STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

12/05/2024

DUNGENESS COURTE ALZHEIMERS COMMUNI
DUNGENESS COURTE MEMORY CARE
651 GARRY OAK DR
SEQUIM, WA 98382

RE: DUNGENESS COURTE MEMORY CARE # 1328

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 51315 (Completion Date 12/05/2024) and 47051 (Completion Date 09/26/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/05/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2400 Protection of resident records. The assisted living facility must:

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW;

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.

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such

as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

(d) Cardiopulmonary resuscitation and first aid; and

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

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;

(3) Whether or not the supplies and equipment are commonly found in a private home, such as hand soap or laundry detergent; and

(4) How residents with special needs are individually protected without unnecessary restrictions on the general population.

The Department staff who did the On Site verification:

Emily Boniface, Community Program Nurse Licensor
Anissa Bearden, Licensor
Celeste Vashey, ALF LTC Licensor

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License # 1328	Compliance Determination # 47051
Plan of Correction	DUNGENESS COURTE MEMORY CARE	Completion Date
Page 1 of 19	Licensee: DUNGENESS COURTE ALZHEIMERS	09/26/2024

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 09/11/2024 and 09/26/2024 of:
DUNGENESS COURTE MEMORY CARE
651 GARRY OAK DR
SEQUIM, WA 98382

The following sample was selected for review during the unannounced on-site visit: 7 of 42 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Emily Boniface, Community Program Nurse Licensor
Anissa Bearden, Licensor
Celeste Vashey, ALF LTC Licensor
Melissa Brunton, Regulatory QA Program Manager - Community Programs

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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.

Jody Just
Residential Care Services

10/01/2024
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) 10/2/24 Date

WAC 388-78A-2400 Protection of resident records. The assisted living facility must:

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW;

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to ensure confidentiality of resident records for 2 of 2 residents (Resident 10 [R10] and Resident 11 [R11]) reviewed. This failure placed 40 of 40 residents at risk for exposure of confidential records.

Findings included...

Record review of the facility's policy titled, "Confidentiality of Resident Information", undated, showed all resident information would be held in the strictest confidence and would only be accessible by authorized staff, the resident, and authorized authorities in accordance with state and federal law. The facility would maintain the resident records, plan of care, health care information, and any medical care information in confidential files. The resident's hard copy of their records and any other documents deemed needed would be located in the nurse's station or in a secure location.

In an observation and interview on 09/12/2024 at 11:35 AM, on top of the unattended medication cart, the laptop computer screen was closed halfway with a light illuminating from the screen. Lifting the computer screen up revealed that R11's name was displayed on the screen with their medications listed. At 11:38 AM, Staff J, Nursing, approached the medication cart and stated that they were to either close the electronic record page or close the computer laptop completely that would lock the computer screen and protect the resident's personal information from being displayed.

In an observation on 09/12/2024 at 1:27 PM, on the medication cart that was unattended by the nurses office, on top of the medication cart was a metal pill crusher. On the pill crusher was a sticker prescription label that showed R10's name with polyethylene glycol (prescribed medication to help soften and pass bowel movements) medication information.

In an interview on 09/12/2024 at 12:28 PM, Staff B, Director of Nursing, stated the licensed nurse was to close the electronic record computer screen or close the

computer laptop when they were needing to walk away from the medication cart to ensure there was no resident records available for review.

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, DUNGENESS COURTE MEMORY CARE is or will be in compliance with this law and / or regulation on (Date) 10/1/24

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

Administrator (or Representative) — Date: 10/9/24

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 1 of 7 sampled residents (Resident 2 [R2]) prescribed medication was obtained in a correct and timely manner. This failure placed R2 at risk for medical complications and instability of medical conditions.

Findings included...

