STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

HCRC LLC
HAWTHORNE COURT
524 N ELY
KENNEWICK, WA 99336

RE: HAWTHORNE COURT License # 1268

Dear Administrator:

This letter addresses Compliance Determination(s) 63790 (Completion Date 08/07/2025) and 60274 (Completion Date 06/25/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/07/2025 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-2240

The Department staff who did the on-site verification:
Laurel Knight, Community Complaint Investigator

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: HAWTHORNE COURT
Provider Type: Assisted Living Facility
License/Cert.#: 1268
Compliance Determination #: 60274
Intake ID: 180663
Investigator: Laurel Knight
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 05/29/2025 through 06/25/2025
Complainant Contact Date(s): 05/28/2025, 07/08/2025

Allegation(s):

1. Identified resident did not receive medications as ordered.
2. Identified resident is not receiving diabetes management.

Investigation Methods:

Sample:	Total residents: 50 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms Staff to resident interactions
Interviews:	Identified resident staff Residents Family members
Record Reviews:	Medical records including negotiated service agreement, notes, medication administration records, incident report and investigations. Agency records and Primary Care Provider records.

Investigation Summary:

1. The Identified resident stated they had help with their medications. Facility staff interview confirmed the resident had missed their weekly diabetes injection when they were unable to locate the medication in the resident's apartment. Facility Medication Administration Records and Negotiated Service agreement showed the facility was responsible for all of the resident's medication management. Failed practice identified. See Statement of Deficiency dated 06/27/2025 under Washington Administrative Code 388-78A-2240
2. The Identified resident representative stated the resident was to be receiving blood sugar monitoring, oral and injectable medications to manage their diabetes in order to have a surgical procedure. The facility interview confirmed the resident did not need blood sugar monitoring for the missed injectable medications because the medication was for weight loss. Failed practice identified for failing to recognize the

resident's needs, The facility is currently within in their plan of correction period, no new Statement of Deficiencies are written within the POC period under Washington Administrative Code 388-78A-2080(2) Qualified Assessor.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: HAWTHORNE COURT
Provider Type: Assisted Living Facility
License/Cert.#: 1268
Compliance Determination #: 60274
Intake ID: 179883
Investigator: Laurel Knight
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 05/29/2025 through 06/25/2025
Complainant Contact Date(s): 05/28/2025

Allegation(s):
Identified resident did not receive their medications as ordered.

Investigation Methods:

Sample:	Total residents: 50 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms Staff to resident interactions
Interviews:	Identified resident Residents Staff Family members
Record Reviews:	Medical records including negotiated service agreement, notes, medication administration records, incident report and investigations, hospital records.

Investigation Summary:
Identified resident representative interview confirmed the resident had a severe medical incident. The facility staff interview confirmed the physician had not ordered the resident's blood thinner and they went without the medication for multiple days. The facility documentation showed the medication was not available. The Negotiated Service agreement showed the facility was responsible for all of the resident's medication management. Failed practice identified. See Statement of Deficiency dated 06/27/2025 under Washington Administrative Code 388-78A-2240.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written

☐ N/A

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 1268	Compliance Determination # 60274
Plan of Correction	HAWTHORNE COURT	Completion Date
Page 1 of 5	Licensee: HCRC LLC	06/25/2025

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 an unannounced on-site complaint investigation on 05/29/2025 of:

HAWTHORNE COURT
524 N Ely St
Kennewick, WA 99336

This document references the following complaint number(s): 180663, 179791, 179883, 179515

The following sample was selected for review during the unannounced on-site visit: 3 of 50 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Laurel Knight, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

Statement of Deficiencies	License #: 1268	Compliance Determination # 60274
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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.

J Salquist
Residential Care Services

07/08/2025
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.

Laurie Hanney
Administrator (or Representative)

7-15-25
Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure medications were available for 2 of 2 residents (Resident 1, and 2). This failure resulted in 2 residents not receiving medications, which contributed to Resident 1 having a stroke, and placed Resident 2 at risk for a decline in their chronic health conditions.

Findings included...

Review of a facility policy titled, "Medication Services Policy," revised 11/2024, showed that when the community assumed responsibility for obtaining a resident's medications, the community would obtain them in a correct and timely manner. The policy stated that it was the responsibility of the health and wellness leader to ensure accuracy of the medication program.

