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

BOND LLC
SOMERSET RETIREMENT APARTMENTS
2025 TIBBETTS DR
LONGVIEW, WA 98632

RE: SOMERSET RETIREMENT APARTMENTS License # 1461

Dear Administrator:

This letter addresses Compliance Determination(s) 29375 (Completion Date 09/15/2023) and 26685 (Completion Date 07/18/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/15/2023 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-2130-1, WAC 388-78A-2130-1-a, WAC 388-78A-2130-1-b, WAC 388-78A-2130-1-c, WAC 388-78A-2090, WAC 388-78A-2090-1, WAC 388-78A-2090-1-a, WAC 388-78A-2090-1-b, WAC 388-78A-2090-1-c, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2090-2-b, WAC 388-78A-2090-2-c, WAC 388-78A-2090-3, WAC 388-78A-2090-4, WAC 388-78A-2090-4-a, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5, WAC 388-78A-2090-5-a, WAC 388-78A-2090-5-b, WAC 388-78A-2090-5-c, WAC 388-78A-2090-6, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2090-7, WAC 388-78A-2090-7-a, WAC 388-78A-2090-7-b, WAC 388-78A-2090-7-c, WAC 388-78A-2090-7-c-i, WAC 388-78A-2090-7-c-ii, WAC 388-78A-2090-7-d, WAC 388-78A-2090-8, WAC 388-78A-2090-8-a, WAC 388-78A-2090-8-b, WAC 388-78A-2090-8-b-i, WAC 388-78A-2090-8-b-ii, WAC 388-78A-2090-9, WAC 388-78A-2090-10, WAC 388-78A-2090-11, WAC 388-78A-2090-11-a, WAC 388-78A-2090-11-b, WAC 388-78A-2090-11-c, WAC 388-78A-2210-1-b, WAC 388-78A-2240

The Department staff who did the off-site verification:
Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

RECEIVED
AUG 29 2023
DSHS RCS REGION 3
VANCOUVER

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 #: 1461	Compliance Determination # 26685
Plan of Correction	SOMERSET RETIREMENT APARTMENTS	Completion Date
Page 1 of 9	Licensee: BOND LLC	07/18/2023

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 the unannounced on-site full inspection on 07/17/2023 and 07/18/2023 of:
SOMERSET RETIREMENT APARTMENTS
2025 TIBBETTS DR
LONGVIEW, WA 98632

The following sample was selected for review during the unannounced on-site visit: 9 of 38 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jennifer Siharath, ALF Licensor
Kyle Gehlen, ALF Licensor - LTC

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
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.

Residential Care Services

07/19/2023
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)

7-31-23
Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(a) Integrates the assessment information provided by the department's case manager for each resident whose care is partially or wholly funded by the department or the health care authority;

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete the Negotiated Service Agreement (NSA) upon admission to the facility for 4 of 5 sampled residents (Resident 1, Resident 6, Resident 8, and Resident 9). This failure placed these residents at risk for proper care needs being unmet.

Findings included...

Resident 1 (R1)
During an unannounced full inspection on 07/17/2023 at 11:25 AM, R1's records showed that R1 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted] and [redacted].

Review of R1's records showed an NSA dated 03/22/2023 and signed by the RN on 03/22/2023 and R1's representative on 04/03/2023. No initial NSA was found.

Resident 6 (R6)
Record review on 07/17/2023 at 12:24 PM, showed that R6 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of R6's records showed an NSA dated 06/28/2023 and signed by the RN on 06/28/2023 and by R6 on 06/28/2023. No initial NSA was found.

Resident 8 (R8)
During record review on 07/17/2023 at 1:42 PM, R8's records showed that R8 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of R8's record showed an NSA dated 03/06/2023 and signed by the RN on 03/06/2023 and R8 on 03/06/2023. No initial NSA was found.

Resident 9 (R9)
During record review on 07/17/2023 at 1:46 PM, R9's records showed that R9 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of R9's records showed an NSA dated 04/17/2023. No initial NSA was found.

During an interview on 07/18/2023 at 10:40 AM with Staff C, Registered Nurse, they acknowledged that the initial NSAs were not in the resident's charts.

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, SOMERSET RETIREMENT APARTMENTS is or will be in compliance with this law and / or regulation on (Date) 8-31-23 .

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

Marcus Jimenez — Administrator (or Representative)

7-31-2023 — Date

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 fourteen days of the resident's move-in date for 3 of 5 sampled residents (Residents 1, Resident 6, and Resident 8). This failure placed these three residents at risk of their care needs not being met.

Resident 1 (R1)
During an unannounced full inspection on 07/17/2023 at 11:25 AM, R1's records showed that R1 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted] and [redacted].

Review of R1's records showed a preadmission assessment dated 02/08/2023 and an assessment dated 03/22/2023, eight days after the 14-day reassessment requirement.

