



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

SEA MAR COMMUNITY HEALTH CENTERS
THE CANNON HOUSE
113 23rd AVENUE SOUTH
SEATTLE, WA 98144

RE: THE CANNON HOUSE License # 2056

Dear Administrator:

This letter addresses Compliance Determination(s) 62301 (Completion Date 07/11/2025) and 58920 (Completion Date 05/13/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/11/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2320-1, WAC 388-78A-2320-2-a, WAC 388-78A-2320-2-b, WAC 388-78A-2320-2-d

The Department staff who did the on-site verification:
Lisa Hauk, Complaint Investigator

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

Sincerely,

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

05.22.2025 09:50:21

State of Washington

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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 #: 2056	Compliance Determination # 58920
Plan of Correction	THE CANNON HOUSE	Completion Date
Page 1 of 5	Licensee: SEA MAR COMMUNITY HEALTH CENTERS	05/13/2025

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 04/30/2025 of:

THE CANNON HOUSE
113 23rd AVENUE SOUTH
SEATTLE, WA 98144

This document references the following SOD dated: 05/13/2025

The following sample was selected for review during the unannounced on-site visit: 3 of 61 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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

This document was prepared by Residential Care Services for the Locator website.

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Statement of Deficiencies	License #: 2058	Compliance Determination # 58920
Plan of Correction	THE CANNON HOUSE	Completion Date
Page 2 of 5	Licensee: SEA MAR COMMUNITY HEALTH CENTERS	05/13/2025

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

05/22/2025
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.

Jari Smith
Administrator (or Representative)

5/23/25
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:
- (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;
 - (d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure Nurse Delegation (ND) was completed for 3 of 3 residents (Resident 1, 2 and 3) before receiving skilled treatments from non-licensed staff. This failure resulted in Resident 1, Resident 2 and Resident 3 receiving medications and treatment from untrained staff and placed them at risk of harm.

Findings included...

NOTE: The Nurse Delegation Program, under Washington State law, allowed nursing assistants (NAs) and Home Care Aides (HCAs) working in certain settings to perform certain tasks--such as administering medications, including insulin injections and blood sugar (BS) testing--normally performed only by licensed nurses. A Registered Nurse (RN) must teach and supervise the nursing assistant, as well as provide nursing assessments of the patient's condition. Nurse Delegation is specific to each resident, each caregiver, and each task. Documentation must be specific as listed in Washington Administrative Code (WAC) 246-840-930.

05/22/2025 09:50:21

State of Washington

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Statement of Deficiencies	License #: 2056	Compliance Determination # 58920
Plan of Correction	THE CANNON HOUSE	Completion Date
Page 3 of 5	Licensee: SEA MAR COMMUNITY HEALTH CENTERS	05/13/2025

NOTE: Washington Administrative Code (WAC) 246-840-930 Criteria for delegation, included the following subsections: (1) In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE. ASSESS (3) Assess the patient's nursing care needs and determine the patient's condition is stable and predictable. A patient may be stable and predictable with an order for sliding scale insulin or terminal condition. (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. PLAN (12) Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's record that includes: (m) Supervision shall occur at least every 90 days. With delegation of insulin injections, the supervision occurs at least every two weeks for the first four weeks and may be more frequent. IMPLEMENT (14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator. (15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s). EVALUATE (16) The registered nurse delegator evaluates the patient's responses to the delegated nursing care and to any modification of the nursing components of the patient's plan of care. (17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems. (19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least every two weeks for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

Record review of the ALF's 'Registered Nurse Delegation' policy, dated August 2024, showed the ALF would ensure that the resident received skilled care and services only of which the staff member providing the care or service had been trained and deemed competent to do. And if the delegated task was insulin, the Registered Nurse Delegator (RND) would supervise and evaluate performance of the nursing assistant weekly for the first four weeks.

Resident 1

Record review of an Assessment, dated 11/15/2024, showed the ALF admitted Resident 1 on [REDACTED] /2024 with a diagnosis of [REDACTED]. Record review of a Negotiated Service Agreement (NSA), dated 01/17/2025, showed Resident 1 required nurse delegated Medication Technicians (MT) to perform delegated nursing tasks.

This document was prepared by Residential Care Services for the Locator website.

