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

NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC
NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
3425 Boone Road SE
Salem, OR 97317

RE: NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY License # 1995

Dear Administrator:

This letter addresses Compliance Determination(s) 30760 (Completion Date 10/10/2023) and 27991 (Completion Date 08/17/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/10/2023 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-2930-1-a, WAC 388-78A-2930-1-a-i, WAC 388-78A-2930-1-a-ii, WAC 388-78A-2930-1-a-iii

The Department staff who did the on-site verification:
Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

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

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

Statement of Deficiencies License #: 1995 Compliance Determination #:27991
Plan of CorrectionNORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY Completion Date
Page 1 of 3 Licensee: NORTH CREEK RETIREMENT & ASSISTED LIVING 08/17/2023

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 an unannounced on-site follow-up on 08/14/2023 and 08/14/2023 of:
NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
1907 201ST PLACE SE
BOTHELL, WA 98012

This document references the following SOD dated: 08/17/2023

The following sample was selected for review during the unannounced on-site visit: 0 of 55 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional
Michelle Meglon, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Jamie Singer
Residential Care Services

08/29/2023
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.

Administrator (or Representative) Sept 1, 2023 Date

WAC 388-78A-2930 Communication system.

(1) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:

(i) Bathrooms and toilet rooms;

(ii) Resident living rooms and resident sleeping rooms; and

(iii) Corridors, as well as common and outdoor areas accessible to residents.

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 3 tested corridor call lights/pull cord systems were functioning on the Memory Care Unit (MCU). This failure placed 14 residents on the MCU without the ability to summon staff assistance when needed.

Findings included...

Observation, on 08/14/2023 at 12:20 PM, showed when the cord of a call light, located in the corridor across from apartment 117 on the MCU was pulled, the faceplate of the call light device detached from the wall and did not activate.

In an interview, on 08/14/2023 at 12:50 PM, Staff C (Assistant Executive Director) stated she was not aware of the call light/pull cord was not working on the MCU.

This is a recurring uncorrected deficiency previously cited under subsection (1)(a)(iii) on 03/27/2023 and 06/26/2023.

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, NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 9/30/2023.

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

Statement of Deficiencies	License #: 1985	Compliance Determination #:27991
Plan of Correction: NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY		Completion Date
Page 3 of 3	Licensee: NORTH CREEK RETIREMENT & ASSISTED LIVING	08/17/2023

Administrator (or Representative)

Sept 1 2023
Date

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

Statement of Deficiencies License #: 1995 Compliance Determination # 24549
Plan of CorrectionNORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY Completion Date
Page 1 of 5 Licensee: NORTH CREEK RETIREMENT & ASSISTED LIVING 06/26/2023

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 an unannounced on-site follow-up on 06/06/2023 and 06/09/2023 of:
NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
1907 201ST PLACE SE
BOTHELL, WA 98012

This document references the following SOD dated: 06/26/2023

The following sample was selected for review during the unannounced on-site visit: 11 of 55 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Michelle Mcglon, Nursing Consultant Institutional
Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional
Scottie Sindora, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Jamie Singer
Residential Care Services

06/27/2023
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.

Administrator (or Representative) July 8, 2023 Date

WAC 388-78A-2930 Communication system.

(1) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:

(i) Bathrooms and toilet rooms;

(ii) Resident living rooms and resident sleeping rooms; and

(iii) Corridors, as well as common and outdoor areas accessible to residents.

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure call lights/pull cord systems were functioning on the Memory Care Unit (MCU). This failure placed 14 of 14 residents on the MCU without the ability to summon staff assistance when needed.

Findings included...

Observation, on 06/09/2023 at 9:20 AM, showed when the cord of a call light, located in the corridor across from apartment 117 on the MCU was pulled, the call light device did not activate.

Observation, on 06/09/2023 at 9:22 AM, showed when the cord of a call light, located on the back wall of the activity room on the MCU was pulled, the call light device did not activate.

