STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Maple Ridge Assisted Living Community LLC
Maple Ridge Assisted Living Community
3425 Boone Rd., SE
SALEM, OR 97317

RE: Maple Ridge Assisted Living Community License # 1966

Dear Administrator:

This letter addresses Compliance Determination(s) 30709 (Completion Date 10/06/2023) and 22884 (Completion Date 08/04/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/06/2023 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-2640-1-a

The Department staff who did the on-site verification:
Jodi Condyles, ALF Licensor

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: Maple Ridge Assisted Living **Provider Type:** Assisted Living Facility Community
License/Cert.#: 1966
Intake ID: 79111
Compliance Determination #: 22884
Region/Unit #: RCS Region 2 / Unit A
Investigator: Syng To
Investigation Date(s): 04/21/2023 through 08/04/2023
Complainant Contact Date(s): 04/19/2023

Allegation(s):

1) The Named Resident (NR) gained approximately 67lbs from date of move in and resulted in death.
2) The NR had skin issues on their left toe that was not being treated.

Investigation Methods:

Sample:	Total residents: 59 Resident sample size: 9 Closed records sample size: 2
Observations:	Residents Resident rooms Resident to resident interactions Activities Dining
Interviews:	Residents Family members Staff
Record Reviews:	Residents records Facility records

Investigation Summary:

Based on interviews and record reviews:
1) The NR gained 82.5lbs in 7 months. The NR was ordered daily weight checks. Records showed daily weight checks were implemented and documented. The Assisted Living Facility (ALF) failed to consult with health care provider for excessive weight gained as ordered. Failed practice was identified. The ALF was cited for noncompliance with WAC 388-78A-2640(1)(a) Reporting significant change in resident's condition.
2) The NR received Home Health Services for chronic skin issues on left knee and toes until 6/19/2022 as the wounds were healed. Interviewed staff and record review showed that the ALF initiated contacts to appropriate parties for NR’s wound concerns. The ALF established wound care services for NR. NR was seen by health care provider and wound care service, received treatment for new right heel wound between 9/14/2022-12/13/2022. No failed practice identified.

Conclusion / Action:

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

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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 04/21/2023, 04/21/2023, 06/21/2023, 07/21/2023 and 04/21/2023 of:

Maple Ridge Assisted Living Community
1767 Alliance Avenue
Freeland, WA 98249

This document references the following complaint number(s): 79111

The following sample was selected for review during the unannounced on-site visit: 9 of 59 current residents and 2 former residents.

The department staff that investigated the Assisted Living Facility:

Syng To, ALF 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.

Residential Care Services _____ 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) Date

WAC 388-78A-2640 Reporting significant change in a resident's condition.

(1) The assisted living facility must consult with the resident's representative, the resident's physician, and other individual(s) designated by the resident as soon as possible whenever:

(a) There is a significant change in the resident's condition;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to notify and consult the primary care provider as ordered for 1 of 9 sampled residents (Resident 1) when Resident 1 had excessive weight gain. This failure resulted in Resident 1 having no medical consultation, treatment or interventions while retaining fluid and put Resident 1 at risk for health complications.

Findings included…

Record review of the ALF's undated policy titled, "Resident Health Monitoring & Skin Issues", showed when need for specific health services monitoring is identified, the facility was to follow these guidelines:

• Indicate on the resident's MAR sheet details about the
1) specific type of monitoring;
2) required frequency; and
3) Parameters for notifying whoever requests monitoring.

• Indicate in the resident's service plan details about the
1) specific reason for monitoring;
2) when/how monitoring should occur; and
3) Any requirements to observe/report particular symptoms or results.

• Document In the resident's progress notes
1) any determination that results from monitoring and/or
2) any need for additional or continued monitoring.

Resident 1 was admitted to the ALF on [redacted]/2022 with multiple diagnoses, including [redacted]

[redacted], and [redacted]

Review of Resident 1's face sheet, undated, showed Collateral Contact 2(CC2) was their primary care provider.