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State of Washington

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Statement of Deficiencies	License #: 2056	Compliance Determination # 58920
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Record review of the ALF's ND 'Instructions for Nursing Tasks' form, dated 01/02/2025, showed Resident 1 required delegation for blood sugar (BS) monitoring and insulin administration.

Record review of an April 2025 electronic Medication Administration Record (eMAR) showed Resident 1 had physician's orders for Glargine insulin (a hormone that helps the body use sugar) injections daily at 8:00 AM, and Lispro insulin injections three times daily at 8:00 AM, 11:30 AM and 5:00 PM.

Record review of the April 2025 eMAR showed Staff B (MT) administered Resident 1's insulin on 04/20/2025 at 8:00 AM and 11:30 AM and again on 04/21/2025 at 8:00 AM and 11:30 AM.

Record review of the April 2025 eMAR showed Staff C (MT) administered Resident 1's insulin on 04/20/2025 at 5:00 PM.

Resident 2

Record review of an Assessment, dated 02/11/2025, showed the ALF admitted Resident 2 on [REDACTED]/2017 with a diagnosis of [REDACTED]. Record review of the NSA showed Resident 2's medications would be administered by licensed staff or certified team members.

Record review of ALF's ND 'Instructions for Nursing Tasks' form dated 01/02/2025, showed Resident 2 required delegation for BS monitoring and insulin administration.

Record review of an April eMAR showed Resident 2 had physician's orders for Liraglutide (used with diet and exercise to lower blood sugar in people with DM) injections daily at 12:00 PM.

Record review of the April eMAR showed Staff B administered Resident 2's Liraglutide on 04/21/2025 at 12:00 PM.

Record review of the April eMAR showed Staff C administered Resident 2's Liraglutide on 04/20/2025 at 12:00 PM.

Resident 3

Record review of an Assessment, dated 11/04/2024, showed the ALF admitted Resident 3 on [REDACTED]/2022 with a diagnosis of [REDACTED]. Review of an NSA, dated 01/21/2025, showed Resident 3's medications would be administered by licensed staff or certified team

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Statement of Deficiencies	License #: 2056	Compliance Determination # 58920
Plan of Correction	THE CANNON HOUSE	Completion Date
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members.

Record review of ALF's ND 'Instructions for Nursing Tasks' form dated 01/02/2025, showed Resident 2 required delegation for BS monitoring.

Record review of an April 2025 eMAR showed Resident 3 had physician's orders to check BS twice a week.

Record review of the April eMAR showed Staff B checked Resident 3's BS on 04/20/2025 at 8:00 AM.

Record review of the ND documentation showed Staff B and Staff C had never received ND for Residents 1, 2 or 3.

In interview, on 05/07/2025 at 4:29 PM, Staff A (Administrator) stated that the ALF was behind on ND and the RND would get caught up or start the ND paperwork all over.

This is an uncorrected and recurring citation previously cited on 10/10/2024, 12/19/2024 and 03/03/2025.

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, THE CANNON HOUSE is or will be in compliance with this law and / or regulation on (Date) 5/27/2025.

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

Mr. Smith
Administrator (or Representative)

5/23/25
Date

This document was prepared by Residential Care Services for the Locator website.

03.12.2025 14:19:44

State of Washington

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98038

Statement of Deficiencies	License #: 2056	Compliance Determination #: 54926
Plan of Correction	THE CANNON HOUSE	Completion Date
Page 1 of 4	Licensee: SEAMAR COMMUNITY HEALTH CENTERS	03/03/2025

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 02/18/2025 of:

THE CANNON HOUSE
119 23rd AVENUE SOUTH
SEATTLE, WA 98144

This document references the following BOD dated: 03/03/2025

The following sample was selected for review during the unannounced on-site visit: 2 of 58 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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 98038

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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 #: 2056	Compliance Determination # 54926
Plan of Correction	THE CANNON HOUSE	Completion Date
Page 1 of 4	Licensee: SEA MAR COMMUNITY HEALTH CENTERS	03/03/2025

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 02/18/2025 of:

THE CANNON HOUSE
113 23rd AVENUE SOUTH
SEATTLE, WA 98144

This document references the following SOD dated: 03/03/2025

The following sample was selected for review during the unannounced on-site visit: 2 of 58 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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

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State of Washington

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Statement of Deficiencies	License # 2055	Compliance Determination #54325
Plan of Correction	THE CANNON HOUSE	Completion Date
Page 2 of 4	Licensee: SEAMAR COMMUNITY HEALTH CENTERS	03/03/2025

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

03/12/2025

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.