Observation, on 06/09/2023 at 9:24 AM, showed when the cord of a call light, located in the corridor across from the laundry room on the MCU was pulled, the call light device did not activate.

In an interview, on 06/09/2023 at 9:26 AM, Staff K (Medication Aide) stated that she was not aware of the several of the call light/pull cord were not working on the MCU. Staff K tested the call light/pull cord system and confirmed they were not functioning.

In an interview, on 06/06/2023 at 10:43 AM, Staff A (Executive Director) stated that the ALF currently had no Maintenance Director and utilized the Corporate Maintenance Director when needed. Staff A stated, in a follow up interview, on 06/09/2023 at 12:40 PM, she was not aware of the call light/pull cords were not working on the MCU.

This is an uncorrected deficiency previously cited on 03/27/2023.

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, NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) July 31, 2023.

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

Administrator (or Representative) July 8, 2023 Date

WAC 388-78A-2450 Staff.

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 14 of 15 sampled staff (Staff A, B, C, D, E, F, G, H, I, J, K, L, M and N) received facility orientation. This placed 55 residents at risk of harm from care staff unfamiliar with the ALF and their expected duties.

Findings included...

NOTE: Washington Administrative Code 388-78A-0200 - There are two types of orientation training: Facility orientation training and long-term care worker orientation training. (1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training

before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

Review of an undated Resident Characteristic Roster showed the ALF provided care and services to 55 residents.

Record review showed the ALF hired Staff A (Executive Director) on 12/07/2021. Staff A's records did not show they received facility orientation.

Record review showed the ALF hired Staff B (Caregiver) on 05/10/2023. Staff B's records did not show they received facility orientation.

Record review showed the ALF hired Staff C (Assistant Executive Director) on 04/17/2023. Staff C's records did not show they received facility orientation.

Record review showed the ALF hired Staff D (Medication Aide) on 05/26/2023. Staff D's records did not show they received facility orientation.

Record review showed the ALF hired Staff E (Medication Aide) on 05/07/2019. Staff E's records did not show they received facility orientation.

Record review showed the ALF hired Staff F (Medication Aide) on 04/30/2019. Staff F's records did not show they received facility orientation.

Record review showed the ALF hired Staff G (Medication Aide) on 05/20/2023. Staff G's records did not show they received facility orientation.

Record review showed the ALF hired Staff H (Server) on 05/18/2023. Staff H's records did not show they received facility orientation.

Record review showed the ALF hired Staff I (Server) on 05/17/2023. Staff I's records did not show they received facility orientation.

Record review showed the ALF hired Staff J (Caregiver) on 06/12/2019. Staff J's records did not show they received facility orientation.

Record review showed the ALF hired Staff K (Medication Aide) on 03/07/2017. Staff K's records did not show they received facility orientation.

Record review showed the ALF hired Staff L (Caregiver) on 06/08/2021. Staff L's records did not show they received facility orientation.

Record review showed the ALF hired Staff M (Caregiver) on 04/14/2023. Staff M's records did not show they received facility orientation.

Record review showed the ALF re-hired Staff N (Memory Care Director) on 10/14/2022. Staff N's records showed a facility orientation dated 09/20/2016. Staff N's records did not show they received facility orientation after re-hire.

In a joint interview with Staff A (Executive Director) and Staff C (Assistant Executive Director), on 06/07/2023 at 12:50 PM, Staff A stated they did not have facility orientation records at the time of the Department's inspection. Staff A confirmed Staff N did not complete facility orientations after her re-hire.

In a follow-up interview, on 06/09/2023 at 11:30 AM, Staff P (Regional Director of Operations) acknowledged the facility orientation system for new hires, "was lacking."

This is an uncorrected deficiency previously cited on 03/27/2023.

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, NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) July 31, 2023.

