STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

FEDERAL WAY MEDICAL INVESTORS LLC
Garden Terrace Healthcare Center of Federal Way
491 S 338TH STREET
FEDERAL WAY, WA 98003

RE: Garden Terrace Healthcare Center of Federal Way License # 1631

Dear Administrator:

This letter addresses Compliance Determination(s) 36348 (Completion Date 02/05/2024) and 33270 (Completion Date 12/14/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/05/2024 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-2300-1-c-iii, WAC 388-78A-2300-1-c-vi, WAC 388-78A-2150-1, WAC 388-78A-2730-1-b, WAC 388-78A-2730-2-b-i, WAC 388-78A-2730-2-b-iii, WAC 388-78A-2570, WAC 388-78A-2180-1, WAC 388-78A-2180-1-a, WAC 388-78A-2180-1-b, WAC 388-78A-2140-1-a-iii

The Department staff who did the on-site verification:
Jane Hermano, NCI

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

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 1631	Compliance Determination # 33270
Plan of Correction	Garden Terrace Healthcare Center of Federal Way	Completion Date
Page 1 of 9	Licensee: FEDERAL WAY MEDICAL INVESTORS LLC	12/14/2023

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 12/04/2023 and 12/06/2023 of:
Garden Terrace Healthcare Center of Federal Way
491 S 336TH STREET
FEDERAL WAY, WA 98003

The following sample was selected for review during the unannounced on-site visit: 7 of 8 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility.

Jane Hermann, NCI
Angelica Rios, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson
Residential Care Services

12/19/2023
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.

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 1631	Compliance Determination # 33270
Plan of Correction	Garden Terrace Healthcare Center of Federal Way	Completion Date
Page 1 of 9	Licensee: FEDERAL WAY MEDICAL INVESTORS LLC	12/14/2023

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 12/04/2023 and 12/06/2023 of:
Garden Terrace Healthcare Center of Federal Way
491 S 338TH STREET
FEDERAL WAY, WA 98003

The following sample was selected for review during the unannounced on-site visit: 7 of 8 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jane Hermano, NCI
Angelica Rios, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson
Residential Care Services

12/19/2023
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.

Statement of Deficiencies	License #: 1631	Compliance Determination # 33270
Plan of Correction	Garden Terrace Healthcare Center of Federal Way	Completion Date
Page 2 of 9	Licensee: FEDERAL WAY MEDICAL INVESTORS LLC	12/14/2023

Megan Lavon
Administrator (or Representative)

12/27/23
Date

WAC 388-78A-2300 Food and nutrition services.

(1) The assisted living facility must:

(c) Ensure all menus:

(iii) Include all food and snacks served that contribute to nutritional requirements;

(vi) Are not repeated for at least three weeks, except that breakfast menus in assisted living facilities that provide a variety of daily choices of hot and cold foods are not required to have a minimum three-week cycle.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the menus included all food items offered and the food items were not repeated within a three-week timeframe. These failures placed all residents at risk of a decreased quality of life from lack of meal choices and variety and at risk of receiving food that did not meet their dietary needs.

Findings included...

Review of the November 2023 facility food menus showed the facility served chicken tenders as the lunch entrée on 11/10/2023 and as the dinner entrée on 11/13/2023 and 11/19/2023. Review of menus showed that a grilled cheese sandwich was served as the dinner entrée on 11/15/2023 and 11/21/2023. Review of the alternative meal menus showed that chicken tenders and grilled cheese sandwiches were listed as optional choices in place of the main meal offered.

During an interview on 12/04/2023 at 1:45 PM Staff G, Food Service Director, stated that the facility offered vegetarian options, gluten free options, a variety of beverages and substitutions to the meal entrées. Staff G stated that they were aware the current menus did not include all food options available. Staff G stated that they were unaware of the requirement for the menus to include all food items available to residents. Staff G was unaware that the menu items were not to be repeated within a three-week period.

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, Garden Terrace Healthcare Center of Federal Way is or will be in compliance with this law and / or regulation on (Date)__ 1/20/24 ___ .

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

Administrator (or Representative) Date

WAC 388-78A-2300 Food and nutrition services.

(1) The assisted living facility must:

(c) Ensure all menus:

(iii) Include all food and snacks served that contribute to nutritional requirements;

(vi) Are not repeated for at least three weeks, except that breakfast menus in assisted living facilities that provide a variety of daily choices of hot and cold foods are not required to have a minimum three-week cycle.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the menus included all food items offered and the food items were not repeated within a three-week timeframe. These failures placed all residents at risk of a decreased quality of life from lack of meal choices and variety and at risk of receiving food that did not meet their dietary needs.

