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

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

RE: DUNGENESS COURTE MEMORY CARE License # 1328

Dear Administrator:

This letter addresses Compliance Determination(s) 55902 (Completion Date 03/05/2025) and 51925 (Completion Date 01/03/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/05/2025 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-3100, WAC 388-78A-3100-1, WAC 388-78A-3100-2, WAC 388-78A-3100-3, WAC 388-78A-3100-4

The Department staff who did the on-site verification:
Pamela Horlick, NCI RN Complaint Investigator
Phan Pham, Nurse Surveyor

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

Residential Care Services
Investigation Summary Report

Provider/Facility: DUNGENESS COURTE MEMORY CARE
License/Cert.#: 1328
Compliance Determination #: 51925
Investigator: Pamela Horlick
Investigation Date(s): 12/18/2024 through 01/03/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 159360
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):

Quality of Care/Treatment: Report of resident falling and sustaining injury.
Physical Environment: Report of resident falling due to a mechanical lift being in path of resident.

Investigation Methods:

Sample:	Total residents: 37 Resident sample size: 4 Closed records sample size: 0
Observations:	Identified resident Residents Activities Dining Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Residents Family members
Record Reviews:	State reporting log Incident investigation Facility policies Care plan assessment facesheets incident reports progress notes Hospital records

Investigation Summary:

Quality of Care/Treatment: Facility followed policy and procedure by notifying

proper parties and calling EMS when resident sustained an injury. No failed practice identified. Physical Environment: Facility failed to securely store mechanical equipment out of the paths of residents walking in hallways. Failed practice identified.

Conclusion / Action:

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

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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 12/18/2024 and 12/20/2024 of:

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

This document references the following complaint number(s): 156256, 159360

The following sample was selected for review during the unannounced on-site visit: 4 of 37 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Pamela Horlick, NCI RN Complaint Investigator

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.

Cory Cisneros
Residential Care Services

01/09/2025
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.

Administrator (or Representative) Date 1.6.25

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 equipment accessible to memory care residents for 1 of 1 facility reviewed. This failure placed 37 of 37 residents at risk for injury from medical equipment stored in the hallway.

Findings included...

Review of the facility policy, titled, "Safe Storage and Handling of Supplies and Equipment," undated, showed, "The facility will ensure that all supplies and equipment, dirty and clean, are handled and stored in a safe manner, protecting residents from exposure and risk." Under the section, titled, "Procedure," showed:
1. When considering safe storage of supplies and equipment, the Executive Director and/or designee will consider at a minimum:
a. The assessed needs of the residents and the functional and cognitive abilities to determine what supplies and equipment may be accessible to residents.
b. Resident characteristics and needs
c. The degree of hazardousness or toxicity posed by the supplies or equipment
d. Whether or not the supplies and equipment are commonly found in a private home (hand soap, laundry detergent, fabric softener, dishwashing soap etc)
e. How would resident with special needs be protected individually without unnecessary restrictions on the general population.

Record review of the Resident Characteristic Roster, dated 12/10/2024, showed 32 out of 37 residents had dementia (a general term for loss of memory, language, problem

Administrator (or Representative) Date

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(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 equipment accessible to memory care residents for 1 of 1 facility reviewed. This failure placed 37 of 37 residents at risk for injury from medical equipment stored in the hallway.

Findings included...

Review of the facility policy, titled, “Safe Storage and Handling of Supplies and Equipment,” undated, showed, “The facility will ensure that all supplies and equipment, dirty and clean, are handled and stored in a safe manner, protecting residents from exposure and risk.” Under the section, titled, “Procedure,” showed:
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c. The degree of hazardousness or toxicity posed by the supplies or equipment
d. Whether or not the supplies and equipment are commonly found in a private home (hand soap, laundry detergent, fabric softener, dishwashing soap etc)
e. How would resident with special needs be protected individually without unnecessary restrictions on the general population.

Record review of the Resident Characteristic Roster, dated 12/10/2024, showed 32 out of 37 residents had dementia (a general term for loss of memory, language, problem

solving and other thinking abilities that are sever enough to interfere with daily life) and 4 out of 37 had Alzheimer's disease (a brain disorder that gradually destroys memory and thinking skills and eventually the ability to perform basic tasks.)

In an observation on 12/18/2024 at 9:14 AM, a Hoyer lift (a mechanical device used to safely transfer individuals with limited mobility) was observed in a hallway across from room 24. A second Hoyer lift was observed in a hallway across from room E1. A sit to stand lift (specialized medical devices designed to assist individuals with limited mobility in transitioning from a seated to a standing position) was observed in a hallway near the exit door across from room E2.

Review of R1's face sheet, dated 12/18/2024, showed that R1 was admitted to the facility on [redacted]/2022. R1 had dementia listed as a medical condition.

