STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

LIBERTY SHORES RETIREMENT COMMUNITY LLC
LIBERTY SHORES ASSISTED LIVING
19360 VIKING AVE NW
POULSBO, WA 98370

RE: LIBERTY SHORES ASSISTED LIVING License # 1834

Dear Administrator:

This letter addresses Compliance Determination(s) 56851 (Completion Date 05/13/2025) and 46758 (Completion Date 10/11/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/13/2025 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-2630-1-a

The Department staff who did the on-site verification:
Shelley Neeleman, ALF Complaint Investigator

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Allied Health Field Manager
Region 3, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: LIBERTY SHORES ASSISTED LIVING
License/Cert.#: 1834
Compliance Determination #: 46758
Investigator: Shelley Neeleman
Investigation Date(s): 09/05/2024 through 10/11/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 143769
Region/Unit #: RCS Region 3 / Unit D

Allegation(s):

#142682 - Injury of Unknown Origin – Facility report (#142682 and #143769 intakes linked):
1) The named resident (Resident 1) was noted with multiple bruises on both forearms, and a skin tear on the left forearm.
2) Daughter was notified of injury and visited Resident 1. Daughter alleged that a caregiver had abused Resident 1.
#143769 - Resident Abuse – Public report (Law Enforcement):
3) Resident 1's family member suspected that the named resident was being abused by staff at the facility.
4) The Reporter spoke to the Director of Nursing (DON) regarding the abuse allegation, and the DON stated that no wrongdoing or abuse was found after an internal investigation. The Reporter asked if the incident was reported to the State, and the DON stated that the incident had not been reported.

Investigation Methods:

Sample:
Total residents: 35
Resident sample size: 35
Closed records sample size:

Observations:
General environment
Residents
Resident rooms
Staff
Staffing levels
Resident to staff interactions

Interviews:
Staff
Residents

Record Reviews:
Resident 1 records:
Face Sheet
Incident/Behavior Report, dated 08/14/2024, including staff statements
Northwest Care Senior Living Assigned Learning Modules, Created 01/01/2024
Resident Service Plan, dated 08/14/2024

Nursing Notes
Medication Administration Record, August 2024
Resident Bruise/Skin Tear Injury Report, dated 08/10/2024

Resident 2 records:
Face Sheet
Incident/Behavior Report, dated 09/16/2024
Incident/Accident Investigative Statements
Progress Notes
Resident Service Plan, dated 09/12/2024

Investigation Summary:

1, 2, 3) Per interview and record review, staff noted bruising and skin tears to the Resident 1's (R1's) left arm during morning care on 08/10/2024 at 7:20 am. The R1's daughter was notified of the injuries on 08/10/2024 at 3:00 pm and visited the R1 after the notification. After speaking to R1, the R1's daughter reported to facility staff that the injuries were a result of assault by a caregiver. The caregiver was immediately taken off the schedule pending the conclusion of the investigation.

Per interview and record review, the facility conducted a thorough investigation and concluded that the injuries were related to the R1's independent movement around the room (the R1 frequently moves around the room, moves furniture, and has a history of falls), and interventions were identified to help prevent further injury.

No failed practice identified.

4) A record review of CRU intakes showed that a facility report related to the R1's allegation of abuse was made on 08/13/2024 at 9:14 pm.
Per interview, the facility administrator acknowledged that a facility report to the state complaint hotline was not made immediately as required.

The facility failed to report an allegation of abuse as outlined in WAC 388.78A.2630(1)(a) and RCW 74.34.035.

Conclusion / Action:

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 09/05/2024 and 10/11/2024 of:

LIBERTY SHORES ASSISTED LIVING
19360 VIKING AVE NW
POULSBO, WA 98370

This document references the following complaint number(s): 142682, 143769

The following sample was selected for review during the unannounced on-site visit: 35 of 35 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Shelley Neeleman, ALF Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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

10/16/2024

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.

Deanna Hulse
Administrator (or Representative)

10/23/24
Date

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

This requirement was not met as evidenced by:

Based on interviews and record reviews, the facility failed to report allegations of abuse to the Department's Aging and Disability Services Administration Complaint Resolution Unit hotline for 2 of 2 sampled residents (Resident 1 [R1] and Resident 2 [R2]). This failure to notify the Compliant Resolution Unit (CRU) placed 35 of 35 residents at risk of unreported abuse and prevented the Department from evaluating facility systems in place to protect residents.

Findings Included...

RCW 74.32.035 Reports-Mandated and permissive-Contents-Confidentiality.
(1) When there is reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, mandated reporters shall immediately report to the department.

Record review of the facility's "Policy: Incident Reporting Guidelines" form, no date provided, showed that Liberty Shores has a zero-tolerance policy on any form of resident abuse, neglect, abandonment, financial exploitation, and sexual and physical assault. As per RCW 74.34.035(1) when there is reasonable cause to believe abandonment, abuse, financial exploitation, or neglect of a resident has occurred, all mandated reporters are required to report the incident to the department of DSHS hotline number 1-800-562-6078. The report must be made within 24 hours from the time the determination was made that there is reasonable cause to believe the reportable incident occurred. The number is available 24 hours a day, 7 days a week, and the date and time of the message is recorded. All employees of Liberty Shores and Harbor House are considered mandated reporters. When a mandated reporter has reason to suspect that an incident is sexual or physical assault, it should be reported to the local law enforcement agency (the Poulsbo Policy Department), and to the Department Hotline, and must be made immediately: Immediately means as soon as the resident is protected from further harm.