John Smith
Administrator (or Representative)

3/12/2025
Date

WAC 388-76A-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:
- (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;
 - (d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure Nurse Delegation (ND) was completed for 1 of 2 residents (Resident 1) before receiving skilled treatments from non-licensed staff. This failure placed Resident 1 at risk of harm.

Findings included...

NOTE: The Nurse Delegation Program, under Washington State law, allowed nursing assistants (NAs) and Home Care Aides (HCAs) working in certain settings to perform certain tasks--such as administering medications, including insulin injections and blood sugar (BS) testing--normally performed only by licensed nurses. A Registered Nurse (RN) must teach and supervise the nursing assistant, as well as provide nursing assessments of the patient's condition. Nurse Delegation is specific to each resident, each caregiver, and each task. Documentation must be specific as listed in WAC 246-840-930.

NOTE: Washington Administrative Code (WAC) 246-840-930 Criteria for delegation, included the following subsections: (1) In community-based and in-home care settings,

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:
- (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;
 - (d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure Nurse Delegation (ND) was completed for 1 of 2 residents (Resident 1) before receiving skilled treatments from non-licensed staff. This failure placed Resident 1 at risk of harm.

Findings included...

NOTE: The Nurse Delegation Program, under Washington State law, allowed nursing assistants (NAs) and Home Care Aides (HCAs) working in certain settings to perform certain tasks--such as administering medications, including insulin injections and blood sugar (BS) testing--normally performed only by licensed nurses. A Registered Nurse (RN) must teach and supervise the nursing assistant, as well as provide nursing assessments of the patient's condition. Nurse Delegation is specific to each resident, each caregiver, and each task. Documentation must be specific as listed in WAC 246-840-930.

NOTE: Washington Administrative Code (WAC) 246-840-930 Criteria for delegation, included the following subsections: (1) In community-based and in-home care settings,

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State of Washington

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Statement of Deficiencies	License # 2055	Compliance Determination # 54326
Plan of Correction	THE CANNON HOUSE	Completion Date
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before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE. ASSESS (3) Assess the patient's nursing care needs and determine the patient's condition is stable and predictable. A patient may be stable and predictable with an order for sliding scale insulin or terminal condition. (8) 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. PLAN (12) Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's record that includes: (m) Supervision shall occur at least every 90 days. With delegation of insulin injections, the supervision occurs at least every two weeks for the first four weeks and may be more frequent. IMPLEMENT (14) Delegator requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator. (15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s). EVALUATE (16) The registered nurse delegator evaluates the patient's responses to the delegated nursing care and to any modification of the nursing components of the patient's plan of care. (17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems. (19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least every two weeks for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

Record review of the ALF's "Registered Nurse Delegation" policy, dated August 2024, showed the ALF would ensure that the resident received skilled care and services only of which the staff member providing the care or service had been trained and deemed competent to do.

Record review of an undated Admission Record (AR) showed the ALF admitted Resident 1 on [REDACTED] 2024 with a diagnosis of [REDACTED] and other medically disabling diagnoses. Record review of a Negotiated Service Agreement (NSA), dated 01/17/2025, showed Resident 1 required nurse delegated Medication Technicians (MT) to perform delegated nursing tasks.

Record review of ALF's ND "Instructions for Nursing Tasks" form, dated 01/02/2025, showed Resident 1 required ND for blood sugar (BS) checks.

Record review of a February 2025 electronic Medication Administration Record (eMAR), showed Resident 1 had a physician's order for BS checks three times daily.

Record review of a February 2025 eMAR showed Staff C (MT) checked and documented Resident 1's BS on 02/02/2025 at 4pm and 02/09/2025 at 4pm.