Record review of the facility's policy titled, "Medication Services Unavailable Medications", undated, showed it was the facility's policy to provide medications to residents in a timeframe and in a manner that promotes health and welfare. All medications that were the responsibility of the facility would be re-ordered from the pharmacy at a pre-designated and negotiated timeframe with the pharmacy. If a medication was not available to the resident at a designated timeframe, the designated staff person would contact the pharmacy to determine when the medication would be delivered. If it was the resident's or the resident's responsible party's responsibility to obtain medications for the resident, the designated staff person would contact the resident/responsible party and explain concerns regarding medications being unavailable. If, after the resident/responsible party was talked to and the medications would not be available to the resident in the timeframe needed, the designated person would follow steps listed above that included if the facility employed a licensed nurse, the designated staff would contact the licensed nurse who would evaluate the significance of the medication not being delivered to the resident on time and take the appropriate actions to ensure resident safety and welfare. The incident would be fully documented in the resident's health file, and the administration would take proper steps to ensure that mediations were delivered in a timely manner.

Record review of R2's face sheet showed R2 moved into the facility on [redacted]/2023 with multiple medical diagnoses that included [redacted].

Record review of R2's Service Plan/Treatment Items, dated 08/05/2024, showed the facility nurse would prepare and administer R2's medications. R2 required communication by the licensed nursing staff with family, physician, and other providers to coordinate outside care, visits, and medications supply up to twice a month.

Record review of R2's Medication Administration Record (MAR), dated 07/01/2024 through 07/31/2024, showed R2 had an order for atorvastatin calcium (prescribed medication to help lower the amount of cholesterol in the blood) daily at bedtime. The MAR showed R2 missed their atorvastatin 16 of 31 administrations. The MAR showed the medication was unavailable.

Record review of R2's untitled document, dated 12/06/2023 through 09/11/2024, showed there was no documentation to show why R2 missed their atorvastatin, that R2's physician was notified they missed the medications, or any interventions to get the medication for R2.

In an interview on 09/12/2024 at 2:02 PM, Staff B, Director of Nursing, stated they were unaware that R2's atorvastatin was out and not administered for 16 days in July 2024. Staff B stated the licensed nurses should have documented in R2's progress notes the reason why R2's medication was unavailable for administration and that the family and physician was aware.

In an interview on 09/12/2024 at 3:37 PM, Staff C, Nursing, stated R2's medication was out related to the family not bringing it in. Staff C stated they did not document why R2's medication was out and never contacted R2's physician to notify them that R2 missed 16 days of their atorvastatin.

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, DUNGENESS COURTE MEMORY CARE is or will be in compliance with this law and / or regulation on (Date) 10/1/24.

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

Administrator (or Representative) — Date: 10/9/24

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to complete a change of condition assessment for 2 of 7 sampled residents (Resident 1[R1] and Resident 4 [R4]). This failure placed R1 and R4 at risk for unmet care needs by staff untrained of the most updated care and service needs for the residents.

Findings included...

Record review of the facility's policy titled, "Assessments", undated, showed it was the facility policy to conduct assessments for each resident to ensure that services and care needs could be met. Re-assessments due to a resident change of condition would be focused on the identified problems and related issues. The assessment and the re-assessment would be coordinated and used in the development of the negotiated service agreement with the resident and or the resident representative.

R1

Record review of R1's "Resident Care Assessment", dated 04/19/2024, showed R1 admitted into the facility on [redacted]/2024. R1 had a diagnosis of [redacted] and [redacted]. The personal hygiene section showed R1 used a pull-up (adult brief). R1 could transfer themselves to the toilet. R1 had been occasionally incontinent of their bladder (inability to control the flow of urine). The cognitive/psychosocial status section showed R1 had been emotionally stable, was generally calm and cooperative, and did not have a history of behaviors. The assessment had been electronically signed by Staff B, Director of Nursing.

Record review of R1's "Service Plan/Treatment Items", dated 03/18/2024, under the toileting section showed due to R1's vision loss R1 required assistance with finding the bathroom. R1 may need assistance with managing their clothing and changing their pull up. The service plan had been electronically signed by Staff B.

Record review of R1's "Resident Note", dated 07/23/2024 at 6:58 AM, written by Staff G, Nursing, showed caregivers caring for R1 reported that during incontinent care R1 exhibited aggressive behaviors. R1 had attempted to hit caregiver's multiple times.