Administrator (or Representative) Date

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(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

This requirement was not met as evidenced by:

Based on interviews and record reviews, the facility failed to report allegations of abuse to the Department's Aging and Disability Services Administration Complaint Resolution Unit hotline for 2 of 2 sampled residents (Resident 1 [R1] and Resident 2 [R2]). This failure to notify the Compliant Resolution Unit (CRU) placed 35 of 35 residents at risk of unreported abuse and prevented the Department from evaluating facility systems in place to protect residents.

Findings Included...

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Record review of the facility's "Policy: Resident Abuse and Neglect," no date provided, showed that any form of suspected and/or observed resident abuse, neglect, financial exploitation and misappropriation must be reported immediately to DSHS by any mandated reporter and investigated immediately by floor supervisors, nurse managers, department heads or the administrator. In addition, if there is reason to suspect that sexual or physical assault has occurred, then mandated reporters must also immediately report to the police. All employees of Liberty Shores Senior Living are considered "mandated reports."

Record review of the facility's staff training guide, "Abuse, Prevention Practices," effective October 2008, showed that if any alleged or actual incidents involving resident abuse, neglect, mistreatment, or misappropriation of resident's property occur, any mandated reporter must immediately notify the DSHS Hotline of the incident, and floor supervisors, nurse managers, department heads and/or the Executive Director will investigate the incident immediately. In addition, if there is reason to suspect that sexual or physical assault has occurred, then mandated reporters must immediately report to the police.

Resident 1

Record review of the Incident/Behavior Report, dated 08/14/2024, showed that R1's injuries of unknown origin were first noted on 08/10/2024 at 7:20 a.m. Facility staff reported the injuries to R1's family member on 08/10/2024 at 3:00 p.m. R1's family member visited R1 on 08/12/2024 and later reported to the Director of Nursing, Staff A (DON) that R1's injuries were the result of abuse by a caregiver.

Record review of the Department's Complaint Resolution Unit (CRU) intakes showed that a facility report related to R1's allegation of abuse was made on 08/13/2024 at 9:14 p.m..

Resident 2

Record review of the R2's Incident/Behavior Report, dated 09/16/2024, showed that R2's allegation of abuse was reported to an activity staff on 09/11/2024 at approximately 5:40 p.m., and Staff A was informed of the allegation on 09/11/2024 at 6:00 p.m.. Staff A and R2's daughter agreed to have R2 evaluated in the emergency room on 09/11/2024.

Record review of the Department's CRU intakes showed that a facility report related to R2's allegation of abuse was made on 09/12/2024 at 1:55 p.m..

During an interview on 09/12/2024 at 11:08 a.m., Staff A stated they waited to follow through with the investigation before making a report to the CRU.

During an interview on 09/12/2024 at 11:16 a.m., Staff B, Administrator stated understanding of the requirement to immediately report allegations of abuse 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, LIBERTY SHORES ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 11/1/2024.

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

Deana Hulse — Administrator (or Representative)

10/23/24 — Date

During an interview on 09/12/2024 at 11:16 a.m., Staff B, Administrator stated understanding of the requirement to immediately report allegations of abuse 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, LIBERTY SHORES 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

Plan of Correction

Agency Name	Citation Date
RCS	10/11/2024
Submitted by	**Date of POC Submission**
Deanna Hilse	10/24/2024
☒ **Complaint Citation** ☐ **Certification Citation**	

Citation: (list WAC)	
What *initial or immediate actions* were taken to address concerns affecting clients? 388-78A-2630	On 9/5/2024 we immediately talked to all staff involved in the complaint regarding our policy to call the DSHS Hotline. We also set up an all staff mandatory meeting regarding the importance of calling the hotline and keeping our residents safe on 9/19/2024 and spoke to staff that could attend the Sept. 19th meeting one on one. We posted more Abuse/Hotline information throughout this facility New Resident right posters and every employee has the hotline call on the back of their name badges. We also added an extra online training in Relias for all employees
How will you apply the correction to all clients you support?	We have added a class for all staff in-house and any new staff hired will be required to do the Mandated reporting training before working on the floor and will be added to our new hire Orientation requirements.
Who will be responsible for implementing changes and monitor the corrections to ensure the problems do not reoccur?	Crystal Peterson- Director of HR Services Aaron Mellus-Maintenance Director They schedule and oversee all Training and New hire Orientation.
Date by which lasting correction will be achieved	Enter the date when you expect the lasting correction (including the system to prevent future problems) to be complete. This must be within 45 days of the citation. 11/1/2024
Additional Information	Our residents' safety is our number one priority, and we will do everything we need to correct this.

Submit to RCS within 10 calendar days of receipt, please clearly indicate the name of the person who should receive your document.

Region3:
rcsregion3email@dshs.wa.gov

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Lakewood, WA 98499
Fax: (253) 589-7240

Tumwater
6639 Capital Blvd. SW
Tumwater, WA 98501
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