STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

BAYVIEW MANOR HOMES
BAYVIEW MANOR HOMES
11 W Aloha St
Seattle, WA 981199963

RE: BAYVIEW MANOR HOMES # 162

Dear Administrator:

This document references Compliance Determination 30185 (10/04/2023), which included complaint number(s) 98573.
The Department completed a complaint investigation of your Assisted Living Facility on 10/04/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Cathy Prentice, Complaint Investigator

Consultation:

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

The Assisted Living Facility failed to notify the prescribing physician and evaluate when a

resident refused their medication. This placed the residents at risk of a decline in health status.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately; and
• Complete correction as soon as possible.

You Are Not:
• Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
• Inspect the facility to determine if you have corrected all deficiencies.

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 (425)670-6070.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: BAYVIEW MANOR HOMES **Provider Type:** Assisted Living Facility
License/Cert.#: 162
Compliance Determination #: 30185 **Intake ID:** 98573
Investigator: Cathy Prentice **Region/Unit #:** RCS Region 2 / Unit J
Investigation Date(s): 09/27/2023 through 10/04/2023
Complainant Contact Date(s): 09/22/2023, 10/04/2023

Allegation(s):

1. The named resident received medications given late due to lack of communication and lack of nursing staff availability.2. A lack of medication supply resulted in missed medication 3. The facility has archaic unsafe medication system and it is all on paper. 4. The facility has too many floors of residents who need medication for one nurse to cover.

Investigation Methods:

Sample:	Total residents: 39 Resident sample size: 3 Closed records sample size: 1
Observations:	Medication administration system; delivery of care and services; staff interactions with residents; residents' appearance; environment.
Interviews:	Residents, staff, administration, collateral contacts.
Record Reviews:	Resident care records, Assessment, Negotiated Service Agreement (NSA), investigations, grievances, facility policies.

Investigation Summary:

Based on interview and record review, 1. The facility had a safe system for medication administration and noted isolated occasions where medications were delayed by a few hours due to agency personnel and schedule changes. The facility failed to administer morning medications for the named resident on 07/02/2023 for unknown reason. An agency nurse who worked in the facility no longer works there. 2. The facility had a system for re-ordering medications and had a delivery of the ordered medication that was not retrieved by an agency nurse thus one dose was missed for an anti-depressant medication. 3. The facility had a safe system for medication administration . 4. The facility had qualified staff for medication administration as required. The other sample residents received medications as ordered. The facility failed to notify the physician when the named resident refused morning medications on 09/02/2023. This failed practice was noted and a consultation was written.

Conclusion / Action:

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