STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

LAKESHORE DEVELOPMENT ASSOCIATES LP
LAKESHORE
11448 RAINIER AVE S
SEATTLE, WA 98178

RE: LAKESHORE License # 1052

Dear Administrator:

This letter addresses Compliance Determination(s) 46731 (Completion Date 09/05/2024) and 44784 (Completion Date 08/08/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/05/2024 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2210-1-b, WAC 388-78A-2210-2-a, WAC 388-78A-2290-1, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-e

The Department staff who did the on-site verification:
Alma Duran, Licensor
Keiko Kitano, Licensor

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 07/23/2024 and 07/26/2024 of:

LAKESHORE
11448 RAINIER AVE S
SEATTLE, WA 98178

The following sample was selected for review during the unannounced on-site visit: 10 of 43 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensor
Keiko Kitano, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jamie Singer
Residential Care Services

8/12/2024
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) August 22, 2024 Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement systems to promote safe medication services for 1 of 2 sampled resident (Resident 3), who required staff assistance with medication management. This resulted in Resident 3 taking a discontinued medication and placed Resident 3 at risk for a compromised health condition.

Findings included...

Review of an Emergency Information form, dated 04/12/2024, showed the ALF admitted Resident 3 on [redacted]/2018 with multiple disabling diagnoses including [redacted]. Review of Resident 3's Resident Health Evaluation and Negotiated Service Agreement (RHE/NSA, equivalent to combined Assessment/NSA), dated 04/19/2024, showed that Resident 3 required staff assistance with medication services.

Review of Resident 3's record, dated 03/26/2024, showed a physician order for atorvastatin (a medication that lowers cholesterol and triglycerides in the blood), 10 milligrams at bedtime (8:00 PM). Review of the May, June, and July 2024 electronic Medication Administration Record (eMARs) showed Resident 3 had been taking atorvastatin. The eMARs showed that one of the side effects of the atorvastatin included myalgia (a medical term for muscle pain that can be acute or chronic).

Review of a Progress Notes (PN), dated 07/15/2024, showed Resident 3 was taken to an Urgent Care (UC) due to an acute low back pain and lumbar strain. Review of the 07/15/2024, "After Visit Summary" signed and dated by Staff H (Community Health

Administrator (or Representative) Date

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Findings included...

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Review of a Progress Notes (PN), dated 07/15/2024, showed Resident 3 was taken to an Urgent Care (UC) due to an acute low back pain and lumbar strain. Review of the 07/15/2024, "After Visit Summary" signed and dated by Staff H (Community Health

Nurse) on 07/15/2024, showed a physician order to discontinue atorvastatin.

Review of review of the July 2024 eMAR, showed the atorvastatin was not discontinued as ordered on 07/15/2024. The eMAR showed Resident 3 was given atorvastatin on 07/16/2024 through 07/24/2024. Resident 3 continued to receive the discontinued medication for nine successive days.

In interview, on 07/25/2024 at 1:45 PM, Staff I (Medication Technician) stated they were unaware that the atorvastatin was discontinued.

During an interview, on 07/25/2024 at 3:30 PM, Staff A (Community Health Director) and Staff G (Personal Services Manager) acknowledged this was a medication error.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, LAKESHORE is or will be in compliance with this law and / or regulation on (Date) July 31, 2024 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Christopher Frere
Administrator (or Representative)

August 22, 2024
Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(1) An assisted living facility may permit a resident's family member to administer medications or treatments or to provide medication or treatment assistance, including obtaining medications or treatment supplies, to the resident.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(e) Other information determined necessary by the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure that a written plan, including a backup plan, was in place for family

Nurse) on 07/15/2024, showed a physician order to discontinue atorvastatin.

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During an interview, on 07/25/2024 at 3:30 PM, Staff A (Community Health Director) and Staff G (Personal Services Manager) acknowledged this was a medication error.

Plan/Attestation Statement

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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Administrator (or Representative) Date

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(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(e) Other information determined necessary by the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure that a written plan, including a backup plan, was in place for family

assistance with medications and/or treatment for 4 of 4 sampled residents (Residents 1, 2, 3, and 5). This placed Residents 1, 2, 3, and 5 at risk for a compromised health condition.

Findings included...

Review of the ALF's undated Disclosure of Services showed that the ALF would permit family members to provide medication services to residents when, "Plan is developed with the resident's family with a backup in the event of the family being absent."

Review of the ALF's policy on "Assisting the Resident with Self Administration of Medication", dated 04/02/2013, under the number 2, showed, "Spouses living in the ALF may assist their spouse with medications. Other family members may also assist as delineated in the Service Plan. However, in the Resident's Assessment there must be clear identification of the actual ability of the resident AND a secondary and third Plan to cover assistance with medication if the spouse or other family member becomes unable. The Community Health Nurse must assess the ability of the family member to provide medications to the resident and the plan must provide clarity on what will occur if family is unable to do this."

Review of the ALF's undated Family Assistance Plan (FAP) form showed, "In the event I am not available to assist or administer medications or treatment to the resident, I request that the ALF staff provide backup assistance and/or administer medications or treatments to the resident."

RESIDENT 1
Records review showed the ALF admitted Resident 1 on [redacted]/2023 with multiple diagnoses and was prescribed multiple medications. Review of Resident 1's Health Evaluations and Negotiated Service Agreement (RHE/NSA, equivalent to a combination of a Full Assessment and NSA), dated 05/14/2024, showed that Resident 1 required staff assistance with medications.

The RHE/NSA, dated 05/14/2024, showed that Resident 1's family would re-order/refill their medications and deliver them to the ALF. However, Resident 1's records review, including the RHE/NSA, showed no backup plan instructing the ALF staff what they needed to do if the family did not provide Resident 1's medications.