In an interview on 05/27/2025 at 11:30 AM, Staff C, Medication Technician (MT), stated that the procedure for reordering residents' medication was for the MT to notify the pharmacy and request the medication be delivered when the supply was down to about seven days remaining. Staff C stated that if the medication was out of refills the MT would call or fax the pharmacy and if the pharmacy identified the medication order was out of refills, the MT would call or fax the resident's doctor to request a refill. Staff C stated, "residents shouldn't be out of the medication ever."

<Resident 1>

Review of Resident 1's Negotiated Service Agreement (NSA), dated 04/29/2025, showed that the resident required staff to assist with all medication management. The NSA showed that Resident 1 required assistance with oral medications, topical medications and eye drops.

Review of Resident 1's April 2025 Medication Administration Record (MAR) showed prescription orders for dorzolamide-timolol eye drops (used to treat high eye pressure), latanoprost eye drops (used to treat high eye pressure), white petroleum mineral eye ointment (eye lubricant), and Xarelto (blood thinning medication. Further review of the MAR showed that on 04/12/2025, the resident did not receive their dose of dorzolamide-timolol eye drops as it was not available. The MAR showed that between 04/12/2025 and 04/14/2025, Resident 1 did not receive five doses of white petrolatum-mineral ointment as it was not available. Additionally, the MAR showed that between 04/122025 through 04/28/2025, Resident 1 had missed 17 doses of latanoprost eye drops due to nonavailability.

Review of Resident 1's [redacted] 2025 MAR showed that between [redacted]/1015 and [redacted]/2025, the resident missed eight doses of their Xarelto.

Review of Resident 1's progress note, dated [redacted]/2025, showed the resident had a change in condition requiring hospitalization.

Review of Resident 1's hospital record, dated [redacted]/2025, showed the resident had presented to the Emergency Department (ED) with altered mental status and confusion. The record showed the resident had severe acute exacerbation of their atrial fibrillation (heart condition that can result in blood clots) that caused multiple areas of infarct (areas of the brain without blood supply due to the clots blocking the blood vessels) also known as a stroke. The record showed that the resident's Xarelto supporting the [redacted] diagnosis had been missed for several days due to nonavailability.

In an interview on 05/29/2025 at 4:58 PM, Collateral Contact 1 (CC1), Physician, stated that Resident 1 most likely had the stroke due to the missed doses of Xarelto and that missing even one or two doses was risky.

<Resident 2>

Review of Resident 2's NSA, dated 05/21/2025, showed that Resident 2 required staff to assist with all medication management. The NSA showed that Resident 2 required staff assistance with medication administration.

Review of Resident 2's May 2025 MAR showed a prescription order for an Ozempic (used to lower blood sugar) to be injected weekly. The MAR showed that the resident did not receive their weekly ordered dose of Ozempic on 05/23/2025.

Review of Resident 2's progress note, dated 05/23/2025, showed that the resident did not receive their Ozempic injection as it was not available.

Review of Resident 2's history and physical, dated 04/03/2025, showed a progress note made by the resident's Primary Care Provider (PCP) stating that Resident 2 was seen for poorly controlled diabetes (inability to regulate sugar in the blood) and osteoarthritis (joint swelling and pain) of the hip. The note showed that in order to schedule the resident's needed hip surgery, the resident needed to have improved diabetes control.

In an interview on 05/29/2025 at 11:45 AM, Staff A, Administrator, stated that they were not aware what the response to the missed Ozempic had been on Resident 2's blood sugar.

In an interview on 05/29/2025 11:51 AM, Staff B, Health and Wellness Leader, stated that the resident missed the Ozempic because the facility staff failed to find the medication in the resident's room.

In an interview on 06/25/2025 at 4:29 PM, CC 2, Resident Representative, stated they were unaware of any missed Ozempic. CC2 stated that the doctor had ordered the medication to help with controlling Resident 2's blood sugar so that they could have hip surgery.

This is a recurring deficiency previously cited on 03/23/2023.

Statement of Deficiencies	License #: 1268	Compliance Determination # 60274
Plan of Correction	HAWTHORNE COURT	Completion Date
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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, HAWTHORNE COURT is or will be in compliance with this law and / or regulation on (Date) 7-25-25 .

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

Laurie Hanny 7-15-25

Administrator (or Representative) Date