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

Administrator (or Representative) — Date: July 8, 2023

Residential Care Services
Investigation Summary Report

Provider/Facility: NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
License/Cert.#: 1995
Compliance Determination #: 19706
Investigator: Michelle Mcglon
Investigation Date(s): 02/10/2023 through 03/27/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 69600
Region/Unit #: RCS Region 2 / Unit J

Allegation(s):

1. Residents in the Assisted Living Facility (ALF) were unsupervised on night shift when staff left the secured memory care unit to assist other night shift staff. A Named Resident (NR) had bruises from fighting with other residents when the residents were left unsupervised in the secured memory care unit.
2. The ALF did not give the Named Resident (NR) medications or food.
3. ALF staff signed out medications and put them in the trash instead of giving medications to the residents.
4. The ALF forced uncertified and undelegated care staff to pass medication to residents.
5. The ALF provided a fake schedule that showed staffing, but no one was working.
6. Named Staff (NS) at the ALF borrowed money from a NR.
7. Management at the ALF moved two NRs into the same apartment. The NRs were fighting constantly and ALF management did not separate the NRs.
8. ALF staff were sleeping instead of providing care on evening and night shift.

Investigation Methods:

Sample:	Total residents: 42 Resident sample size: 16 Closed records sample size: 0
Observations:	Resident to resident interactions, staff to resident interactions, environment, resident apartments, staff wearing masks, activities, mealtime and dining room, common areas clean and clutter-free, Medication administration.
Interviews:	Administrator, nurse, staff, residents and others not associated with the ALF.
Record Reviews:	Characteristics Roster, resident records, facility policies, staff list, staff schedule.

Investigation Summary:

1. Interview and record review showed the ALF had adequate night shift staff. The ALF

staff covered open night shifts and hired new staff as needed. Observation and interview showed the NR had bruises from a previous resident to resident altercation on the day shift. No violation of regulation identified.
2. An unannounced observation showed ALF staff fed the NR and assisted the NR with medications. ALF staff followed the NR's Negotiated Service Agreement . Interview with the NR showed staff assisted with daily medications and fed the NR at mealtimes. No violation of regulation identified.
3. Observation and interview showed no medications were thrown in the trash by the ALF medication technicians.
4. Interview, observation and record review showed care staff at the ALF performed nursing tasks without Nurse Delegation. The ALF did not follow their policy. See citation WAC 388-78A-2320.
5. Interview and record review showed multiple changes made to the original posted schedule. Observation showed adequate staff coverage.
6. In an interview, the NS denied borrowing money from a NR. The NR denied being asked or giving money to the NS.
7. Interview and observation showed the NRs had previously shared an apartment, but the ALF moved the NRs into separate apartments after a resident to resident altercation. No violation of regulation identified.
8. The ALF staff reported no knowledge of any staff sleeping at the ALF. Observation showed no staff asleep on their scheduled shift. No violation of regulation identified.

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

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 02/10/2023 and 02/10/2023 of:

NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
1907 201ST PLACE SE
BOTHELL, WA 98012

This document references the following complaint number(s): 69600

The following sample was selected for review during the unannounced on-site visit: 16 of 42 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Michelle Mcglon, Nursing Consultant Institutional
Lisa Hauk, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(c) Chapter 246-840 WAC, Practical and registered nursing;

(d) Chapter 246-841 WAC, Nursing assistants; and

This requirement was not met as evidenced by:

Based on interview, observation and record review, the Assisted Living Facility (ALF) failed to ensure Nurse Delegation was in place for 10 of 10 residents (Resident 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10). This failure placed Resident 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10 at risk for health complications when unqualified care staff performed nursing tasks without delegation.