Findings included...

Review of the November 2023 facility food menus showed the facility served chicken tenders as the lunch entrée on 11/10/2023 and as the dinner entrée on 11/13/2023 and 11/18/2023. Review of menus showed that a grilled cheese sandwich was served as the dinner entrée on 11/15/2023 and 11/21/2023. Review of the alternative meal menus showed that chicken tenders and grilled cheese sandwiches were listed as optional choices in place of the main meal offered.

During an interview on 12/04/2023 at 1:45 PM Staff G, Food Service Director, stated that the facility offered vegetarian options, gluten free options, a variety of beverages and substitutions to the meal entrées. Staff G stated that they were aware the current menus did not include all food options available. Staff G stated that they were unaware of the requirement for the menus to include all food items available to residents. Staff G was unaware that the menu items were not to be repeated within a three-week period.

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, Garden Terrace Healthcare Center of Federal Way 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.

Statement of Deficiencies	License #: 1631	Compliance Determination # 33270
Plan of Correction	Garden Terrace Healthcare Center of Federal Way	Completion Date
Page 3 of 9	Licensee: FEDERAL WAY MEDICAL INVESTORS LLC	12/14/2023

Megan Lenon
Administrator (or Representative)

12/27/23
Date

WAC 388-78A-2160 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 2 out of 7 sampled residents (Resident 1 and Resident 5) or their representative signed an annual negotiated service agreement (NSA). This failure placed Resident 1 and Resident 5 at risk of being uninformed about their assessed care and services and the potential for unmet care needs.

Findings included...

Review of the facilities resident files showed that the facility admitted Residents 1 on [redacted]2022. The files showed that the facility admitted Resident 5 to nursing home on [redacted]2019. Resident 5 transitioned to the assisted living on [redacted]2023.

RESIDENT 1
Review of Resident 1's NSA, dated 01/22/2023 and revised on 09/25/2023, showed only signatures by facility staff. There was no documentation that showed Resident 1 or their representative reviewed and signed the NSA.

RESIDENT 5
Review of Resident 5's NSA, dates 11/08/2022, 02/21/2023, 06/02/2023 and revised on 09/15/2023 showed only signatures by facility staff. There was no documentation that showed Resident 5 or their representative reviewed and signed the NSA.

During an interview on 12/12/2023 at 1:09 PM Collateral Contact 1 (CC 1), Resident 5's Representative, stated that they were not notified of any updated NSAs. CC 1 stated that they only reviewed and signed the initial NSA when the facility admitted Resident 5 to the facility's nursing home in 2019.

During an interview on 12/08/2023 at 3:00 PM, Staff L, Unit Nurse, stated that the facility used to have a system to ensure residents, or their representatives, signed the updated NSAs. Staff L stated that since the beginning of the pandemic, there was no consistent system in place to ensure all NSAs were signed annually by the residents or their representatives.

Administrator (or Representative) Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 2 out of 7 sampled residents (Resident 1 and Resident 5) or their representative signed an annual negotiated service agreement (NSA). This failure placed Resident 1 and Resident 5 at risk of being uninformed about their assessed care and services and the potential for unmet care needs.

Findings included...

Review of the facilities resident files showed that the facility admitted Residents 1 on [redacted]/2022. The files showed that the facility admitted Resident 5 to nursing home on [redacted]/2019. Resident 5 transitioned to the assisted living on [redacted]2020.

RESIDENT 1
Review of Resident 1's NSA, dated 01/22/2023 and revised on 09/25/2023, showed only signatures by facility staff. There was no documentation that showed Resident 1 or their representative reviewed and signed the NSA.

RESIDENT 5
Review of Resident 5's NSA, dated 11/08/2022, 02/21/2023, 06/02/2023 and revised on 09/15/2023 showed only signatures by facility staff. There was no documentation that showed Resident 5 or their representative reviewed and signed the NSA.

During an interview on 12/12/2023 at 1:09 PM Collateral Contact 1 (CC 1), Resident 5's Representative, stated that they were not notified of any updated NSAs. CC 1 stated that they only reviewed and signed the initial NSA when the facility admitted Resident 5 to the facility's nursing home in 2019.