Record review of the ND documentation showed Staff C had never been delegated to

before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE. ASSESS (3) Assess the patient's nursing care needs and determine the patient's condition is stable and predictable. A patient may be stable and predictable with an order for sliding scale insulin or terminal condition. (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. PLAN (12) Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's record that includes: (m) Supervision shall occur at least every 90 days. With delegation of insulin injections, the supervision occurs at least every two weeks for the first four weeks and may be more frequent. IMPLEMENT (14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator. (15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s). EVALUATE (16) The registered nurse delegator evaluates the patient's responses to the delegated nursing care and to any modification of the nursing components of the patient's plan of care. (17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems. (19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least every two weeks for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

Record review of the ALF's 'Registered Nurse Delegation' policy, dated August 2024, showed the ALF would ensure that the resident received skilled care and services only of which the staff member providing the care or service had been trained and deemed competent to do.

Record review of an undated Admission Record (AR) showed the ALF admitted Resident 1 on [REDACTED] /2024 with a diagnosis of [REDACTED] ([REDACTED]) and other medically disabling diagnoses. Record review of a Negotiated Service Agreement (NSA), dated 01/17/2025, showed Resident 1 required nurse delegated Medication Technicians (MT) to perform delegated nursing tasks.

Record review of ALF's ND "Instructions for Nursing Tasks" form, dated 01/02/2025, showed Resident 1 required ND for blood sugar (BS) checks.

Record review of a February 2025 electronic Medication Administration Record (eMAR), showed Resident 1 had a physician's order for BS checks three times daily.

Record review of a February 2025 eMAR showed Staff C (MT) checked and documented Resident 1's BS on 02/02/2025 at 4pm and 02/09/2025 at 4pm.

Record review of the ND documentation showed Staff C had never been delegated to

03.12.2025 14:19:44

State of Washington

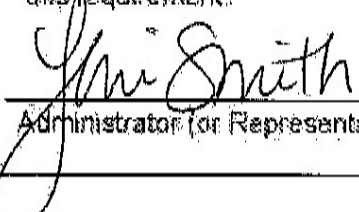
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Statement of Deficiencies	License # 2056	Compliance Determination # 54926
Plan of Correction	THE CANNON HOUSE	Completion Date
Page 4 of 4	Licenses: SEA MAR COMMUNITY HEALTH CENTERS	03/13/2025

check Resident 1's BS.

In interview, on 02/19/2025 at 11:37am, Staff A (Administrator) stated that Staff C was not delegated and should not have been checking Resident 1's BS.

This is an uncorrected and recurring citation previously cited on 10/10/2024 and 12/19/2024.

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, THE CANNON HOUSE is or will be in compliance with this law and / or regulation on (Date) <u>9/17/2025</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
<u></u> Administrator (or Representative)	<u>3/12/2025</u> Date

This document was prepared by Residential Care Services for the Locator website.

check Resident 1's BS.

In interview, on 02/19/2025 at 11:37am, Staff A (Administrator) stated that Staff C was not delegated and should not have been checking Resident 1's BS.

This is an uncorrected and recurring citation previously cited on 10/10/2024 and 12/19/2024.

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, THE CANNON HOUSE 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

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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 #: 2056	Compliance Determination # 51433
Plan of Correction	THE CANNON HOUSE	Completion Date
Page 1 of 4	Licensee: SEA MAR COMMUNITY HEALTH CENTERS	12/19/2024

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 follow-up on 12/09/2024 and 12/09/2024 of:

THE CANNON HOUSE
113 23rd AVENUE SOUTH
SEATTLE, WA 98144

This document references the following SOD dated: 12/19/2024

The following sample was selected for review during the unannounced on-site visit: 4 of 66 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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.

Jamie Singer
Residential Care Services

12/26/2024
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.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2056	Compliance Determination # 51433
Plan of Correction	THE CANNON HOUSE	Completion Date
Page 2 of 4	Licensee: SEA MAR COMMUNITY HEALTH CENTERS	12/19/2024



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:
- (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;
 - (d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure Nurse Delegation (ND) was completed for 1 of 4 residents (Resident 1) before receiving injections or skilled treatments from non-licensed staff. This failure placed Resident 1 at risk of harm.

Findings included...

NOTE: The ND Program, under Washington State law, allowed nursing assistants (NAs) and Home Care Aides (HCAs) working in certain settings to perform certain tasks—such as administering medications, including insulin injections and blood sugar (BS) testing—normally performed only by licensed nurses. A Registered Nurse (RN) must teach and supervise the nursing assistant, as well as provide nursing assessments of the patient's condition. Nurse Delegation is specific to each resident, each caregiver, and each task. Documentation must be specific as listed in Washington Administrative Code (WAC) 246-840-930.