In an interview, on 07/25/2024 at 2:30 PM, Staff M (Regional Director of Health and Wellness/Registered Nurse) stated that the ALF had a FAP form for any residents who required family assistance with medications, including ordering their medications. Staff M stated that the FAP addressed a backup plan for any occasion when the responsible party would not be providing medications to the resident. Staff M stated that the ALF should have the FAP for Resident 1.

Record review showed no FAP in place for Resident 1.

In an interview, on 07/26/2024 at 2:40 PM, Staff A (Community Health Director) acknowledged that the ALF did not develop a FAP for Resident 1.

RESIDENT 2
Record review showed the ALF admitted Resident 2 on [redacted]/2023 with multiple disabling diagnoses. Review of the RHE/NSA, dated 06/25/2024, under the section of Medication Services Plan, showed Resident 3 required family assistance with medication management including ordering and refilling of a mediset (a weekly pill organizer).

Review of the 07/23/2024 Resident Characteristic Roster, showed Resident 2 was identified to have a Private Caregiver (PCG).

Observation and interview, on 07/24/2024 at 10:30 AM, Resident 2 stated a PCG came every Monday, Tuesday, Thursday, and Friday, six hours a day, ordered her medications and refilled the pill box mediset every week. Resident 2 showed a weekly medication box she kept in a drawer. Resident 2 stated if the PCG was not available, she would refill her medications and set up the mediset independently. Resident 2 stated the PCG also helped her with showers twice a week.

Review of Resident 2's RHE/NSA, dated 06/25/2024, showed the PCG provided medication assistance and management, and showering assistance as needed, and a family member was the back-up provider if the PCG was not available. However, RHE/NSA did not include a written back-up plan for ALF staff on how and what preferred pharmacy to order, obtain, or who would refill the mediset and provide medications to Resident 2 if the PCG or family member was unavailable. There was no alternate plan for when the PCG was unavailable to provide bathing services to Resident 2.

In interview, on 07/25/2024 at 11:15 AM, Staff A, (Community Health Director) and Staff G, (Personal Services Manager) acknowledged that there was no written back-up plan in place, for when the PCG or family member were unavailable to provide medication, care and services for Resident 2.

RESIDENT 3
Record review showed the ALF admitted Resident 3 on [redacted]/2018 with multiple disabling diagnoses. Review of Resident 3's Resident RHE/NSA, dated 04/19/2024, showed that Resident 3 required staff assistance with medication services. Under the section of Service Provided by Family in the RHE/NSA, dated 04/19/2024, showed the family delivered and refilled the medications.

In interview, on 07/25/2024 at 2:25 PM, Staff G stated Resident 3's family ordered medication from an outside pharmacy, then delivered the medications to the ALF, and MTs gave the medications to Resident 3.

Review of the RHE/NSA, dated 04/19/2024, showed no written back-up for ALF staff on how and what preferred pharmacy to order, obtain, and who would provide the medications to Resident 3 if the family was unavailable.

In an interview, on 07/25/2024 at 2:15 PM, Staff A and Staff G acknowledged that there was no written back-up plan in place, for if the family would not be able to provide medication services for Resident 3.

RESIDENT 5
Records review showed that that ALF admitted Resident 5 on [redacted]/2024 with multiple medical diagnoses. Review of a Progress Note (PN), dated [redacted]/2024, showed that Resident 5 had been living with their spouse in the same apartment. The PN showed that Resident 5 presently had a percutaneous endoscopic gastrostomy feeding tube (PEG - a feeding tube goes directly into the stomach. Used for a person who is unable to eat or drink thru their mouth) for supplemental feeding and administration of medications.

Review of a PN, dated 05/09/2024, showed that Resident 5's spouse provided medication assistance via the PEG tube.

Review of the resident's RHE/NSA, dated 05/16/2024, showed that Resident 5's spouse had been providing PEG tube care and supplemental feeding as needed. The HENSA showed that the spouse managed all of Resident 5's medications, and another family member would be backup if needed. However, the HENSA did not describe how the family member would provide medication administration or treatment assistance for Resident 5. The HENSA showed, "Resident 5 required (medication) assistance by their family: See FAP attached."

In an interview, on 07/26/2024 at 2:40 PM, Staff A stated that in June 2024, Resident 5's PEG tube was removed. When asked who was currently managing Resident 5's medications, Staff A replied, "still Resident 5's spouse".

Records review showed, as of 07/26/2024, the ALF had never developed any FAP for Resident 5's PEG tube care or medication management by their spouse. There was no backup plan if Resident 5's spouse and/or other family member were unable to fulfill their duty per the ALF's policy.

In an interview, on 07/26/2024 at 2:45 PM, Staff M stated that the ALF was expecting to develop the FAP for Resident 5.

Statement of Deficiencies	License #: 1052	Compliance Determination # 44784
Plan of Correction	LAKESHORE	Completion Date
Page 7 of 7	Licensee: LAKESHORE DEVELOPMENT	08/08/2024

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, LAKESHORE is or will be in compliance with this law and / or regulation on (Date) August 23, 2024

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) — Date: August 22, 2024

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, LAKESHORE is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Administrator (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

LAKESHORE DEVELOPMENT ASSOCIATES LP
LAKESHORE
11448 RAINIER AVE S
SEATTLE, WA 98178

RE: LAKESHORE # 1052

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 08/08/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

The Assisted Living Facility failed to secure toxic chemicals that were in an area accessible to residents. This placed five residents with cognitive impairment at risk for inadvertent ingestion of a toxic substance that could cause harm and compromise health.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Enclosure