During an interview on 12/06/2023 at 3:00 PM, Staff L, Unit Nurse, stated that the facility used to have a system to ensure residents, or their representatives, signed the updated NSAs. Staff L stated that since the beginning of the pandemic, there was no consistent system in place to ensure all NSAs were signed annually by the residents or their representatives.

Statement of Deficiencies	License #: 1631	Compliance Determination #:33270
Plan of Correction	Garden Terrace Healthcare Center of Federal Way	Completion Date
Page 4 of 9	Licensee: FEDERAL WAY MEDICAL INVESTORS LLC	12/14/2023

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, Garden Terrace Healthcare Center of Federal Way is or will be in compliance with this law and / or regulation on (Date) 1/20/24

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

Megan Lenox — Administrator (or Representative)

12/27/23 — Date

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules, and

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(i) A current assisted living facility license, including any related conditions on the license;

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to maintain and post the most recent assisted living facility license; failed to post the January 2020 Department of Social and Health Services full inspection report; and failed to renew the Medical Test Site Waiver certificate. These failures placed all residents at risk of being uninformed about the facility services as permitted by the facility's license and the facility deficiencies that may affect care and services provided by the facility.

Findings included...

ASSISTED LIVING LICENSE
Observation on 12/04/2023 at 10:45 AM, showed the assisted living license posted in the building expired in May 2023. During an interview at this same time, Staff A, Executive Director, stated that they would post the current license immediately.

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, Garden Terrace Healthcare Center of Federal Way 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

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(i) A current assisted living facility license, including any related conditions on the license;

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to maintain and post the most recent assisted living facility license; failed to post the January 2020 Department of Social and Health Services full inspection report; and failed to renew the Medical Test Site Waiver certificate. These failures placed all residents at risk of being uninformed about the facility services as permitted by the facility's license and the facility deficiencies that may affect care and services provided by the facility.

Findings included...

ASSISTED LIVING LICENSE
Observation on 12/04/2023 at 10:45 AM, showed the assisted living license posted in the building expired in May 2023. During an interview at this same time, Staff A, Executive Director, stated that they would post the current license immediately.

Statement of Deficiencies	License #: 1631	Compliance Determination # 33270
Plan of Correction	Garden Terrace Healthcare Center of Federal Way	Completion Date
Page 5 of 9	Licensee: FEDERAL WAY MEDICAL INVESTORS LLC	12/14/2023

On 12/04/2023, review of an email by the Department's Business Operations and Analysis (BOA) unit stated that the facility was current with their license. The BOA unit confirmed that the facility renewed the license in June 2023.

Observation on 12/05/2023 at 2:15 PM, showed an expired assisted living license was still posted. During an interview at this same time, Staff A stated that they were occupied renewing the facility's medical test site waiver license.

FULL INSPECTION REPORT
Review of the Department's Facility Management System database showed the Department completed the facility's last full inspection in January 2020.

During an interview on 12/04/2023 at 11:15 AM, Staff A stated that the most recent full inspection report was kept in the drawer by the front desk. Staff A stated that the report was available for the residents and the public when requested. During the interview, Staff A provided the Department Licensor with a white binder that contained the facility's full inspection reports. The binder only contained full inspection reports from 2016 and 2017.

During an interview on 12/05/2023 at 2:18 PM, an anonymous resident stated that they were unaware where the facility kept the last full inspection report. The resident stated that they were unaware they were allowed to read the full inspection reports.

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, Garden Terrace Healthcare Center of Federal Way is or will be in compliance with this law and / or regulation on (Date) 1/28/24.

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

megan Lemon — Administrator (or Representative)

12/27/23 — Date

WAC 388-76A-2570 Notification of change in administrator. The licensee must notify the department in writing within ten calendar days of the effective date of a change in the assisted living facility administrator. The notice must include the full name of the new administrator and the effective date of the change.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to notify the Department of a change in the assisted living facility administrator within 10 days of hire, as required. This

On 12/04/2023, review of an email by the Department's Business Operations and Analysis (BOA) unit stated that the facility was current with their license. The BOA unit confirmed that the facility renewed the license in June 2023.

Observation on 12/06/2023 at 2:15 PM, showed an expired assisted living license was still posted. During an interview at this same time, Staff A stated that they were occupied renewing the facility's medical test site waiver license.

FULL INSPECTION REPORT
Review of the Department's Facility Management System database showed the Department completed the facility's last full inspection in January 2020.