Review of Resident 1's medication administration record (MAR) showed a daily weight ordered by Collateral Contact 3 (CC3), primary care provider that showed Resident 1's weight was to be measured daily, the previous day's weight was to be reviewed, and primary care provider was to be notified for any weight gain of more than 3 lbs. in a day or 5 lbs. in one week. Resident 1's MAR dated May 2022 showed the daily weight was 135lbs on 05/25/2022 and 139lbs on 05/26/2022, a total gain of 4lbs.

Resident 1's MAR dated June 2022 showed the daily weight was 137lbs on 06/19/2022 and 141lbs on 06/20/2022, a total gain of 4lbs; 140lbs on 06/22/2022 and 149lbs on 06/23/2022, a total weight gain of 9lbs.

Resident 1's MAR dated July 2022 showed the daily weight was 137lbs on 07/4/2022 and 143lbs on 07/5/2022, a total weight gain of 6lbs; 142lbs on 07/26/2022 and 161lbs on 07/27/2022, a total weight gain of 19lbs.

Resident 1's MAR dated August 2022 showed no daily weight was documented on 08/23/2022, 08/27/2022 and 08/28/2022; 106lbs on 08/24/2022 and 158lbs on 08/25/2022, a total weight gain of 52lbs.

Resident 1's MAR dated September 2022 showed no daily weight documented on 09/2/2022, 09/10/2022 and 09/22/2022; 159lbs on 09/13/2022 and 166lbs on 09/14/2022, a total weight gain of 7lbs; 159lbs on 09/20/2022 and 168lbs on 09/21/2022, a total weight gain of 8lbs; 165lbs on 09/28/2022 and 169lbs on 09/29/2022, a total weight gain of 4lbs.

Review of Resident 1's progress notes dated May 2022, June 2022, July 2022, August 2022, and September 2022 showed there was no documentation that the primary care provider was notified when Resident 1 gained weight or that Resident 1's weight was not recorded.

Review of Resident 1's medical records obtained from Collateral Contact 2 (CC2) dated 07/13/2023 showed Resident 1's health care service was established with their office on 05/23/2022 and terminated on 07/28/2023, and no record of weight gain notification was received from the ALF between 05/23/2022 and termination of services.

Review of clinic medical record dated 10/20/2022 showed Resident 1 was seen at a walk in clinic and was found to have elevated blood pressure with systolic in the 170s and had gained 7lbs in the past 24 hours. The medical record also showed that Resident 1, "could be accumulating fluid/experiencing congestive heart failure exacerbation".

Review of Resident 1's emergency department visit record dated 10/21/2022 showed that Resident 1 was seen for peripheral edema, and it was much more likely that Resident had chronic edema from underlying congestive heart failure.

In an interview on 4/19/2023 4:05 PM, Collateral Contact 1 (CC1), family representative, stated that they notified Staff C (Licensed Nurse) and ALF Administration regarding Resident 1's weight gain between May 2022 and December 2022.

In an interview on 05/04/2023 1:42 PM, Staff B (Assisted Living Director) stated that Resident 1 gained weight during their stay at the ALF but could not state how much weight was gained. Staff B stated that Staff C was in contact with primary care providers for Resident 1's condition change.

In an interview on 06/21/2023 12:06 PM, Staff D (Caregiver) stated that every time Resident 1 gained weight, Staff C was notified.

In an interview on 06/23/2023 9:05 AM, Staff A (Executive Director) was not able to provide any documentation showing Resident 1's primary care provider or family had been notified regarding weight gain for May 2022, June 2022, August 2022, September 2022. Staff C no longer worked at the ALF.

In an interview on 07/11/2023 4:04 PM, Collateral Contact 3 (CC3), primary care provider stated that Resident 1 did not establish health services with their office until 09/06/2022. CC3 could not explain why the MAR from May 2022 indicated CC3 ordered daily weight check. CC3 stated they did not receive any notifications for Resident 1's medical information including weight gain issues between May 2022 and August 2022. CC3 stated they began to received Resident 1's weight gain information on 10/25/2022. CC3 stated that Resident 1 was having complicated medical conditions with health changes and was declining between October 2022- December 2022.

Review of Resident 1's hospital record dated 12/15/2022 showed that Resident 1 was found to be in acute heart failure, chest x-ray showed fluid overload and weight was 220lbs.

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, Maple Ridge Assisted Living Community 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