Record review of R1's "Resident Note", dated 08/22/2024 at 3:04 AM, written by Staff K, Nursing, showed caregivers reported that R1 had become more aggressive at nighttime with their care. The caregiver tried to explain to R1 that they wanted to assist R1 into the bathroom and change R1's wet underwear. R1 became agitated and started to hit and kicked out at the caregiver. Another caregiver took over and R1's behavior continued. The caregiver reported R1 often got up to use the bathroom, would urinate all over the floor, and then would get back into bed wet.

Record review of R1's "Resident Note", dated 08/23/2024 at 5:21 AM, written by Staff L, Nursing, showed caregiver reported R1 had been combative and resistive to care this morning. R1 kicked and attempted to hit the caregiver even when R1 had been approached calmly and an explanation of what was to be done. The caregiver reported R1 had been dry, but no care provided due to R1's behaviors.

Record review of R1's "Resident Note", dated 09/04/2024 at 2:15 PM, written by Staff M, ARNP (advanced registered nurse practitioner) Consultant, showed R1 had a routine follow up to assess R1's behavior and mood. Staff M wrote per nursing there have been no changes since R1 had been last seen.

In an interview on 09/12/2024 at 10:02 AM, Staff B acknowledged R1's resident notes on 08/22/2024 and 08/23/2024 that referenced R1 had attempted to hit and kick caregivers and had been resistive to care. Staff B said R1 hated when the caregivers had to help R1 with their incontinence in the middle of the night. Staff B said an intervention they told caregivers to do for R1 was to try and do more rounds in the middle of the night. If the caregivers could catch R1 when R1 got up in the middle of the night it may help prevent R1 from getting agitated. Staff B confirmed R1's service plan/treatment items dated 03/18/2024 had been R1's most updated service plan and it did not include that R1 hit and kicked staff and had been resistive to care. Staff B said there should be updated interventions for the facility staff to reference and instructions for the facility staff to alert the nurse. Staff B acknowledged R1's resident care assessment would need to be updated to reflect the change that had occurred.

R4

Record review of R4's "Resident Care Assessment", dated 03/19/2024, showed R4 admitted into the facility on [redacted]/2022. R4 had a diagnosis of [redacted]. In large, typed font there was a note that stated R4 was off hospice as of 07/17/2024. The assessment had been electronically signed by Staff B.

Record review of R4's, "Service Plan/Treatment Items", dated 03/07/2024, showed in large, typed font there was a note that stated R4 was off hospice as of 07/17/2024. The

service plan had been electronically signed by Staff B.

Record review of R4's "Resident Note", dated 07/17/2024 at 10:45 AM, written by Staff N, Nursing, said that R4 had been discontinued from hospice services as of this date.

In an interview on 09/12/2024 at 1:16 PM, Staff B said when R4 came off hospice services it would have been considered a change of condition and they should have completed another assessment for R4.

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, DUNGENESS COURTE MEMORY CARE is or will be in compliance with this law and / or regulation on (Date) 11/11/24. 10/9/24

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

Administrator (or Representative) — Date: 10/9/24

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have

administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a full assessment within 14 days of the resident's move-in date for 3 of 3 sampled residents (Resident 1[R1], Resident 6 [R6], and Resident 7 [R7]). This failure placed R1, R6, and R7 at risk for their care needs and services not being met.

Findings included...

Record review of the facility's policy titled, "Assessments", undated, showed it was the facility's policy to conduct assessments for each resident to ensure that services and care needs could be met. Full assessments would be completed within 14 days of the resident moving into the facility.

R1

Record review of the facility provided document titled, "Assisted Living Facility Resident Characteristic Roster and Sample Selection", dated 09/10/2024, showed R1 admitted into the facility on [redacted]/2024.

There was no 14-day assessment provided for R1 for review.

R6

Record review of the facility provided document titled, "Assisted Living Facility Resident Characteristic Roster and Sampe Selection," dated 09/10/2024, showed R6 admitted into the facility on [redacted]/2023.

There was no 14-day assessment provided for R6 for review.