During an interview on 12/04/2023 at 11:15 AM, Staff A stated that the most recent full inspection report was kept in the drawer by the front desk. Staff A stated that the report was available for the residents and the public when requested. During the interview, Staff A provided the Department Licensor with a white binder that contained the facility's full inspection reports. The binder only contained full inspection reports from 2015 and 2017.

During an interview on 12/05/2023 at 2:18 PM, an anonymous resident stated that they were unaware where the facility kept the last full inspection report. The resident stated that they were unaware they were allowed to read the full inspection reports.

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, Garden Terrace Healthcare Center of Federal Way 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

WAC 388-78A-2570 Notification of change in administrator. The licensee must notify the department in writing within ten calendar days of the effective date of a change in the assisted living facility administrator. The notice must include the full name of the new administrator and the effective date of the change.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to notify the Department of a change in the assisted living facility administrator within 10 days of hire, as required. This

Statement of Deficiencies	License #: 1631	Compliance Determination # 33270
Plan of Correction	Garden Terrace Healthcare Center of Federal Way	Completion Date
Page 6 of 9	Licensee: FEDERAL WAY MEDICAL INVESTORS LLC	12/14/2023

failure placed all the residents at risk of receiving care from an unqualified staff member.

Findings included...

Review of the Department's Facilities Management System (FMS) on 11/30/2023 showed that Staff K, Previous Administrator, was the Administrator of record. Review of the facility staff records showed that the facility hired Staff A, Current Administrator on 11/26/2018.

During an interview on 12/04/2023 at 11:15 AM, Staff A stated that they were the facility's current administrator for assisted living and skilled nursing. Staff A stated that a Change of Administrator form for assisted living was not submitted to the Department.

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, Garden Terrace Healthcare Center of Federal Way is or will be in compliance with this law and / or regulation on (Date) 1/20/24

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

megan Lanor — Administrator (or Representative)

12/27/23 — Date

WAC 388-78A-2180 Activities. The assisted living facility must:

(1) Provide space and staff support necessary for:

(a) Each resident to engage in independent or self-directed activities that are appropriate to the setting, consistent with the resident's assessed interests, functional abilities, preferences, and negotiated service agreement; and

(b) Group activities at least three times per week that may be planned and facilitated by caregivers consistent with the collective interests of a group of residents.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to provide group activities for 7 out of 7 sampled residents (Residents 1, 2, 3, 4, 5, 6, and 7). This failure placed Residents 1, 2, 3, 4, 5, 6, and 7 at risk for a decreased quality of life.

Findings included...

Review of the facility's November 2023 Activity Calendar showed that all activities

failure placed all the residents at risk of receiving care from an unqualified staff member.

Findings included...

Review of the Department's Facilities Management System (FMS) on 11/30/2023 showed that Staff K, Previous Administrator, was the Administrator of record. Review of the facility staff records showed that the facility hired Staff A, Current Administrator on 11/26/2018.

During an interview on 12/04/2023 at 11:15 AM, Staff A stated that they were the facility's current administrator for assisted living and skilled nursing. Staff A stated that a Change of Administrator form for assisted living was not submitted to the Department.

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, Garden Terrace Healthcare Center of Federal Way 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

WAC 388-78A-2180 Activities. The assisted living facility must:

(1) Provide space and staff support necessary for:

(a) Each resident to engage in independent or self-directed activities that are appropriate to the setting, consistent with the resident's assessed interests, functional abilities, preferences, and negotiated service agreement; and

(b) Group activities at least three times per week that may be planned and facilitated by caregivers consistent with the collective interests of a group of residents.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to provide group activities for 7 out of 7 sampled residents (Residents 1, 2, 3, 4, 5, 6, and 7). This failure placed Residents 1, 2, 3, 4, 5, 6, and 7 at risk for a decreased quality of life.

Findings included...

Review of the facility's November 2023 Activity Calendar showed that all activities

Statement of Deficiencies	License #: 1631	Compliance Determination # 33270
Plan of Correction	Garden Terrace Healthcare Center of Federal Way	Completion Date
Page 7 of 9	Licensee: FEDERAL WAY MEDICAL INVESTORS LLC	12/14/2023

scheduled were held in the facility's nursing home area, on television, or in a common room outside of the Rose Garden Assisted Living (AL) unit. A document dated 12/03/2023 to 12/09/2023, showed a list of daily television programs and all the in-person activities scheduled outside of the Rose Garden assisted living unit.

