STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

11/14/2024

EVERETT PLAZA ASSISTED LIVING COMMUNITY LLC
EVERETT PLAZA
2204 12th St
Everett, WA 98201

RE: EVERETT PLAZA License # 1921

Dear Administrator:

This letter addresses Compliance Determination(s) 50255 (Completion Date 11/14/2024) and 44034 (Completion Date 09/20/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/14/2024 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-2210-2

The Department staff who did the on-site verification:
Karen Glover, Complaint Investigator

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: EVERETT PLAZA
Provider Type: Assisted Living Facility
License/Cert.#: 1921
Compliance Determination #: 44034
Intake ID: 135411
Investigator: Karen Glover
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 07/11/2024 through 09/20/2024
Complainant Contact Date(s):

Allegation(s):

The Named Resident (NR) had a medication dose change made at the same time the facility was changing pharmacies. The medication change did not get placed on the NR's medication record and the NR received 39 days of the incorrect dose.

Investigation Methods:

Sample:	Total residents: 95 Resident sample size: 5 Closed records sample size: 0
Observations:	Medication administration Identified resident Staff to resident interactions
Interviews:	Identified resident Nursing staff Pharmacy staff
Record Reviews:	Medication Administration Record Physician orders

Investigation Summary:

Record review showed the NR's medication administration record had been updated to reflect the change in furosemide dose to 1 tab on 04/27/2024. The facility staff had been charting they were giving the decreased dose from 04/27/2024 to 05/11/204 . The facility changed pharmacies on 05/11/2024 and they had not received the order for the decreased dose from 04/27/2024. The facility sent the new order on 05/16/2024 to the pharmacy but did not follow up. During an audit it was discovered that the NR was not receiving the correct dose of furosemide for 39 days. Failed practice was identified and the facility was cited for WAC 388-78A-2210 (2).

Conclusion / Action:

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

☐ N/A

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Statement of Deficiencies	License #: 1921	Compliance Determination # 44034
Plan of Correction	EVERETT PLAZA	Completion Date
Page 1 of 3	Licensee: EVERETT PLAZA ASSISTED LIVING COMMUNITY LLC	09/20/2024

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 07/11/2024 and 07/11/2024 of:

EVERETT PLAZA
2204 12th St
Everett, WA 98201

This document references the following complaint number(s): 135565, 135411, 134905

The following sample was selected for review during the unannounced on-site visit: 5 of 95 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Karen Glover, 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

09/20/2024
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.

Laura Williams
Administrator (or Representative)

10/01/2024
Date

WAC 388-78A-2210 Medication services.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to have systems in place that assured 1 of 3 sampled residents (Resident 1) had received their prescribed medications as ordered after a change in dosage had been made by the medical provider and a change in pharmacies had been made. This failure resulted in Resident 1 receiving the wrong dose of medication for 39 days.

Findings included...

Resident 1 was admitted to the ALF on [redacted]/2017 with multiple diagnoses including [redacted].

Review of Resident 1's negotiated service agreement dated 04/22/2024 showed Resident 1 was to receive assistance with their medications. Care staff were to order and maintain all medications and assist resident with medications as per physician orders and resident preferences.

On 7/11/2024 at 10:40 AM, Staff B, Director of Nursing, stated that on 04/27/2024 Resident 1's furosemide (a 'water pill' used to reduce fluid retention) dose was decreased from 1 ½ tabs (60 milligram (mg)) to 1 tablet (40 mg). Staff B stated that the MAR and the bubble pack (a card that packages doses of medication within small, clear plastic bubbles) from the pharmacy reflected that change from 04/27/2024 until they switched pharmacies on 05/11/2024. Staff B stated the new pharmacy provided medications in a multi-dose card (a card that packages medications together by date and time), but they did not have the correct order for the furosemide and sent the original order for 1 ½ tabs. Staff B stated that Resident 1 had been receiving 1 ½ tabs of furosemide from 05/11/2024 to 06/19/2024 for 39 doses.

Review of Resident 1's MAR dated April 2024 showed that Resident 1's furosemide 40 mg dose had been changed from 1 1/2 tabs to 1 tab on 04/27/2024 and a new entry had been made to reflect this change. The medication technicians (med-techs) started documenting that Resident 1 had received the decreased dose of furosemide for four days on 04/27/2024-04/30/2024. Review also showed that Resident 1 had been placed

Administrator (or Representative) Date

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an alert sharing and was being monitored for any shortness of breath, leg swelling or fatigue.

Review of Resident 1's MAR dated May 2024 showed that the med techs had documented that Resident 1 had received the decreased dose of furosemide for 31 days on 05/01/2024-05/31/2024.

Review of Resident 1's June 2024 MAR showed that the med techs documented that Resident 1 had received the decreased dose of furosemide for 20 days on 06/01/2024-06/20/2024.

Review of Resident 1's remaining weekly multi-dose card showing the medication for dates 06/20/2024 and 06/21/2024 included "1 tab furosemide 40 mg and 1/2 tab furosemide 40 mg" along with the other prescribed medications. The furosemide order on the multi-dose card showed furosemide 40 mg take 1 1/2 tabs by mouth everyday.

On 09/17/2024 at 2:51 PM, Staff B stated that the signed orders for Resident 1 had been faxed by the facility to the new pharmacy on 05/16/2024. Staff B was not aware that the new pharmacy had not received the furosemide order dated 04/27/2024 until 06/19/2024 when Staff E, Regional Nurse had found the error during a pharmacy review.

On 09/20/2024 at 10:49AM Collateral Contact 1 (CC1) pharmacy, stated that they sent Resident 1's furosemide 60 mg (one tablet and 1/2 tablet) in a multi-dose card weekly from 05/06/2024 to 06/19/2024.

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, EVERETT PLAZA is or will be in compliance with this law and / or regulation on (Date) 11/01/2024 .

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

Laura Williams — Administrator (or Representative)

10/02/2024 — Date

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_____ _____

Administrator (or Representative) Date