R7

Record review of the facility provided document titled, "Assisted Living Facility Resident Characteristic Roster and Sample Selection", dated 09/10/2024 showed R7 admitted into the facility on [redacted]/2024.

There was no 14-day assessment provided for R7 for review.

In an interview on 09/12/2024 at 10:02 AM, Staff B, Director of Nursing, said they were the individual who was responsible for completing resident assessments. Staff B said they had been unaware residents who admitted were supposed to have had a completed assessment within 14 days of admission. Staff B said R1 and R7 did not have a 14-day assessment to review.

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, DUNGENESS COURTE MEMORY CARE is or will be in compliance with this law and / or regulation on (Date) 11/1/24 10/9/24

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

S de Poll — 10/9/24

Administrator (or Representative) — Date

WAC 388-78A-2160 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the resident's service plan/treatment items (facility's version of the negotiated service agreement) was signed annually for 1 of 7 sampled residents (Resident 4[R4]). This failure placed R4 at risk for unmet care and services.
Findings included...

Record review of the facility's policy titled, "Resident Level of Care Assessment and Negotiated Service Plan", undated, showed the resident negotiated service plan would be developed by the director of nursing in conjunction with the resident and or their legal surrogate. The resident and or their legal surrogate would sign the level of care authorization form signifying they agree with the assessment and applicable charges. The residents service plan would be revised to reflect any changes in the resident's level of care. The level of care would be reviewed during a care conference with the resident and any other applicable person as indicated by the resident's preferences and or their legal surrogate.

R4

Record review of the facility provided document, titled, "Assisted Living Facility Resident Characteristic Roster and Sample Selection", dated 09/10/2024 showed R4 admitted into the facility on [redacted]/2022.

Record review of R4's "Service Plan/Treatment Items", dated 05/06/2022, showed the resident or their responsible party did not sign, date, or agree upon the document.

Record review of R4's "Service Plan/Treatment Items", dated 03/07/2024, showed the resident or their responsible party did not sign, date, or agree upon the document.

In an interview on 09/12/2024 at 1:16 PM, Staff B, Director of Nursing, confirmed that R4's "Service Plan/Treatment Items", dated 03/07/2024 had been their most updated service plan.

In an interview on 09/12/2024 at 10:02 AM, Staff B said service plans and treatment items were reviewed and signed before a resident's admission into the facility, every 6 months, and if a resident had a change of condition. Staff B said they called the residents representative for a care conference to review the service plan and treatment items together and then sign the document.

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, DUNGENESS COURTE MEMORY CARE is or will be in compliance with this law and / or regulation on (Date) 11/1/24. 11/9/24

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

Administrator (or Representative) 10/9/24 Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 1 of 5 sampled staff (Staff G) had the required CPR (cardiopulmonary resuscitation) and First Aid training and failed to ensure 3 of 3 sampled Staff (Staff D, Staff C, and Staff G) had completed their facility orientation training. These failures resulted in residents being cared for by staff without orientation training, and CPR/First Aide training, and placed 40 of 40 residents at risk of harm in the event of an emergency due to staff not being trained on life saving measures and staff being unaware of the facility's expectations.

Findings included...

WAC 388-112A-0200 "What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training. (1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation."

WAC 388-112A-0210 "What content must be included in facility and long-term care worker orientation? (1) For those individuals identified in WAC 388-112A-0200(1) who must complete facility orientation training: (a) Orientation training may include the use