NOTE: WAC 246-840-930 Criteria for delegation, included the following subsections: (1) In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE. ASSESS (3) Assess the patient's nursing care needs and determine the patient's condition is stable and predictable. A patient may be stable and predictable with an order for sliding scale insulin or terminal condition. (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. PLAN (12) Provide specific, written delegation instructions to the nursing assistant or home care aide with a copy maintained in the patient's

Statement of Deficiencies	License #: 2056	Compliance Determination # 51433
Plan of Correction	THE CANNON HOUSE	Completion Date
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record that includes: (m) Supervision shall occur at least every 90 days. With delegation of insulin injections, the supervision occurs at least every two weeks for the first four weeks and may be more frequent. IMPLEMENT (14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator. (15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s). EVALUATE (16) The registered nurse delegator evaluates the patient's responses to the delegated nursing care and to any modification of the nursing components of the patient's plan of care. (17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems. (19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least every two weeks for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

Record review of the ALF's ND policy, dated August 2024, showed that if the delegated task was insulin injections, the Registered Nurse delegator (RND) would supervise and evaluate the performance of the nursing assistant weekly for the first four weeks.

Record review of an undated Admission Record (AR) showed the ALF admitted Resident 1 on [REDACTED] /2021 with [REDACTED] ([REDACTED]) and other medically disabling diagnoses. Record review of an Assessment and Negotiated Service Agreement (NSA), dated 08/13/2024, showed Resident 1 required medication management but did not show they required ND or administration of injections.

Record review of the November and December 2024 electronic Medication Administration Record (eMAR) showed Resident 1 was ordered receive Trulicity (a drug that lowers blood sugar) injections once a week and blood sugar checks three times a week. The eMAR showed Resident 1's Trulicity injections were being administered, and blood sugars were being checked by Staff B (Medication Technician - MT), Staff C (MT) and Staff D (MT).

Record review of the ND documentation showed Staff E (RND) conducted initial delegation for Staff B to administer Resident 1's Trulicity injection and monitor blood sugars on 08/08/2024. Staff E conducted the delegation follow up visit five days later on 08/13/2024. Record review showed Staff E did not conduct the third delegation follow up as required two weeks after that.

Record review of the ND documentation showed Staff C had never been delegated to

Statement of Deficiencies	License #: 2056	Compliance Determination # 51433
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administer injections or check Resident 1's BS.

Record review of the ND documentation showed Staff E conducted initial delegation for Staff D to administer Resident 1's Trulicity injection and monitor blood sugars on 09/19/2024. Record review showed Staff E did not conduct a second delegation follow up visit at two weeks or the third delegation follow up as required at four weeks.

In interview, on 12/09/2024 at 11:14 AM, Staff A (Administrator) stated that the ALF was completely out of compliance with ND and would schedule a new RND to start the ND process over again.

This is an uncorrected deficiency previously cited on 10/10/2024.

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, THE CANNON HOUSE is or will be in compliance with this law and / or regulation on (Date) <u>2/02/25</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
<u><i>Joni Smith</i></u> Administrator (or Representative)	<u>12/27/24</u> Date



Residential Care Services Investigation Summary Report

Provider/Facility: THE CANNON HOUSE **Provider Type:** Assisted Living Facility
License/Cert.#: 2056
Compliance Determination #: 45631 **Intake ID:** 141888
Investigator: Lisa Hauk **Region/Unit #:** RCS Region 2 / Unit J
Investigation Date(s): 08/13/2024 through 10/10/2024
Complainant Contact Date(s): 10/10/2024

Allegation(s):

The Assisted Living Facility (ALF) is using Nurse Delegated (ND) care staff to inject diabetes medications other than insulin (a hormone that lowers blood sugar).

