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

06/23/2025

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 # 1995

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 61118 (Completion Date 06/23/2025) and 58085 (Completion Date 04/17/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/23/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2730 Licensee's responsibilities.

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

(a) The operation of the assisted living facility;

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

The Department staff who did the On Site verification:
Michelle Mcglon, Nursing Consultant Institutional

If you have any questions, please contact me at (253)312-1446.

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 #:59085
Plan of Correction	NORTH CREEK RETIREMENT & ASSISTED LIVING	Completion Date
Page 1 of 3	Licensee: NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC	04/17/2025

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 04/16/2025 of:
NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
1907 201ST PLACE SE
BOTHELL, WA 98012

This document references the following SOD dated: 04/17/2025

The following sample was selected for review during this unannounced on-site visit: 0 of 57 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Michelle Meglan, 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

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 follow-up on 04/16/2025 of:

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

This document references the following SOD dated: 04/17/2025

The following sample was selected for review during the unannounced on-site visit: 0 of 57 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Michelle Mcglon, 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

04/23/2025
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)

4/24/2025
Date

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

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

(a) The operation of the assisted living facility;

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

This requirement was not met as evidenced by:

Based on interview, and record review, the Assisted Living Facility (ALF) failed to follow a Respiratory Protection Program (RPP) by ensuring caregiving staff were fit-tested for the appropriate respirator masks annually and initially upon hire. This failure placed 57 residents, staff and visitors at risk for exposure to COVID (is an infectious disease by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death) during an outbreak.

Findings included...

Record review of the ALF's policy, Respiratory Protection Program, revised 03/18/2024, showed respirator mask fit-testing would be repeated in accordance with State and Federal guidance. Training would be done by the Executive Director or appointed designee as part of the initial respirator mask fit-testing process and at least annually thereafter as long as they wear respirator masks.

Review of RPP records showed there were 13 Health Care Worker staff in the ALF that had not been fit-tested.

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-2730 Licensee's responsibilities.

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

(a) The operation of the assisted living facility;

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

This requirement was not met as evidenced by:

Based on interview, and record review, the Assisted Living Facility (ALF) failed to follow a Respiratory Protection Program (RPP) by ensuring caregiving staff were fit-tested for the appropriate respirator masks annually and initially upon hire. This failure placed 57 residents, staff and visitors at risk for exposure to COVID (is an infectious disease by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death) during an outbreak.

Findings included…

Record review of the ALF's policy, Respiratory Protection Program, revised 03/18/2024, showed respirator mask fit-testing would be repeated in accordance with State and Federal guidance. Training would be done by the Executive Director or appointed designee as part of the initial respirator mask fit-testing process and at least annually thereafter as long as they wear respirator masks.

Review of RPP records showed there were 13 Health Care Worker staff in the ALF that had not been fit-tested.

In an interview, on 04/18/2025 at 12:15 PM, Staff A (Executive Director) confirmed that not all HCW staff had been fit-tested.

This is a recurring and unconnected deficiency previously cited on 12/04/2024, 03/14/2024 and 02/20/2025.

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) 6/1/2025.

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

Administrator (or Representative) — Date: 4/24/2025

In an interview, on 04/16/2025 at 12:15 PM, Staff A (Executive Director) confirmed that not all HCW staff had been fit-tested.

This is a recurring and uncorrected deficiency previously cited on 12/04/2024, 03/14/2024 and 02/20/2025.

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

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 follow-up on 01/28/2025 and 02/12/2025 of:

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

This document references the following SOD dated: 02/20/2025

The following sample was selected for review during the unannounced on-site visit: 2 of 57 current residents and 2 former residents.

The department staff that inspected the Assisted Living Facility:

Michelle Mcglon, 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

03/04/2025
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)

3/10/25
Date

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

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

(a) The operation of the assisted living facility;

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

This requirement was not met as evidenced by:

Based on interview, and record review, the Assisted Living Facility (ALF) failed to follow a Respiratory Protection Program (RPP) by ensuring caregiving staff were fit-tested for the appropriate respirator masks annually and initially upon hire. This failure placed 57 residents, staff and visitors at risk for exposure to COVID (is an infectious disease by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment of death) during an outbreak.

Findings included...

NOTE: Review of a "Dear Administrator "letter, dated 04/30/2021, showed the Department informed ALFs of their responsibility to develop and maintain an RPP. An RPP is defined as a "Federal and State OSHA (Occupational Safety and Health Administration) requirement to protect workers from exposure to respiratory hazards." The ALF were required to provide initial fit-tests for each Health Care Worker (HCW) with the same model, style, and size respirator that the HCW would be required to wear for protection against COVID and airborne hazards, and annually thereafter. The ALF were required to provide fit-tested respirators, such as N95, to all HCWs with the potential to have contact with residents with known or suspected COVID.