of videos, audio recordings, and other media if the person overseeing the orientation is available to answer questions or concerns for the person(s) receiving the orientation. Facility orientation must include introductory information in the following areas: (i) The care setting; (ii) The characteristics and special needs of the population served; (iii) Fire and life safety, including: (A) Emergency communication (including phone system if one exists); (B) Evacuation planning (including fire alarms and fire extinguishers where they exist); (C) Ways to handle resident injuries and falls or other accidents; (D) Potential risks to residents or staff (for instance, challenging resident behaviors and how to handle them); and (E) The location of home policies and procedures; (iv) Communication skills and information, including: (A) Methods for supporting effective communication among the resident/guardian, staff, and family members; (B) Use of verbal and nonverbal communication; (C) Review of written communications and documentation required for the job, including the resident's service plan; (D) Expectations about communication with other home staff; and (E) Who to contact about problems and concerns; (v) Standard precautions and infection control, including: (A) Proper hand washing techniques; (B) Protection from exposure to blood and other body fluids; (C) Appropriate disposal of contaminated/hazardous articles; (D) Reporting exposure to contaminated articles, blood, or other body fluids; and (E) What staff should do if they are ill; (vi) Resident rights, including: (A) The resident's right to confidentiality of information about the resident; (B) The resident's right to participate in making decisions about the resident's care and to refuse care; (C) Staff's duty to protect and promote the rights of each resident and assist the resident to exercise these rights; (D) How staff should report concerns they may have about a resident's decision pertaining to their care and who they should report these concerns to; (E) Staff's duty to report any suspected abuse, abandonment, neglect, or exploitation of a resident; (F) Advocates that are available to help residents (such as long-term care ombudsmen and organizations); and (G) Complaint lines, hot lines, and resident grievance procedures such as, but not limited to: (I) The DSHS complaint hotline at 1-800-562-6078; (II) The Washington state long-term care ombudsman program; (III) The Washington state department of health and local public health departments; Certified on 2/20/2023 WAC 388-112A-0210 Page 1 (IV) The local police; (V) Facility grievance procedure; and (b) In adult family homes, safe food handling information must be provided to all staff, prior to handling food for residents. (2) For long-term care worker orientation required of those individuals identified in WAC 388-112A-0200(2), long-term care worker orientation is a two hour training that must include introductory information in the following areas: (a) The care setting and the characteristics and special needs of the population served; (b) Basic job responsibilities and performance expectations; (c) The care plan or negotiated service agreement, including what it is and how to use it; (d) The care team; (e) Process, policies, and procedures for observation, documentation, and reporting; (f) Resident rights protected by law, including the right to confidentiality and the right to participate in care decisions or to refuse care and how the long-term care worker will protect and promote these rights; (g) Mandatory reporter law and worker responsibilities as required under chapter 74.34 RCW; and (h) Communication methods and techniques that may be used while working with a resident or guardian and other care team members. (3) One hour of completed classroom instruction or other form of training (such as a video or online course) in long-term care orientation training equals one hour of training. The training entity must establish a way for the long-term care worker to receive feedback from an approved instructor or a proctor trained by an approved instructor."

WAC 388-112A-0720 "What are the CPR and first-aid training requirements? (2) Assisted

living facilities. (b) Licensed nurses working in assisted living facility must have and maintain a valid CPR card or certificate within thirty days of their date of hire."

Department Letter about CPR

Record review of the provider letter sent by the Department, dated 09/22/2022 amended date 10/07/2022, showed CPR had no longer had emergency rules in place. All facilities were to be back in compliance by 10/27/2022.

CPR

Record review of the facility's untitled and undated document showed that Staff G, Nursing, was hired on 01/03/2024.

Record review of Staff G's personnel file showed there was no CPR card available to review.

Facility Orientation

Record review of the facility's untitled and undated document showed that Staff D, Caregiver, was hired on 12/20/2022.

Record review of Staff D's personnel file showed there was no facility orientation available to review.

Record review of the facility's untitled and undated document showed that Staff C, Nursing, was hired on 03/19/2024.

Record review of Staff C's personnel file showed there was no facility orientation available to review.

Record review of the facility's untitled and undated document showed that Staff G, Nursing, was hired on 01/03/2024.

Record review of Staff G's personnel file showed there was no facility orientation available to review.

In an interview on 09/11/2024 at 3:00 PM, Staff A, Administrator, stated that Staff G did not have a CPR in their file or at the facility for the Department to review.

In an interview on 09/12/2024 at 2:10 PM, Staff A stated the facility was unable to provide documentation that showed all new hired staff had completed the facility orientation with all the components referenced in the Washington Administration Code 388-112A-0210. Staff A stated they used to use a checklist with the required components, but have not been in the last few years.