Investigation Methods:

Sample:	Total residents: 67 Resident sample size: 12 Closed records sample size: 0
Observations:	Identified resident Residents Activities Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Administration Identified resident Identified staff Nursing staff Residents Family members
Record Reviews:	Resident Characteristic Roster Medical records Hospital records State reporting log Incident investigation Facility policies Personnel files Staff training records

Investigation Summary:

Interview and record review showed the ALF had begun to train non-licensed staff to perform injections for some residents at the ALF. Medications to be delegated were allowable within the guidelines and regulations. Record review showed non-licensed staff were performing injections without all Nurse Delegation components. See

Conclusion / Action:

- ☒ 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: THE CANNON HOUSE **Provider Type:** Assisted Living Facility
License/Cert.#: 2056
Compliance Determination #: 45631 **Intake ID:** 144078
Investigator: Lisa Hauk **Region/Unit #:** RCS Region 2 / Unit J
Investigation Date(s): 08/13/2024 through 10/10/2024
Complainant Contact Date(s):

Allegation(s):

The Assisted Living Facility (ALF) found the Named Resident (NR) unresponsive in their bed.

Investigation Methods:

Sample:	Total residents: 67 Resident sample size: 12 Closed records sample size: 0
Observations:	Identified resident Residents Activities Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Administration Identified resident Identified staff Nursing staff Residents Family members
Record Reviews:	Resident Characteristic Roster Medical records Hospital records State reporting log Incident investigation Facility policies Personnel files Staff training records

Investigation Summary:

Interview and record review showed the ALF did not give the NR physician ordered seizure medication. The NR was found unable to speak, 911 was called and the NR was admitted to the hospital for suspected seizure. See Statement of Deficiencies dated 10/10/2024.

Conclusion / Action:

- ☒ 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: THE CANNON HOUSE **Provider Type:** Assisted Living Facility
License/Cert.#: 2056
Compliance Determination #: 45631 **Intake ID:** 144504
Investigator: Lisa Hauk **Region/Unit #:** RCS Region 2 / Unit J
Investigation Date(s): 08/13/2024 through 10/10/2024
Complainant Contact Date(s): 10/10/2024

Allegation(s):

1. The Assisted Living Facility (ALF) admitted the Named Residents (NR) without physician's orders for medications and treatments in place.
2. The NR complained to staff at the ALF of being ill due to missing medications.
3. The Named Staff (NS) did not complete paperwork for the pharmacy and NRs missed medications at the ALF.
4. The nurse's office at the ALF was messy and staff couldn't find physician's orders when they needed them.
5. The ALF decided to delegate non-licensed staff rather than employ nurses. The Resident Care Manager (RCM) was asked to supervise non-licensed staff with delegated tasks, but sat in her office with the door closed and left non-licensed staff to figure things out on their own.
6. There were NRs who had high risk medications and needed wound care and there were no nurses at the ALF on the weekends to administer medications and treatments.
7. The ALF made a NR sign paperwork acknowledging non-licensed staff would be administering his medication.
8. There were NRs with dementia that were eloping from the ALF.
9. NRs at the ALF were having increased care needs and needed to be reassessed, but the ALF was behind on assessments.

Investigation Methods:

Sample: Total residents: 67
Resident sample size: 12
Closed records sample size: 0

Observations: Identified resident
Residents
Activities
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews: Administration
Identified resident
Identified staff
Nursing staff
Residents

Family members

Record Reviews: Resident Characteristic Roster
Medical records
Hospital records
State reporting log
Incident investigation
Facility policies
Personnel files
Staff training records

Investigation Summary:

1. Interview and record review showed the ALF had the NR's physician's orders for medications and treatments upon admission, but the ALF did not obtain many of the medications needed to administer the medications and complete wound care as ordered. See Statement of Deficiencies dated 10/10/2024.
2. Interview and record review showed the ALF did not obtain the NR's medications causing missed medications. See Statement of Deficiencies dated 10/10/2024.
3. Interview and record review showed multiple NRs missed medications that were not available at the ALF due to lack of communication with physicians and the pharmacy. See Statement of Deficiencies dated 10/10/2024.
4. Observation showed the nurse's office was organized. Interview showed the ALF trained caregivers to file paperwork and discovered documents were misfiled. The ALF retrained caregivers who filed paperwork and staff were aware of other ways to obtain documents that were lost by calling primary care physicians, the pharmacy, etc. No violation of regulation identified.
5. Interview showed the RCM was a Licensed Practical Nurse (LPN). LPNs are not qualified to delegate or supervise delegated nursing tasks. Record review showed non-licensed staff performed nurse delegated tasks without being delegated by a registered nurse delegator. See Statement of Deficiencies dated 10/10/2024.
6. Interview and record review showed NRs had physician's orders for medications and treatments. Record review showed some NR's medications were unavailable so residents missed their medications and treatments and non-licensed staff gave high-risk medications without nurse delegation in place. See Statement of Deficiencies dated 10/10/2024.
7. Interview and record review showed the NR signed a consent form with the Registered Nurse Delegator acknowledging non-licensed staff would be trained to administer his high-risk medications. The NR and a physician chose to implant a device into the NR's body that would deliver scheduled doses of the medication automatically and the NR did not receive high-risk medications from non-licensed staff. No violation of regulations identified.
8. Interview and record review showed NRs had eloped from the ALF. The ALF followed their policies, called 911 when appropriate, notified legal representatives and physicians, investigated the incidents and put preventative measures in place. No violation of regulations identified.
9. Interview, observation and record review showed the ALF staff were able to care for the NRs. All sampled resident's assessments were current and the NRs assessments matched their care needs and abilities. No violation of regulations identified.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