Review of R1's Resident Care Assessment, dated 12/15/2022, showed a box checked "yes" that R1 "wanders or gets lost easily."

Review of R1's Service Plan, dated 12/04/2024, showed R1 wandered frequently while awake.

Record review of R1's Incident/Behavior Report, dated 12/16/2024 at 12:35 AM, showed R1 had a fall in the south hall in front of room 14. R1 was found lying on the floor with their feet stretched out touching the mechanical lift that was parked in the hall between room 13 and 14. R1 was pointing to their left leg and complained of it being painful. 911 was called to assess the resident where he was then transferred to the hospital for further evaluation. The report showed R1 could have tripped on the mechanical lift, and actions noted to prevent recurrence was to not park the mechanical lift by R1's room.

Record review of R1's After Visit Summary, dated 12/16/2024, showed R1 sustained a proximal left femur fracture.

Record review of R1's progress notes showed:
-12/16/2024 at 8:18 AM R1's wife informed the facility that R1 had a broken hip. R1 was placed on palliative care.
-12/16/2024 at 12:56 PM Resident appears painful but due to their severe dementia, they are not verbalizing.
-12/17/2024 3:42 PM R1 admitted to hospice

In an interview on 12/18/2024 at 9:52 AM, Staff B, Caregiver, was asked what their process was after they had used a Hoyer lift, they stated they put it in a safe place. Staff B stated there was a designated spot. Staff B was asked where the safe spot they were referring to was, they stated, it was in the other hallway tucked around the corner. Staff B stated they were stored off to the side in the hallway. Staff B stated they [the facility] used to have a storage closet that they used to put them in but once the new

rooms were built that went away.

In an interview on 12/18/2024 at 10:20 AM, Staff C, Caregiver, was asked what they do after they had used the Hoyer lift, they stated they will deliver it to the next person that had to use it and park it. Staff C was asked if the Hoyer lift had a designated spot when it was not in use, they stated there used to be a storage closet but then it got filled with wheelchairs and the pandemic carts. Staff C stated the two Hoyer lifts and a sit to stand were stored in the hallway.

In an interview on 12/18/2024 at 10:44 AM, Staff D, Nurse, was asked if there was a designated storage spot for the Hoyer lifts, they stated, not that they were aware of.

In an interview on 12/18/2024 at 11:20 AM, Staff A, Director of Nursing, was asked where the Hoyer lifts were typically stored, they stated, in hallways. There were two Hoyer lifts and a sit to stand that were stored at the end of the two hallways. Staff A was asked, in the incident regarding R1, where was the Hoyer, they stated between room 13 and 14. Staff A was asked if there was a storage room for the Hoyer lifts, they stated nope. Staff A stated their intervention was to find a place to store the hoyers and lifts.

In an interview on 12/18/2024 at 2:09 PM, Staff A was asked, if a Hoyer stored in a hallway created a safety risk to the wandering residents at the facility, they stated, anything would be a tripping risk because they can't remember if it was there in the first place.

This is a recurring deficiency previously cited on 09/26/2024.

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, DUNGENESS COURTE MEMORY CARE is or will be in compliance with this law and / or regulation on (Date) 1/17/25 (moved on 12/18/24)

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

Administrator (or Representative) — Date: 11/16/25

rooms were built that went away.

In an interview on 12/18/2024 at 10:20 AM, Staff C, Caregiver, was asked what they do after they had used the Hoyer lift, they stated they will deliver it to the next person that had to use it and park it. Staff C was asked if the Hoyer lift had a designated spot when it was not in use, they stated there used to be a storage closet but then it got filled with wheelchairs and the pandemic carts. Staff C stated the two Hoyer lifts and a sit to stand were stored in the hallway.

In an interview on 12/18/2024 at 10:44 AM, Staff D, Nurse, was asked if there was a designated storage spot for the Hoyer lifts, they stated, not that they were aware of.

In an interview on 12/18/2024 at 11:20 AM, Staff A, Director of Nursing, was asked where the Hoyer lifts were typically stored, they stated, in hallways. There were two Hoyer lifts and a sit to stand that were stored at the end of the two hallways. Staff A was asked, in the incident regarding R1, where was the Hoyer, they stated between room 13 and 14. Staff A was asked if there was a storage room for the Hoyer lifts, they stated nope. Staff A stated their intervention was to find a place to store the hoyers and lifts.

In an interview on 12/18/2024 at 2:09 PM, Staff A was asked, if a Hoyer stored in a hallway created a safety risk to the wandering residents at the facility, they stated, anything would be a tripping risk because they can't remember if it was there in the first place.

This is a recurring deficiency previously cited on 09/26/2024.

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, DUNGENESS COURTE MEMORY CARE 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