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, DUNGENESS COURTE MEMORY CARE is or will be in compliance with this law and / or regulation on (Date) 11/11/24 11/9/24

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

Administrator (or Representative) — Date 10/9/24

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to implement safe storing practices for 1 of 1 kitchen reviewed. These failures placed 40 of 40 residents at risk for receiving food that was at risk for exposure to food-borne illnesses.

Findings included...

WAC 246-215-03351

"Preventing contamination from the premises—Food storage (FDA Food Code 3-305.11).

(1) Except as specified in subsections (2) and (3) of this section, food must be protected from contamination by storing the food:

(a) In a clean, dry location;

(b) Where it is not exposed to splash, dust, or other contamination; and

(c) At least six inches (15 cm) above the floor.

(2) food in packages and working containers may be stored less than six inches (15 cm) above the floor on case lot handling equipment as specified under WAC 246-215-04268.

(3) Pressurized beverage containers, cased food in waterproof containers such as bottles or cans, and milk containers in plastic crates may be stored on a floor that is clean and not exposed to floor moisture."

Record review of the facility's policy titled, "Food Services Food Storage and Handling", undated, showed the facility would store and handle all foods to promote health and safety. Food would be protected from potential or real contamination. Food containers would be stored above floor level to protect them from contamination.

In an observation on 09/11/2024 at 3:31 PM, there was a fifty-pound bag of flour that had been placed on the ground.

In an interview on 09/11/2024 at 3:31 PM, Staff H, Cook said the bag of flour on the ground had been delivered yesterday and they needed to pour the flour into a container.

In an observation on 09/11/2024 at 3:43 PM, inside of the kitchen's walk-in refrigerator showed there was a bucket of dill pickles that were placed on the ground.

In an interview on 09/12/2024 at 2:38 PM, Staff I, Cook, confirmed food was not supposed to be stored on the ground. Staff I acknowledged they had a bucket of dill pickles that were on the floor of the walk-in refrigerator.

In an observation on 09/12/2024 at 2:50 PM, inside of the kitchen's pantry showed the fifty-pound bag of flour had still been on the ground. The kitchen's walk-in refrigerator showed there was a bucket of dill pickles that were still on the ground.

Plan/Attestation Statement

Statement of Deficiencies	License # 1328	Compliance Determination # 47051
Plan of Correction	DUNGENESS COURTE MEMORY CARE	Completion Date
Page of 19	Licensee: DUNGENESS COURTE ALZHEIMERS	09/26/2024

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, DUNGENESS COURTE MEMORY CARE is or will be in compliance with this law and / or regulation on (Date) 10/11/24 .

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

R de Roth 10/9/24

Administrator (or Representative) Date

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;

(3) Whether or not the supplies and equipment are commonly found in a private home, such as hand soap or laundry detergent; and

(4) How residents with special needs are individually protected without unnecessary restrictions on the general population.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to secure potentially hazardous supplies for assisted living memory care residents for 4 of 10 locations reviewed (Resident 4 [R4] room, Resident 5 [R5] room, Resident 7 [R7] room, and the nautical dining room). This failure placed 40 of 40 residents at risk for ingesting potentially toxic materials.

Findings included...

Record review of the facility's policy titled, "Safe Storage and Handling of Supplies and Equipment", undated, showed the executive director would consider the assessed needs of the residents and their cognitive abilities to determine what supplies would be accessible to residents. The executive director would consider the resident characteristic needs, the degree of hazardousness, whether or not supplies were commonly found in a private home, and how would residents with special needs be protected individually without unnecessary restrictions on the general population.

Record review of the facility provided document titled, "Assisted Living Facility Resident

Characteristic Roster and Sample Selection", dated 09/10/2024, showed 38 of 40 residents had dementia (a disease that affects a person's memory), Alzheimer's (a disorder that destroys memory, thinking, and ability to perform simple tasks), and/or cognitive impairment (problem with a persons ability to think, learn, remember, use their judgement, and make decisions).