Record review of the ALF's policy, Respiratory Protection Program, revised 03/18/2024, showed respirator mask fit-testing would be repeated in accordance with State and Federal guidance. Training would be done by the Executive Director or appointed designee as part of the initial respirator mask fit-testing process and at least annually thereafter as long as they wear respirator masks.

Review of RPP records showed there were no respirator mask fit-testing records for any HCW staff in the ALF.

In an interview, on 02/19/2025 at 2:49 PM, Staff A (Executive Director) confirmed that no HCW staff had been fit-tested.

This is a recurring and uncorrected deficiency previously cited on 12/04/2024 and 03/14/2024.

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, NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 4-6-25 .

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

[signature] 3-10-25

Administrator (or Representative) Date

Residential Care Services
Investigation Summary Report

Provider/Facility: NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
License/Cert.#: 1995
Compliance Determination #: 49135
Investigator: Michelle Mcglon
Investigation Date(s): 10/22/2024 through 12/04/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 152082
Region/Unit #: RCS Region 2 / Unit J

Allegation(s):
1. The Assisted Living Facility (ALF) had COVID positive residents.

Investigation Methods:

Sample:	Total residents: 57 Resident sample size: 5 Closed records sample size:
Observations:	Residents Staff to resident interactions Resident to resident interactions
Interviews:	Nursing staff Executive Director
Record Reviews:	State reporting log Facility policies

Investigation Summary:
1. Observation, interview and record review showed the ALF had COVID outbreak. Observation showed the ALF failed to have signage posted at the door cautioning residents, staff, and visitors of COVID. The ALF failed to have fit testing and maintain records of fit testing for employees. See Statement of Deficiency WAC 388-78A-2730.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY
License/Cert.#: 1995
Provider Type: Assisted Living Facility
Intake ID: 151603
Region/Unit #: RCS Region 2 / Unit J
Compliance Determination #: 49135
Investigator: Michelle Mcglon
Investigation Date(s): 10/22/2024 through 12/04/2024
Complainant Contact Date(s):

Allegation(s):

1. The Assisted Living Facility (ALF) did not administer medications as prescribed to the Named Resident (NR).
2. The NR had frequent hospitalizations.

Investigation Methods:

Sample:	Total residents: 57 Resident sample size: 5 Closed records sample size:
Observations:	Residents Staff to resident interactions Resident to resident interactions Medication administration
Interviews:	Nursing staff Family members Executive Director
Record Reviews:	State reporting log Hospital records Resident Records

Investigation Summary:

1. Interview and record review showed the ALF failed to follow the NR's service plan to administer medications as prescribed. Record review showed the ALF failed continue antibiotic therapy as instructed by the prescribing physician, resulting in hospital readmission. See Statement of Deficiency WAC 388-78A 2160.
2. Interview and record review showed the NR had to re-admitted to the hospital for an unresolved infection. See Statement of Deficiency WAC 388-78A-2160.

Conclusion / Action:

☒ 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

Statement of Deficiencies	License #: 1955	Compliance Determination # 491136
Plan of Correction	NORTH CREEK RETIREMENT & ASSISTED LIVING	Completion Date
Page 1 of 5	Licensee: NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY LLC	12/04/2024

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 10/22/2024, 10/21/2024, 10/22/2024 and 10/22/2024 of:

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

This document references the following complaint number(s): 152082, 150782, 151603

The following sample was selected for review during the unannounced on-site visit: 5 of 57 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

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

Jennie Seigen
Residential Care Services

12/5/2024
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.

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 10/22/2024, 10/21/2024, 10/22/2024 and 10/22/2024 of:

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

This document references the following complaint number(s): 152082, 150782, 151603

The following sample was selected for review during the unannounced on-site visit: 5 of 57 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Michelle Mcglon, 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.

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) 12/14/24 Date

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

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

(a) The operation of the assisted living facility;

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

This requirement was not met as evidenced by:

Based on interview, and record review, the Assisted Living Facility (ALF) failed to follow a Respiratory Protection Program (RPP) by ensuring caregiving staff were fit-tested for the appropriate respirator masks annually and initially upon hire. This failure placed 57 residents, staff and visitors at risk for exposure to COVID (is an infectious disease by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment of death) during an outbreak.

Findings included...