Findings included…

NOTE: WAC 246-840-930 – Criteria for delegation. (6) Analyze the complexity of the nursing task and determine the required training or additional training needed by the nursing assistant or home care aide to competently accomplish the task. The registered nurse delegator identifies and facilitates any additional training of the nursing assistant or home care aide needed prior to delegation. The registered nurse delegator ensures the task to be delegated can be properly and safely performed by the nursing assistant or home care aide.
(8) Verify that the nursing assistant or home care aide:
(a) Is currently registered or certified as a nursing assistant or home care aide in Washington state without restriction;
(b) Has completed both the basic caregiver training and core delegation training before performing any delegated task;
(c) Has evidence as required by the department of social and health services of successful

completion of nurse delegation core training;
(d) Has evidence as required by the department of social and health services of successful completion of nurse delegation special focus on diabetes training when providing insulin injections to a diabetic client; and
(9) Assess the ability of the nursing assistant or home care aide to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision.

Record review of the ALF's Delegation policy, dated 09/20/2017, showed that delegation of nursing tasks to unlicensed staff personnel would take place in accordance with state regulations.

In interview, on 02/09/2023 at 9:39 AM, a person who prefers to remain anonymous stated that management of the ALF had medication technicians (MT) administer medications when they were not delegated for the task.

Record review Resident's 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 ND paperwork, dated 12/15/2022, under the Long Term Care Worker (LTCW) Training / Competency section showed Staff D, Staff E, Staff F, Staff G, and Staff I (all MTs) had not been delegated or trained to perform nursing tasks.

RESIDENT 1
Record review of an undated Resident Data Sheet (RDS) showed the ALF admitted Resident 1 on [redacted]/2021 with multiple medically disabling diagnoses including [redacted] and [redacted] Record review of a Resident Service Plan (RSP- equivalent to a Negotiated Service Agreement), dated 11/30/2022, showed Resident 1 required administration of routine and PRN (as needed) oral medications from ND MTs.

Review of a January 2023 Medication Administration Record (MAR) showed Staff D, Staff E, Staff F, and Staff G administered Resident 1 oral medications 14 out of 31 days.

Review of a February 1st through 12th, 2023 MAR showed Staff D and Staff E administered Resident 1 oral medications three out of 12 days.

RESIDENT 2
Record review of an undated RDS showed the ALF admitted Resident 2 on [redacted]/2020.
The RSP, dated 11/30/2022, showed Resident 2 had multiple medically disabling diagnoses including [redacted] and required administration of routine and PRN oral medications from ND MTs.

Review of a January 2023 MAR showed Staff D, Staff E, Staff F, and Staff G administered

Resident 2 oral medications 13 out of 31 days.

Review of a February 1st through 12th, 2023 MAR showed Staff D and Staff E administered Resident 2 oral medications three out of 12 days.

RESIDENT 3
Record review of an undated RDS showed the ALF admitted Resident 3 on [redacted]/2020 with multiple medically disabling diagnoses including [redacted] The RSP, dated 12/01/2022, showed Resident 3 required administration of routine and PRN oral medications from ND MTs.

Review of a January 2023 MAR showed Staff D, Staff E, Staff F, and Staff G administered Resident 3 oral medications 14 out of 21 days.

Review of a February 1st through 12th, 2023 MAR showed Staff D and Staff E administered Resident 3 oral medications three out of 12 days.

RESIDENT 4
Record review of an undated RDS showed the ALF admitted Resident 4 on [redacted]/2022. The RSP, dated 12/01/2022, showed Resident 4 had multiple medically disabling diagnoses including [redacted] and required administration of routine and PRN oral medications and suppositories from ND MTs.

Review of a January 2023 MAR showed Staff D, Staff E, Staff F and Staff G administered Resident 4 oral medications 14 out of 31 days.

Review of a February 1st through 12th, 2023 MAR showed Staff D and Staff E administered Resident 4 oral medications nine out of 12 days.

RESIDENT 5
Record review of an undated RDS showed the ALF admitted Resident 5 on [redacted]/2020 with multiple medically disabling diagnoses including [redacted] and [redacted]

Review of Resident 5's ND Nurse Visit form, dated 12/15/2022, showed Resident 5 required delegation due to requests for staff to administer his insulin and check blood sugars.