Observations throughout the licensing visit on 12/04/2023 to 12/06/2023 from 9:30 AM to 3:30 PM, showed no activities occurred in the Rose Garden AL unit. Observations during this time showed no staff engaged with residents individually or in a group setting to facilitate any activities.

During an interview on 12/06/2023 at 1:10 PM Staff I, Activity Director, stated that all activities were shown on the facility's television channel or hosted in the facility's nursing home and common room areas. Staff I stated that due to the limited number of AL residents and their declining health, activities were not scheduled specifically for the assisted living residents. Staff I stated that the AL residents were welcome to attend any activity in the building. Staff I stated that activity posters used to advertise events held in the facility nursing home were not posted in the assisted living unit. Staff I stated that this was to avoid the risk of upsetting AL residents that were unable to attend. Staff I stated that they did not know if the AL residents were assisted by care staff to operate their television to view the scheduled activity programs. Staff I stated that due to a COVID outbreak in the nursing home area of the facility, there was no December activity calendar created and no scheduled AL activities.

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, Garden Terrace Healthcare Center of Federal Way is or will be in compliance with this law and / or regulation on (Date) 1/20/24

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

Megan Lenon
Administrator (or Representative)

12/27/23
Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(iii) On-going assessments of the resident.

scheduled were held in the facility's nursing home area, on television, or in a common room outside of the Rose Garden Assisted Living (AL) unit. A document dated 12/03/2023 to 12/06/2023, showed a list of daily television programs and all the in-person activities scheduled outside of the Rose Garden assisted living unit.

Observations throughout the licensing visit on 12/04/2023 to 12/06/2023 from 9:30 AM to 3:30 PM, showed no activities occurred in the Rose Garden AL unit. Observations during this time showed no staff engaged with residents individually or in a group setting to facilitate any activities.

During an interview on 12/06/2023 at 1:10 PM Staff I, Activity Director, stated that all activities were shown on the facility's television channel or hosted in the facility's nursing home and common room areas. Staff I stated that due to the limited number of AL residents and their declining health, activities were not scheduled specifically for the assisted living residents. Staff I stated that the AL residents were welcome to attend any activity in the building. Staff I stated that activity posters used to advertise events held in the facility nursing home were not posted in the assisted living unit. Staff I stated that this was to avoid the risk of upsetting AL residents that were unable to attend. Staff I stated that they did not know if the AL residents were assisted by care staff to operate their television to view the scheduled activity programs. Staff I stated that due to a COVID outbreak in the nursing home area of the facility, there was no December activity calendar created and no scheduled AL activities.

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, Garden Terrace Healthcare Center of Federal Way 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

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(iii) On-going assessments of the resident;

Statement of Deficiencies	License #: 1831	Compliance Determination #33270
Plan of Correction	Garden Terrace Healthcare Center of Federal Way	Completion Date
Page 8 of 9	Licensee: FEDERAL WAY MEDICAL INVESTORS LLC	12/14/2023

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document the potential side effects and interventions for 1 of 1 sampled resident (Resident 3) who received a blood thinning medication. This failure placed Resident 3 at risk for potential of worsening medical condition.

Findings included...

Review of the MedlinePlus website titled "Blood Thinners", (https://medlineplus.gov/bloodthinners.html), dated 05/31/2023, showed blood thinners (medicines that prevent blood clots from forming and used to prevent stroke, heart attacks and other heart problems) that included aspirin and clopidogrel. The website showed the common side effects of blood thinners included bleeding, red or brown urine, red or black bowel movements, bleeding from the gums and nose that does not stop quickly, brown or bright red vomit, coughing up something red, severe headache or stomachache, unusual bruising, a cut that does not stop bleeding, and a serious fall or bump on the head.

Review of Resident 3's October 2023, November 2023, and December 2023 Electronic Medication Administration Record (eMAR) showed Resident 3 received 75 milligrams (mg) of Clopidogrel (medicine that stop cells in the blood from sticking together to form a clot), one tablet daily, by mouth for blood clot prevention. The eMARs showed Resident 3 received 81 mg of chewable Aspirin, one tablet daily, by mouth for stroke or heart attack prevention.

