(b)(c)(d)(e)(f)(h)(i)(j)(k)(l)(m) - Clinical records

The facility failed to ensure comprehensive clinical records were maintained and accurate resulting in lack of documented medical assessments with a potential for gaps in the continuity of care for all residents.

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388-97-1760(1)(2)(a)(b) – Quality Assessment and Assurance

The facility failed to ensure a QAPI/QAA program developed a plan for correction of quality deficiencies resulting in lack of quality outcomes improving residents' lives.

WAC 388-97-4480(2)(b); (4)(c) and WAC 388-97-4500(1)(a); (2)(c); (4)(c)

A stop placement applies to all new admissions, readmissions, and transfers of residents to Life Care of Kirkland. Pat Rimar, Field Manager – Region 2, will consider requests for exceptions to the stop placement for readmission on a case-by case basis.

The Department shall terminate the stop placement when: the provider states in writing that the deficiencies necessitating the stop placement action have been corrected and the department staff confirms, request not to exceed fifteen working days, that the deficiency necessitating stop placement action have been corrected and the provider exhibits the capacity to maintain adequate care and services. RCW 18.51.060 (5)(c)(i)(ii)(A)(B).

CONDITIONS:

- The licensee must hire, at its own expense, by April 10, 2020, an experienced long term care medical director consultant, not associated or employed with the facility, experienced in internal medicine and infectious disease to assist the licensee and its corporation to:
 - Use their knowledge to evaluate the nursing home's adherence to CMS requirements for infection control, quality care, emergency medical response, and medical-related documentation.
 - Assess the facility's infection control policies, procedures and tools; make the necessary changes to reduce and eliminate outbreaks in the building, and implement facility-wide infection, prevention, and control measures to

protect patients, staff, and residents.

- Set up and implement an evidenced-based quality assessment and performance improvement system to guide and support the nursing home's infection prevention team and make the necessary changes to ensure the licensee's QAPI process is optimized to the needs of residents for infectious disease management, including but not limited to, infection control surveillance and epidemiological investigations.
- Develop and provide infectious disease management training to staff in partnership with local, state, and federal health professionals, including an effective system for documentation of resident care at the time of delivery. Oversee weekly direction, support and monitoring of the facility's infection control until the Department determines the facility returns back in substantial compliance.
- Work with the administrator and licensee's corporation and governing board to ensure the appropriate resources are available to respond to infectious disease management for resident care, and support the facility and its staff, including high-call volume.
- Provide oversight of all implemented systems to ensure effective operations and governing oversight.
- Submit to the Department weekly status reports and be available for any questions.

Appeal Rights

You have the following appeal rights:

Informal Dispute Resolution (IDR)[WAC 388-97-4420]

You have an opportunity to question cited deficiencies and/or state actions initiated in response to them, through the state's informal review and dispute resolution process.

To request an informal dispute resolution (IDR) meeting, please send your written request to:

Nursing Home IDR Program Manager
PO Box 45600
Olympia, Washington 98504-5600

If you request an IDR, you must still submit a POC within the time limits described above.

The written request should:

- Identify the specific deficiencies that are disputed;
- Explain why you are disputing the deficiencies;
- Indicate the type of dispute resolution process you prefer (face-to-face, telephone conference or documentation review); and
- Be sent during the same 10 calendar days you have for submitting a POC for the cited deficiencies.

During the informal process you have the right to present written and/or oral evidence refuting the deficiencies. An incomplete review and dispute resolution process will not delay the effective date of any enforcement action.

Administrative Hearing

[RCW 18.51.065 and WAC 388-97-4440]

You have the right to request a state administrative hearing to contest the state licensing deficiencies described on the state survey report.

(The deficiencies described on the CMS 2567L may only be appealed through the federal administrative hearing process if a federal remedy is imposed).

A request for a state administrative hearing must be submitted to:

Office of Administrative Hearings
PO Box 42489
Olympia, WA 98504-2489

The hearing request must be received within 20 calendar days of the receipt of this letter. A request for an IDR will not delay this deadline. Further, a request for an administrative hearing does not suspend or delay the effective date of any enforcement action.

You may have already requested an informal dispute resolution review of the violations identified in the state Statement of Deficiencies report. Such a request will not change the request for you to change the deadline for you to request an administrative hearing to appeal the Stop Placement and condition.

Informal dispute resolution review by the Department is not binding in an administrative hearing.

If you have any questions concerning the instructions contained in this letter, please contact Pat Rimar at (425) 670-6060.

Administrator
April 1, 2020
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Sincerely,



Bett Schlemmer
Field Operation Office Chief
Residential Care Services

cc: Chief Deputy State Fire Marshal
Compliance Specialist
Field Manager – Region 2
Region Administrator – RCS Region 2
Regional Administrator – HCS Region 2
LTC Ombuds
Nursing Home Rates
Office of Financial Recovery
DRW
sg

All references to regulatory requirements contained in this letter are found in:
Title 42, Code of Federal Regulations (CFR); Chapter 7 of the State Operations Manual (SOM)
Chapter 18.51 of the Revised Code of Washington (RCW); and
Chapter 388-97 of the Washington Administrative Code (WAC).