Review of a January 2023 MAR showed Staff D, Staff E, Staff F, Staff G, and Staff I administered Resident 5 insulin and performed blood sugar checks 15 out of 31 days.

Review of a February 1st through 12th 2023 MAR showed Staff E administered insulin and

performed blood sugar checks nine out of 12 days.

RESIDENT 6
Record review of an undated RDS showed the ALF admitted Resident 6 on [redacted]/2019 with multiple medically disabling diagnoses including [redacted] and [redacted] The RSP, dated 07/19/2022, showed Resident 6 required administration of oral medications from ND MTs.

Record review of a January 2023 MAR showed Staff D, Staff E, Staff F, and Staff G administered Resident 6 oral medications 14 out of 31 days.

Record review of a February 1st through 12th 2023 MAR showed Staff D and Staff E administered Resident 6 oral medications three out of 12 days.

RESIDENT 7
Record review of an undated RDS showed the ALF admitted Resident 7 on [redacted]/2022.
The RSP, dated 01/22/2023, showed Resident 7 had multiple medically disabling diagnoses including [redacted] and [redacted] Review of Resident 7's ND Nurse Visit form, dated 12/15/2022, showed Resident 7 required delegation due to difficulty with administering insulin and blood sugar testing.

Record review of a January 2023 MAR showed Staff D, Staff E, Staff F, and Staff I administered Resident 7 insulin and performed blood sugar checks 17 out of 31 days.

Record review of a February 1st through 12th 2023 MAR showed Staff E administered Resident 7 insulin and performed blood sugar checks nine out of 12 days.

Observation, on 02/10/2023 at 7:43 AM, showed Staff E administered insulin to Resident 7.

RESIDENT 8
Record review of an undated RDS showed the ALF admitted Resident 8 on [redacted]/2021.
The RSP, dated 02/21/2023, showed Resident 8 had multiple medically disabling diagnoses including [redacted] and [redacted] and required blood sugar checks and insulin injections from ND MTs.

Record review of a January 2023 MAR showed Staff D, Staff E, Staff F, and Staff I administered Resident 8 insulin and performed blood sugars 16 days out of 31.

Record review of a February 1st through 12th 2023 MAR showed Staff E and Staff F administered Resident 8 insulin and performed blood sugars nine out of 12 days.

RESIDENT 9
Record review of an undated RDS showed the ALF admitted Resident 9 on [redacted]/2021 with multiple medically disabling diagnoses including [redacted] and [redacted] Review of Resident 9's ND Nurse Visit form, dated 12/15/2022, showed Resident 9 required delegation for blood sugar testing.

Review of a January 2023 MAR showed Staff D, Staff E, Staff F, and staff I performed Resident 9 blood sugar testing 17 out of 31 days.

Review of a February 1st through 12th 2023 MAR showed Staff E and Staff F performed Resident 9 blood sugar testing 9 out of 12 days.

RESIDENT 10
Record review of an undated RDS showed the ALF admitted Resident 10 on [redacted]/2021 with multiple medically disabling diagnoses including [redacted] Review of Resident 10's ND Nurse Visit form, dated 12/15/2022, showed Resident 10 required delegation for blood sugar testing and insulin administration.

Record review of a January 2023 MAR showed Staff D, Staff E, Staff F, Staff G, and Staff I administered Resident 10 insulin and performed blood sugar checks 19 out of 31 days.

Record review of a February 1st through 12th 2023 MAR showed Staff E administered Resident 10 insulin and performed blood sugar checks nine out of 12 days.

In interview, on 02/13/2023 at 5:56 AM, Staff I stated, "I'm currently doing nurse delegation training, but I'm not done with it yet."

