STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223
04/18/2024

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) 39462 (Completion Date 04/17/2024) and 34643 (Completion Date 02/12/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/17/2024 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:
Christine Banta, ALF Licensor

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, 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 #: 34643
Investigator: Helen Fisher
Investigation Date(s): 01/04/2024 through 02/12/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 111958
Region/Unit #: RCS Region 2 / Unit A

Allegation(s):

1) The Named Resident (NR) was found unresponsive without pulse or respiration.
2) The Named Resident complained of a headache an night before.
3) The Assisted Living Facility (ALF) unsure if the NR had medication changes since the family was managing the NR's medications.

Investigation Methods:

Sample:	Total residents: 63 Resident sample size: 4 Closed records sample size: 1
Observations:	Other residents' appearance and demeanor, hallways, residents' living quarters, residents' social interaction.
Interviews:	Executive Director, Collateral Contact, Med Techs, Caregivers.
Record Reviews:	NR records. Incident investigation, Abuse and neglect policy and procedure.

Investigation Summary:

1) The NR's negotiated service agreement dated 11/27/2023 showed the NR needed to be checked frequently. The ALF responded when the NR was found by a family member unresponsive with no pulse and respiration. During the facility investigation they found out that the NR was not checked by staff for 11 hours before they were found unresponsive. Interview showed the NR did not use their call light for 11 hours. A citation was issued for noncompliance with WAC 388-78A-2160 Implementation of negotiated service agreement.
2) The ALF responded when the NR complained of a headache at 6:00 PM on [redacted]/2023, assessed the NR, notified the family who managed the NR medication and the primary care provider. The NR was given Tylenol 650 mg (pain medication) for headache. No facility failed practice was identified.
3) The NR's family was managing the NR's medication as per their request. The ALF was unaware of any medication changes since the NR's family coordinate with the NR's primary care provider directly. Interview showed no medication changes made prior to the NR's passing. No facility failed practice was 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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AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

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 01/04/2024 and 01/04/2024 of:

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

This document references the following complaint number(s): 110385, 110463, 111958

The following sample was selected for review during the unannounced on-site visit: 4 of 63 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Helen Fisher, Complaint Investigator

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

02/26/2024
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) Date

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 provide care as stated in the negotiated service agreement when 1 of 3 residents (Resident 1) was not checked for 11 hours. This failure resulted in Resident 1 unchecked and placed all residents at risk for unmet care needs and diminished quality of life.

Findings included…

Resident 1

Resident 1 was admitted to the ALF on [redacted]/2023 with multiple [redacted] diagnoses including [redacted], and [redacted].

A negotiated service agreement (NSA) dated 11/27/2023 showed Resident 1 needed frequent checks and to be changed.

On 01/04/2024 at 10:17 AM, Staff A, Administrator, stated that they did an investigation and found that on [redacted]/2023 Resident 1 was not checked or changed for at least 11 hours from 10:00 PM until 9:45 AM of [redacted]/2023. Staff A stated that Resident 1 was found by their family on [redacted]/2023 at 9:45 AM as deceased. Staff A stated that on [redacted]/2023 around 6:00 PM, Resident 1 complained of a headache and was given Tylenol by the med tech.

On 01/04/2024 at 11:35 AM, Staff B, Dining Staff, stated that on [redacted]/2024 around 8:00 AM they brought Resident 1's tray to them and noticed Resident 1 was asleep and not responding. Staff B they left the tray without telling anyone. Staff B stated that there was nothing unusual.

On 01/04/2024 at 12:00 PM, Staff C, Caregiver, stated that they did not check on Resident 1 after they arrived on [redacted]/2023 at 6:00 AM until Resident 1 was found as deceased.

Interview on 02/05/2024 at 7:45 AM, Staff E, Caregiver, stated that on [redacted]/2023 at 5:45 PM Resident 1 complained a headache and they told the Med Tech.

Interview on 02/07/2024 at 5:47 PM, Staff D, Night Shift Caregiver, stated that they did not

check on Resident 1 from 10:00 PM on [redacted]/2023 to 6:00 AM of [redacted]/2023. Staff D stated that Resident 1's baseline was calling staff to be changed and turned but Resident 1 did not make a call the whole shift.

Review of chart notes showed Resident 1 was found by a family member unresponsive with no pulse and no respiration on [redacted]/2023 at 9:45 AM.

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)_____ .

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

_____ _____

Administrator (or Representative) Date