R4

Record review of the facility provided document titled, "Assisted Living Facility Resident Characteristic Roster and Sample Selection", dated 09/10/2024 showed R4 admitted into the facility on [redacted]/2022. There was a "D" under the section "Dementia/Alzheimer's/Cognitive Impairment"

In an observation on 09/12/2024 at 1:47 PM, R4's bathroom showed inside the unlocked cabinet there was gold bond extra strength body powder (absorbs moisture and oils), a container of Efferdent (anti bacteria denture and retainer cleaner), shaving cream, lotion, and razors.

R5

Record review of the facility provided document titled, "Assisted Living Facility Resident Characteristic Roster and Sample Selection", dated 09/10/2024 showed R7 admitted into the facility on [redacted]/2023. There was a "D" under the section "Dementia/Alzheimer's/Cognitive Impairment."

In an observation on 09/12/2024 at 1:15 PM, R5's bathroom showed a shower stall with Pantene brand shampoo bottle and perianal skin cleanser. In the drawer of the sink vanity was toothpaste. The wall cabinet in the bathroom was unlocked with deodorant and Calazinc lotion inside.

R7

Record review of the facility provided document titled, "Assisted Living Facility Resident Characteristic Roster and Sample Selection", dated 09/10/2024 showed R7 admitted into the facility on [redacted]/2024. There was a "D" under the section "Dementia/Alzheimer's/Cognitive Impairment."

In an observation on 09/12/2024 at 2:52 PM, R7's bathroom showed a speed stick (underarm deodorant), four boxes of gloves , two stacks floor to top of cabinet of chucks, Calazinc (a white, zinc barrier cream for skin), Phyto-plex lotion (a skin moisturizer), and perianal and skin cleanser. In the cabinet drawer showed toothpaste and more Calazinc lotion.

In an observation on 09/12/2024 at 3:23 PM, in the nautical dining room, Resident 9 (R9) was accessing the unlocked upper cabinets that were over the counter by the sink. Inside the unlocked upper cabinets there were two bottles of opened Sani-Cloth germicidal disposable wipe that were accessible to R9.

In an interview on 09/12/2024 at 2:36 PM, Staff P, Caregiver, stated that all chemicals, lotions, and shampoos were to be locked up in the locking cabinet in the resident's room.

In an interview on 09/12/2024 at 2:45 PM, Staff O, Caregiver, stated all non-edible hazardous supplies were to be locked up in the resident's bathroom locking cabinets.

In an interview on 09/12/2024 at 2:47 PM, Staff F, Caregiver, stated there was a locking cabinet in the residents closet to keep hazardous chemicals in.

In an interview on 09/12/2024 at 2:52 PM, Staff R, Caregiver, stated the locking cabinets in the resident's bathroom were to be locked at all times with hazardous materials stored inside.

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, DUNGENESS COURTE MEMORY CARE is or will be in compliance with this law and / or regulation on (Date) 10/9/24.

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

Administrator (or Representative) — Date: 10/9/24

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

10/01/2024

DUNGENESS COURTE ALZHEIMERS COMMUNI
DUNGENESS COURTE MEMORY CARE
651 GARRY OAK DR
SEQUIM, WA 98382

RE: DUNGENESS COURTE MEMORY CARE # 1328

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 09/26/2024 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:

Cory Cisneros, Field Manager
Residential Care Services
Region 3, Unit E
800 NE 136th Ave Ste 200

Vancouver, WA 98684

• 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-2130 Service agreement planning. The assisted living facility must:

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

Based on interview and record review the facility did not have a completed 30 day NSA for 1 of 7 residents to review. The facility identified they had a system in place to ensure newly admitted residents had completed 30 day NSA.

RCW 70.129.070 Examination of survey or inspection results -- Contact with client advocates. A resident has the right to:
(1) Examine the results of the most recent survey or inspection of the facility conducted by federal or state surveyors or inspectors and plans of correction in effect with respect to the facility. A notice that the results are available must be publicly posted with the facility's state license, and the results must be made available for examination by the facility in a place readily accessible to residents; and

Based on observation and interview upon entrance to the facility they did not have the survey binder accessible for review. Upon exit the facility had notated where the survey binder could be located for review.

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)254-3190.

Sincerely,

Jody Just Jody Just Field Services Administrator signing for Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services

Enclosure