In interview on 02/13/2023 at 2:03 PM, Staff B (Registered Nurse) stated, "I do not have nurse delegation paperwork for [Staff I]." When asked by the Department if it was safe for MTs to perform nursing tasks without delegation, Staff B stated, "No. I don't think it is safe."

In interview on 02/13/2023 at 2:45 PM, when asked by the Department if she was delegated for Residents 1 through 10, Staff E stated, "I'm delegated at my other job." Staff E confirmed she was performing nursing tasks without delegation at the ALF.

This deficiency was previously cited on 01/14/2022.

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, NORTH CREEK RETIREMENT & 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

WAC 388-78A-2930 Communication system.

(1) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:

(i) Bathrooms and toilet rooms;

(ii) Resident living rooms and resident sleeping rooms; and

(iii) Corridors, as well as common and outdoor areas accessible to residents.

This requirement was not met as evidenced by:

Based on observation and interview the Assisted Living Facility (ALF) failed to ensure call lights/pull cord systems were functioning on the Memory Care Unit (MCU). This failure place 10 of 10 residents on the MCU at risk for harm by not receiving staff assistance when needed.

Findings included…

Observation, on 02/10/2023 at 5: 27 AM, showed when a cord of a call light, located in the corridor next to room 110 on the MCU was pulled, the call light device completely pulled out away from the wall and did not activate.

Observation, on 02/10/2023 at 5:28, showed when a cord of a call light, located in the corridor across from room 108 on the MCU was pulled, the call light device completely pulled out away from the wall and did not activate.

In an interview on 02/10/2023 at 7:25 AM, Staff B (Registered Nurse) stated that she would send Staff K (Maintenance) to look at the call light/pull cord system on the MCU.

Observation, on 02/13/2023 at 9:05 AM, on the MCU, with (Staff K) showed there were no call light/pull cord in the corridor across from room 108 or in room 109B. The call light/pull cords were not functioning in room 112,116, and 117.

In an interview on 02/13/2023 at 9: 17 AM, Staff K stated that he was not aware of the call light/pull cord system not working.

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, NORTH CREEK RETIREMENT & 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

WAC 388-78A-2450 Staff.

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

This requirement was not met as evidenced by:

Based on observation and record review, the Assisted Living Facility (ALF) failed to ensure that 2 of 13 sampled staff (Staff E and Staff D) completed facility orientation. This failure left 42 of 42 residents at risk of receiving care and services from untrained staff.

Findings included…

NOTE: Washington Administrative Code 388-78A-0200 - There are two types of orientation training: Facility orientation training and long-term care worker orientation training. (1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

Review of an undated staff roster showed the ALF hired Staff E (Medication Technician - MT) on 11/15/2022. A review of Staff E's employee file showed an All Staff Orientation Program Initial Orientation form, dated 11/15/2022, with preprinted topics for training and check off boxes to indicate completion. Staff E's name and date of hire was on the top of the form. The training topic check off boxes were all blank and the signature area for the trainer was unsigned.

Review of an undated staff roster showed the ALF hired Staff D (MT) on 02/18/2022. A review of Staff D's employee file showed an All Staff Orientation Program Initial Orientation form, dated 02/18/2022, with preprinted topics for training and check off boxes to indicate completion. Staff E's name and date of hire was on the top of the form. The training topic check off boxes were all blank and the signature area for the trainer was unsigned.

Observation, on 02/10/2023 at 7:43 AM, showed Staff E providing direct care to residents.

In an interview, on 03/14/2023 at 9:55 AM, Staff A (Executive Director) stated that the ALF sent everything requested by the department.

Record review, on 03/14/2023 at 4:30 PM, showed the ALF had not completed the Orientation form for Staff D and Staff E.

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, NORTH CREEK RETIREMENT & 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

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and

completed through the department's background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview, and record review, the Assisted Living Facility (ALF) failed to ensure that 2 out of 11 care staff (Staff N and Staff O) completed a national fingerprint background check (NFBC). This left 42 of 42 residents at risk for receiving care from a staff member whose background history is unknown.