NOTE: Review of a "Dear Administrator" letter, dated 04/30/2021, showed the Department informed ALF's of their responsibility to develop and maintain an RPP. An RPP is defined as a "Federal and State OSHA (Occupational Safety and Health Administration) requirement to protect workers from exposure to respiratory hazards." The ALF were required to provide initial fit-tests for each Health Care Worker (HCW) with the same model, style, and size respirator that the HCW would be required to wear for protection against COVID and airborne hazards, and annually thereafter. The ALF were required to provide fit-tested respirators, such as N95, to all HCWs with the potential to have contact with residents with known or suspected COVID.

Record review of the ALF's policy, Respiratory Protection Program, revised 03/18/2024, showed respirator mask fit-testing would be repeated in accordance with State and Federal guidance. Training would be done by the Executive Director or appointed designee as part of the initial respirator mask fit-testing process and at least annually thereafter as long as they wear respirator masks.

In an interview, on 10/22/2024 at 10:15 AM, Staff B (Executive Director) stated that the ALF had COVID positive residents. Staff B stated that the COVID outbreak started over the weekend.

Administrator (or Representative) Date

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

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

(a) The operation of the assisted living facility;

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

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Findings included…

NOTE: Review of a “Dear Administrator “letter, dated 04/30/2021, showed the Department informed ALFs of their responsibility to develop and maintain an RPP. An RPP is defined as a “Federal and State OSHA (Occupational Safety and Health Administration) requirement to protect workers from exposure to respiratory hazards.” The ALF were required to provide initial fit-tests for each Health Care Worker (HCW) with the same model, style, and size respirator that the HCW would be required to wear for protection against COVID and airborne hazards, and annually thereafter. The ALF were required to provide fit-tested respirators, such as N95, to all HCWs with the potential to have contact with residents with known or suspected COVID.

Record review of the ALF’s policy, Respiratory Protection Program, revised 03/18/2024, showed respirator mask fit-testing would be repeated in accordance with State and Federal guidance. Training would be done by the Executive Director or appointed designee as part of the initial respirator mask fit-testing process and at least annually thereafter as long as they wear respirator masks.

In an interview, on 10/22/2024 at 10:15 AM, Staff B (Executive Director) stated that the ALF had COVID positive residents. Staff B stated that the COVID outbreak started over the weekend.

Review of RPP records showed there were no respirator mask fit-testing records for any HCW staff in the ALF.

In an interview, on 10/22/2024 at 12:00 PM, Staff C (Assisted Living Director) stated that he had never been fit-tested for a respirator mask. Record review of an undated Employee List, showed Staff C had been employed at the ALF since 10/02/2023.

In an interview, on 10/22/2024 at 12:30 PM, Staff A (Registered Nurse) stated that she could not recall the last time she was fit-tested for a respirator mask. Record review of an undated Employee List, showed Staff A had been employed at the ALF since 11/20/2018.

This citation was previously cited on 03/14/2024.

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, NORTH CREEK RETIREMENT & ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 1-18-25 .

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

Administrator (or Representative) 12/14/24 Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement the Negotiated Service Agreement and provide the agreed upon medication services for 1 of 1 sampled resident (Resident 1). This failure resulted in Resident 1 not receiving physician's order antibiotics which may have contributed to being readmitted to the hospital with a bacterial infection.

Review of RPP records showed there were no respirator mask fit-testing records for any HCW staff in the ALF.

In an interview, on 10/22/2024 at 12:00 PM, Staff C (Assisted Living Director) stated that he had never been fit-tested for a respirator mask. Record review of an undated Employee List, showed Staff C had been employed at the ALF since 10/02/2023.

In an interview, on 10/22/2024 at 12:30 PM, Staff A (Registered Nurse) stated that she could not recall the last time she was fit-tested for a respirator mask. Record review of an undated Employee List, showed Staff A had been employed at the ALF since 11/20/2019.

This citation was previously cited on 03/14/2024.

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, 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-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement the Negotiated Service Agreement and provide the agreed upon medication services for 1 of 1 sampled resident (Resident 1). This failure resulted in Resident 1 not receiving physician’s order antibiotics which may have contributed to being readmitted to the hospital with a bacterial infection.

Findings included…

NOTE: According to ww.unitypoint.org, an untreated Urinary Tract Infection (UTI) can lead to a kidney or prostate infection. These infections are more serious, because they travel through the blood stream causing sepsis. Sepsis makes people very ill and can be critical. Symptoms of more serious infection include side (flank) or kidney discomfort, fever, nausea and vomiting, confusion, dizziness and falls.