Resident 6 (R6)
During record review on 07/17/2023 at 12:24 PM, R6's records showed that R6 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of R6's record showed a preadmission assessment dated 05/19/2023 and an assessment dated 06/28/2023, 12 days after the 14-day reassessment requirement.

Resident 8 (R8)
Record Review on 07/17/2023 at 1:42 PM, showed that R8 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of R8's records showed a preadmission assessment dated 01/04/2023 and an assessment dated 03/06/2023, 19 days after the 14-day reassessment requirement.

During an interview on 07/18/2023 at 10:40 AM with Staff C, Registered Nurse, acknowledged that the 14-day assessments were completed late.

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, SOMERSET RETIREMENT APARTMENTS is or will be in compliance with this law and / or regulation on (Date) 8-31-23 .

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

Administrator (or Representative) — Date: 7-31-2023

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to develop and implement systems that support and promote safe medication service, communication, and documentation for 2 of 9 sampled residents (Resident 1 and Resident 5). This failure placed these two residents at risk for harm due to not receiving their medications as ordered by the physician.

Resident 1 (R1)
During an unannounced full inspection on 07/17/2023 at 11:25 AM, R1's records showed that R1 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted] and [redacted].

Review of R1's Negotiated Service Agreement 03/22/2023 showed that R1 was receiving medication assistance from the facility.

Review of R1's Medication Administration Records (MAR) dated 04/01/2023 – 06/30/2023 showed that R1 did not receive two of their blood pressure medications for an extended period. April's MAR showed that Amlodipine, a medication to treat HTN, was not given for eight consecutive days between 04/22/2023 – 04/29/2023. The documentation showed "out of medication." April's MAR also showed that Losartan, another medication to treat HTM, was not given for 10 consecutive days between 04/19/2023 – 04/28/2023, The documentation showed "out of medication."

Review of progress notes dated 03/07/23 – 07/06/23 showed no documentation of R1 not receiving these medications and/or the facility's efforts to obtain the medications in a correct and timely manner.

No communication was found notifying R1's physician and/or their representative regarding R1 not receiving these medications for an extended period.

Resident 5 (R5)
On 07/17/2023 at 12:12 PM, R5's records showed that R5 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Review of R5's MARs dated 04/01/2023 – 06/30/2023 showed that R5 did not receive a medication for an extended period. June's MAR showed that Pantoprazole, a medication to treat heartburn and acid reflux, was not given for four days on 06/13/2023, 06/14/2023, 06/15/2023 and 06/17/2023. Documentation read "out of medication."

Review of R5's progress notes showed no documentation of R5 not receiving these medications and/or the facility's efforts to obtain the medications in a correct and timely manner.

No communication was found notifying R5's physician and/or their representative regarding R5 not receiving these medications for an extended period.

During an exit interview on 07/18/2023 at 2:00 PM, Staff D, Nurse, and Staff E, Personal Assistant, acknowledged the lack of communication and documentation regarding medications for R1 and R5.

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, SOMERSET RETIREMENT APARTMENTS is or will be in compliance with this law and / or regulation on (Date) 8-31-23 .

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

Administrator (or Representative) — Date: 7-31-2023

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 medications were available in a correct and timely manner for 2 of 9 sampled residents (Resident 1 and Resident 5). This failure placed these two residents at risk for harm due to not receiving their medications as ordered by the physician.

Resident 1 (R1)
During an unannounced full inspection on 07/17/2023 at 11:25 AM, R1's records showed that R1 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted] and [redacted].

Review of R1's Negotiated Service Agreement dated 03/22/2023 showed that R1 was receiving medication assistance from the facility.

Review of R1's Medication Administration Records (MAR) dated 04/01/2023 – 06/30/2023 showed that R1 did not receive two of their blood pressure medications for an extended period. April's MAR showed that Amlodipine, a medication to treat HTN, was not given for

eight consecutive days between 04/22/2023 – 04/29/2023. The documentation read "out of medication." April's MAR also showed that Losartan, another medication to treat HTM, was not given for 10 consecutive days between 04/19/2023 – 04/28/2023. The documentation read "out of medication."

Resident 5 (R5)
On 07/17/2023 at 12:12 PM, R5's records showed that R5 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Review of R5's MARs dated 04/01/2023 – 06/30/2023 showed that R5 did not receive a medication for an extended period. June's MAR showed that Pantoprazole, a medication to treat heartburn and acid reflux, was not given for four days on 06/13/2023, 06/14/2023, 06/15/2023 and 06/17/2023, for "out of medication."

During an exit interview on 07/18/2023 at 2:00 PM, Staff D, Nurse, and Staff E, Personal Assistant, acknowledged that R1 and R5 had not received their medications for an extended period and that the facility failed to obtain these medications in a timely manner.

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, SOMERSET RETIREMENT APARTMENTS is or will be in compliance with this law and / or regulation on (Date) 8-31-23 .

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

Administrator (or Representative) — Date: 7-31-2023