Findings included…

Record review of an undated staff roster showed the ALF hired Staff N (MT) on 03/07/2017. A review of an employee file showed Staff N did not have a NFBC.

Record review of an undated staff roster showed the ALF hired Staff O (CG) on 06/08/2021. A review of an employee file showed Staff O did not have a NFBC.

In interview on 03/14/2023 at 9:55 AM, Staff A (Executive Director) stated that the ALF had sent all documents they had, including NFBC checks requested by the Department.

The Department representative requested NFBCs for Staff N and Staff O on six occasions from Staff A, Staff B (Registered Nurse) and Staff C (Assistant Executive Director). Record review showed the NFBCs were not received from the ALF.

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, NORTH CREEK RETIREMENT & 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

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:

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to include details of nurse delegation (ND) services in the Negotiated Service Agreement (NSA) for 4 of 10 resident's (Resident 5, 7, 9 and 10). This failure places Resident 5, 7, 9 and 10 at risk of harm when care staff are unaware of their nurse delegated care needs.

Findings included…

Note: WAC 388-78A-2320 - Intermittent nursing services systems. (2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include: (d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident; (e) Implementation of the nursing component of each resident's negotiated service agreement.

RESIDENT 5
Record review of an undated Resident Data Sheet (RDS) showed the ALF admitted Resident 5 on [redacted]/2020 with multiple medically disabling diagnoses including [redacted]

Record review of ND paperwork, dated 12/15/2022, showed Resident 5 was receiving delegation due to requests for staff to administer his insulin and check blood sugars levels.

Record review of the Resident Service Plan (RSP – equivalent of NSA), dated 07/27/2023, showed Resident 5 checked his blood sugar and administered insulin independently. The RSP did not correctly reflect the Resident 5's ND services and care needs.

RESIDENT 7
Record review of an undated RDS showed the ALF admitted Resident 7 on [redacted]/2022. The RSP, dated 01/22/2023, showed Resident 7 had multiple medically disabling diagnoses including [redacted] and [redacted]

Record review of ND paperwork, dated 12/15/2022, showed Resident 7 required ND due to difficulty with administering insulin and testing blood sugar independently.

Record review of the RSP, dated 01/22/2023, showed ALF medication technicians (MT) were to give insulin to Resident 7 and check Resident 7's blood sugars however the RSP did not indicate Resident 7's required ND.

RESIDENT 9
Record review of an undated RDS showed the ALF admitted Resident 9 on [redacted]/2021 with multiple medically disabling diagnoses including [redacted] and [redacted] The RSP, dated 02/22/2023, showed staff assisted with set up of insulin and glucometer (a device for measuring blood sugar).

Record review of ND paperwork, dated 12/15/2022, showed Resident 9 was receiving delegation for MTs to check his blood sugars.

Record review of the RSP, dated 01/22/2023, showed Resident 9 was able to check his own blood sugar. The RSP did not correctly reflect the Resident 9's ND services and care needs.

RESIDENT 10
Record review of an undated RDS showed the ALF admitted Resident 10 on [redacted]/2021 with multiple medically disabling diagnoses including [redacted]

Record review of ND paperwork, dated 12/15/2022, showed Resident 10 was receiving delegation due to requests for MTs to administer insulin and check blood sugar levels.

Record review of the RSP, dated 02/06/2023, showed Resident 10 was checking blood sugar and administering insulin independently. The RSP did not correctly reflect the Resident 10's ND services and care needs.

In interview, on 02/13/2023 at 10:05 AM, when asked how staff knew which residents received ND for medications and tasks, Staff B (Registered Nurse) stated that the information used to be but is no longer on the Medication Administration Record (MAR).

In interview, on 03/03/2023 at 3:37 PM, Staff B stated that ND information should be on all delegated residents' RSPs stating, "I'm not seeing it."

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, NORTH CREEK RETIREMENT & 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