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

THE SAMUEL & JESSIE KENNEY PRESBYT
THE KENNEY
7125 Fauntleroy Way SW
Seattle, WA 98136

RE: THE KENNEY License # 128

Dear Administrator:

This letter addresses Compliance Determination(s) 30427 (Completion Date 10/04/2023) and 25538 (Completion Date 07/12/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/04/2023 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-2160

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

If you have any questions, please contact me at (425)670-6070.

Sincerely,

Jamie Singer

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

Residential Care Services
Investigation Summary Report

Provider/Facility: THE KENNEY
Provider Type: Assisted Living Facility
License/Cert.#: 128
Compliance Determination #: 25538
Intake ID: 85118
Investigator: Lisa Hauk
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 06/21/2023 through 07/12/2023
Complainant Contact Date(s): 06/21/2023

Allegation(s):

1. Named Residents (NR 1 and NR 2) received orders from their Primary Care Physicians (PCP). The Assisted Living Facility (ALF) did not follow the PCP's orders.

Investigation Methods:

Sample:	Total residents: 25 Resident sample size: 3 Closed records sample size: 0
Observations:	Resident to resident interactions, staff to resident interactions, environment, resident apartments, Residents, Dining room, Resident care equipment, Medication administration, facility common areas.
Interviews:	Administrator, nurse, staff, residents and others not associated with the ALF.
Record Reviews:	Characteristics Roster, resident records, facility policies.

Investigation Summary:

Interview and record review showed the ALF clarified a medication order for NR 1 with the PCP and the medication order was written by the PCP in error. The ALF gave the correct medication. Interview and record review showed the ALF did not transcribe an order from the PCP to perform blood sugar testing for NR 2. The ALF did not check NR 2's blood sugar for three months. See citation 388-78A-2160.

Conclusion / Action:

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

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

Statement of Deficiencies	License #: 128	Compliance Determination # 25538
Plan of Correction	THE KENNEY	Completion Date
Page 1 of 3	Licensee: THE SAMUEL & JESSIE KENNEY PRESBYT	07/12/2023

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 06/21/2023 and 06/21/2023 of:

THE KENNEY
7125 Fauntleroy Way SW
Seattle, WA 98136

This document references the following complaint number(s): 85118

The following sample was selected for review during the unannounced on-site visit: 3 of 25 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Lisa Hauk, Complaint Investigator

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

7/13/2023
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) — Date: 9/25/23

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement and provide care and services agreed upon in the Negotiated Service Agreement (NSA), when physician's ordered blood sugar checks were not completed for 1 of 3 sampled residents (Resident 1). This failure placed Resident 1 at risk for a decline in health status.

Findings included...

Record review of an Assessment, dated 01/03/2023, showed the ALF admitted Resident 1 on [redacted]/2014 with a diagnosis of [redacted] and [redacted]. An NSA, dated 01/03/2023, showed the ALF assisted Resident 1 with blood sugar checks as ordered by the physician.

Record review of an After Visit Summary (AVS), dated 04/27/2023, showed a physician's order to check Resident 1's fasting blood sugar once per week.

Record review of active records including the April, May, and June of 2023 Medication Administration Records (MAR) showed Resident 1's physician's order for weekly blood sugar checks or the results were not documented. There was no record the ALF had been checking Resident 1's blood sugar as agreed upon in the NSA.

In interview, on 06/29/2023 at 9:40 AM, Staff B (Nurse) confirmed the ALF had not conducted or documented Resident 1's physician's ordered weekly blood sugar checks.

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, THE KENNEY is or will be in compliance with this law and / or regulation on (Date) 8/26/23 .

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

X _____ 9/25/23

Administrator (or Representative) Date