Review of Resident 3's undated Assessment and Resident 3's undated Boarding Home Negotiated Service Agreement (NSA) showed no documentation that Resident 3 received Clopidogrel and Chewable Aspirin. Review of the facility's Care Delivery Guide for Resident 3, dated 10/28/2023, showed no documentation of the possible side effects from the use of blood thinner medications, such as an increased risk of bleeding. There were no instructions for care staff about what actions were needed for such side effects.

During an interview on 12/05/2023 at 11:15 AM, Staff H, Interim Director of Nursing, stated that Resident 3 received blood thinners and aspirin therapy daily. Staff H was unaware that Resident 3's NSA did not document a safety plan or instructions for staff to monitor and treat Resident 3 for the possible side effects from the medications.

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, Garden Terrace Healthcare Center of Federal Way is or will be in compliance with this law and / or regulation on (Date) 1/20/24 .

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document the potential side effects and interventions for 1 of 1 sampled resident (Resident 3) who received a blood thinning medication. This failure placed Resident 3 at risk for potential of worsening medical condition.

Findings included...

Review of the MedlinePlus website titled "Blood Thinners", (https://medlineplus.gov/bloodthinners.html), dated 05/31/2023, showed blood thinners (medicines that prevent blood clots from forming and used to prevent stroke, heart attacks and other heart problems) that included aspirin and clopidogrel. The website showed the common side effects of blood thinners included bleeding, red or brown urine, red or black bowel movements, bleeding from the gums and nose that does not stop quickly, brown or bright red vomit, coughing up something red, severe headache or stomachache, unusual bruising, a cut that does not stop bleeding, and a serious fall or bump on the head.

Review of Resident 3's October 2023, November 2023, and December 2023 Electronic Medication Administration Record (eMAR) showed Resident 3 received 75 milligrams (mg) of Clopidogrel (medicine that stop cells in the blood from sticking together to form a clot), one tablet daily, by mouth for blood clot prevention. The eMARs showed Resident 3 received 81 mg of chewable Aspirin, one tablet daily, by mouth for stroke or heart attack prevention.

Review of Resident 3's undated Assessment and Resident 3's undated Boarding Home Negotiated Service Agreement (NSA) showed no documentation that Resident 3 received Clopidogrel and Chewable Aspirin. Review of the facility's Care Delivery Guide for Resident 3, dated 10/28/2023, showed no documentation of the possible side effects from the use of blood thinner medications, such as an increased risk of bleeding. There were no instructions for care staff about what actions were needed for such side effects.

During an interview on 12/05/2023 at 11:15 AM, Staff H, Interim Director of Nursing, stated that Resident 3 received blood thinners and aspirin therapy daily. Staff H was unaware that Resident 3's NSA did not document a safety plan or instructions for staff to monitor and treat Resident 3 for the possible side effects from the medications.

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, Garden Terrace Healthcare Center of Federal Way 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.

Statement of Deficiencies	License #: 1851	Compliance Determination #33270
Plan of Correction	Garden Terrace Healthcare Center of Federal Way	Completion Date
Page 9 of 9	Licensee: FEDERAL WAY MEDICAL INVESTORS LLC	12/14/2023

Megan Lawson
Administrator (or Representative)

12/27/23
Date

Administrator (or Representative) _____ Date _____

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

12/19/2023

FEDERAL WAY MEDICAL INVESTORS LLC
Garden Terrace Healthcare Center of Federal Way
491 S 338TH STREET
FEDERAL WAY, WA 98003

RE: Garden Terrace Healthcare Center of Federal Way # 1631

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 12/14/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Laurie Anderson, Field Manager
Residential Care Services
Region 2, Unit D
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

The facility failed to have a valid food worker card for two food service employees. During the inspection Staff G, Food Services Director, required all food workers with expired food handler cards to complete training.

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(c) Keep facilities, equipment and furnishings clean and in good repair; and

The facility failed to keep ceiling tiles throughout the facility clean and in good condition. Staff J, Maintenance Director, stated that water damage to the ceiling tiles occurred last winter. Staff J stated that plans were in place to repair the ceiling.

WAC 388-78A-2510 Specialized training for dementia. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with dementia, whenever at least one of the residents in the assisted living facility has a dementia that is the resident's primary special need and has symptoms consistent with dementia as assessed per WAC 388-78A-2090 (7).

The facility failed to ensure all staff completed the specialized training for dementia. The facility staff provided care to four residents with dementia as their primary diagnosis. During the inspection Staff A, Administrator, scheduled the staff required to complete dementia specialty training a date to complete the training.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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 (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

Enclosure