STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

10/12/2023

UNICARE HOMES INC
ORCHARD PARK ASSISTED LIVING
844 W ORCHARD DRIVE
BELLINGHAM, WA 98225

RE: ORCHARD PARK ASSISTED LIVING License # 1350

Dear Administrator:

This letter addresses Compliance Determination(s) 30765 (Completion Date 10/09/2023) and 22573 (Completion Date 05/09/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/09/2023 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-2210-2-a

The Department staff who did the on-site verification:
Judith Mellon, RN, Licensor

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: ORCHARD PARK ASSISTED LIVING
License/Cert.#: 1350
Compliance Determination #: 22573
Investigator: Syng To
Provider Type: Assisted Living Facility
Intake ID: 77262
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 04/14/2023 through 05/09/2023
Complainant Contact Date(s): 04/12/2023, 05/10/2023

Allegation(s):

1) The Named Resident (NR) did not receive a dose of medication.
2) The NR was given food that contained caffeine despite having told the Assisted Living Facility (ALF) about having an allergy.

Investigation Methods:

Sample:	Total residents: 71 Resident sample size: 5 Closed records sample size: 0
Observations:	Residents Kitchen Food preparation Med Pass
Interviews:	Residents Facility Staff Reporter
Record Reviews:	Facility Records Residents Records

Investigation Summary:

1) Based on interview and record reviews the Assisted Living Facility (ALF) failed to administer a dose of medication for the NR. Interviewed staff stated that the NR had a new order after a visit to the clinic. The NR's clinic order record showed a medication order was prescribed for specified date. NR's medication administration record showed no dose was administered. ALF record showed the ALF Staff missed to enter order and led to missed dose. A citation was written for WAC 388-78A-2210 Medication Services.

2) Interviewed residents stated no concern for food services. The ALF staff demonstrated meal trays preparation practices included identifying residents' names, room number, allergies, preferences, diet order, texture, and liquid consistency by referencing facility residents' information list. Record reviews showed all ALF Staff Food Handler Permit were current. No findings concluded.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 1350	Compliance Determination # 22573
Plan of Correction	ORCHARD PARK ASSISTED LIVING	Completion Date
Page 1 of 3	Licensee: UNICARE HOMES INC	05/09/2023

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 04/14/2023, 04/14/2023 and 04/14/2023 of:

ORCHARD PARK ASSISTED LIVING
844 W ORCHARD DRIVE
BELLINGHAM, WA 98225

This document references the following complaint number(s): 77262

The following sample was selected for review during the unannounced on-site visit: 5 of 71 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Syng To, ALF Complaint Investigator

RECEIVED
MAY 30 REC'D
ALTSA/RCS ARLINGTON

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Kim Ripley
Residential Care Services

05/18/2023
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

WAC 388-78A-2210 Medication services.

(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 administer a medication for 1 of 5 residents (Resident 1) when resident 1 did not receive a dose of blood thinner. This failure placed Resident 1 at an increased risk for having blood clots.

Findings included...

Review of ALF's policy titled "Medication Services", stated a medication error is any situation where the exact orders from the physician were not followed.

Resident 1 was admitted to the ALF on [redacted]/2023 with multiple diagnoses including [redacted] and [redacted]. Review of Resident 1's Care Plan dated 3/28/2023, showed the resident required medication assistance.

Review of MAR dated April 2023, showed Resident 1 was prescribed 2.5mg of Warfarin on Sunday, Tuesday, Thursday, and Saturday; 5 mg of Warfarin on Monday, Wednesday, and Friday.

Interview on 4/12/2023 4:03pm, Collateral Contact stated that Resident 1 was taken to the Anticoagulation Clinic for a scheduled blood clot test on 4/4/2023.

Review of Resident 1's Anticoagulation Clinic Document dated 4/4/2023 showed Resident 1's International Normalized Ratio (INR), (a blood clot test) result was 1.5 (Normal range: 2-3) on 4/4/2023. A physician order showed a one-time single 5mg dose of Warfarin was to be administered on April 4th, 2023.

Statement of Deficiencies	License #: 1350	Compliance Determination # 22573
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Page 3 of 3	Licensee: UNICARE HOMES INC	05/09/2023

Review of Resident 1's chart notes dated 4/4/2023 02:52pm showed that Resident 1 received a new one-time order from the Clinic for 5mg on 4/4/2023. The note showed the INR was 1.5.

Review of Resident 1's Medication Administration Record (MAR) dated 4/4/2023, showed no Warfarin was administered. The MAR showed an X was marked for Warfarin 2.5mg indicating it was held and the MAR was blank for Warfarin 5mg on 4/4/2023.

In an interview on 5/5/2023 at 10:44am, Staff B, Executive Director, stated that Resident 1 did not receive Warfarin 2.5mg on 4/4/2023 because the INR clinic asked for it to be held and they sent a new order.

Review of The ALF's Medication Incident Report dated 5/5/2023, showed Staff A, LPN, failed to enter Resident 1's one-time dose of Warfarin 5mg, which led to Resident 1's missed dose.

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, ORCHARD PARK ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) June 30, 2023.

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

Patt Stocker — Administrator (or Representative)

5-30-2023 — Date