NOTE: Washington Administrative Code 388-78A-2210 Medication services. (1) An assisted living facility providing medication service, either directly or indirectly, must: (b) Develop and implement systems that support and promote safe medication service for each resident. (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: (a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and (b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

Record review of the ALF's policy, Medication Administration Program, revised 07/2009, showed the ALF would provide medication assistance to residents who request or need assistance. This service was indicated on the Negotiated Service Agreement and would be in compliance with the state's administrative rules and regulations and as ordered by the physician. Residents receiving medication assistance would have documentation on the Medication Administration Record (MAR) of the medication name, dose, time taken by the resident.

Record review of a Resident Service Plan (RSP- equivalent to a Negotiated Service Agreement), dated 05/13/2024, showed that the ALF admitted Resident 1 on [redacted]/2024 to the memory care unit with multiple medical diagnoses including [redacted]. The RSP showed Resident 1's medications were to be ordered and administered by the ALF staff.

Record review of a Chart Note showed Resident 1 was transported to the hospital on [redacted]/2024. On 10/07/2024, Staff A (Registered Nurse) documented that Resident 1 returned from the hospital on [redacted]/2024. Staff A documented Resident 1 was admitted to the hospital for a urinary tract infection.

In an interview, on 11/07/2024 at 11:34 AM, Collateral Contact 1 (CC1- Resident 1's Family Representative) stated that they brought Resident 1 back to the ALF from the hospital on [redacted]/2024. CC1 stated that she had hospital discharge paperwork with a new order for an antibiotic. CC1 stated she hand delivered the discharge orders to Staff C (former Memory Care Director).

Review of a Discharge Summary from the hospital, dated [redacted]2024, showed Resident 1 had a new physician's order for Ceftin (an antibiotic medication used to treat infections) 500 Milligrams (mg) two times a day for 5 days. The Discharge Summary stated that the hospital contacted the ALF prior to discharge and reviewed the new antibiotic orders with Staff A (Registered Nurse).

Record review of Resident 1's October 2024 Medication Administration Record showed the ALF did not transcribe the new physician's order of Ceftin. The MAR showed the ALF did not give Resident 1 the Ceftin as ordered. Resident 1 never received any of the Ceftin antibiotic.

In an interview, on 11/13/2024 at 10:53 AM, Staff B (Assisted Living Director) stated he was unable to find the discharge summary or the Ceftin order for Resident 1 at the ALF.

Record review of a Chart Note, dated [redacted]2024, showed Resident 1 had an elevated temperature. The ALF called 911 and Resident 1 was re-admitted to the hospital.

Review of the Departments Secure Tracking and Reporting system database showed, on 10/18/2024 at 5:20 pm, Collateral Contact 2 (Clinical Staff) stated Resident 1 was hospitalized on [redacted]2024 with a bacterial infection.

In an interview, on 11/26/2024 at 3:18 PM, Collateral Contact 3 (Pharmacy Technician) stated that the ALF never sent in an order for Ceftin to be filled and delivered to the facility for Resident 1.

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) 1-10-25 .

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

Administrator (or Representative) 12-14-24 Date

Review of a Discharge Summary from the hospital, dated [redacted]/2024, showed Resident 1 had a new physician's order for Ceftin (an antibiotic medication used to treat infections) 500 Milligrams (mg) two times a day for 5 days. The Discharge Summary stated that the hospital contacted the ALF prior to discharge and reviewed the new antibiotic orders with Staff A (Registered Nurse).

Record review of Resident 1's October 2024 Medication Administration Record showed the ALF did not transcribe the new physician's order of Ceftin. The MAR showed the ALF did not give Resident 1 the Ceftin as ordered. Resident 1 never received any of the Ceftin antibiotic.

In an interview, on 11/13/2024 at 10:53 AM, Staff B (Assisted Living Director) stated he was unable to find the discharge summary or the Ceftin order for Resident 1 at the ALF.

Record review of a Chart Note, dated [redacted]/2024, showed Resident 1 had an elevated temperature. The ALF called 911 and Resident 1 was re-admitted to the hospital.

Review of the Departments Secure Tracking and Reporting system database showed, on 10/16/2024 at 5:20 pm, Collateral Contact 2 (Clinical Staff) stated Resident 1 was hospitalized on [redacted]/2024 with a bacterial infection.

In an interview, on 11/26/2024 at 3:15 PM, Collateral Contact 3 (Pharmacy Technician) stated that the ALF never sent in an order for Ceftin to be filled and delivered to the facility for Resident 1.

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