10.18.2024 10:35:26

State of Washington

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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 #: 2056	Compliance Determination # 45631
Plan of Correction	THE CANNON HOUSE	Completion Date
Page 1 of 10	Licensee: SEA-MAR COMMUNITY HEALTH CENTERS	10/10/2024

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 08/13/2024 and 08/19/2024 of:

THE CANNON HOUSE
113 23rd AVENUE SOUTH
SEATTLE, WA 98144

This document references the following complaint number(s): 138924, 142255, 141866, 141495, 139990, 144078, 144504.

The following sample was selected for review during the unannounced on-site visit: 12 of 67 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

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.

Jamie Singer
Residential Care Services

10/17/2024
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.

This document was prepared by Residential Care Services for the Locator website.



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 #: 2056	Compliance Determination # 45631
Plan of Correction	THE CANNON HOUSE	Completion Date
Page 1 of 10	Licensee: SEA MAR COMMUNITY HEALTH CENTERS	10/10/2024

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 08/13/2024 and 08/13/2024 of:

THE CANNON HOUSE
113 23rd AVENUE SOUTH
SEATTLE, WA 98144

This document references the following complaint number(s): 138924, 142255, 141888, 141495, 139960, 144078, 144504

The following sample was selected for review during the unannounced on-site visit: 12 of 67 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

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.

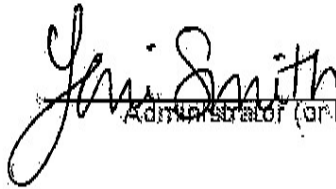
This document was prepared by Residential Care Services for the Locator website.

10.18.2024 10:35:26

State of Washington

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Statement of Deficiencies	License # 2056	Compliance Determination # 45631
Plan of Correction	THE CANNON HOUSE	Completion Date
Page 2 of 10	Licenses: SEAMAR COMMUNITY HEALTH CENTERS	10/10/2024


 Administrator (or Representative)

10/21/2024
 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:
- (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;
 - (d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure Nurse Delegation (ND) was in place for 2 of 4 residents (Resident 1 and 6) before receiving injections or skilled treatments from non-licensed staff. This placed Resident 1 and 6 at risk of harm.

Findings included:

NOTE: The Nurse Delegation Program, under Washington State law, allowed nursing assistants (NAs) and Home Care Aides (HCAs) working in certain settings to perform certain tasks—such as administering medications, including insulin injections and blood sugar (BS) testing—normally performed only by licensed nurses. A Registered Nurse (RN) must teach and supervise the nursing assistant, as well as provide nursing assessments of the patient's condition. Nurse Delegation is specific to each resident, each caregiver, and each task. Documentation must be specific as listed in WAC 246-840-930.

NOTE: Washington Administrative Code (WAC) 246-840-930 Criteria for delegation, included the following subsections: (1) In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE, ASSESS (3) Assess the patient's nursing care needs and determine the patient's condition is stable and predictable. A patient may be stable and predictable with an order for sliding scale insulin or terminal condition. (8) 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. PLAN (12) Provide specific, written delegation instructions to the nursing assistant or home care aide with

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:
- (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;
 - (d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure Nurse Delegation (ND) was in place for 2 of 4 residents (Resident 1 and 6) before receiving injections or skilled treatments from non-licensed staff. This placed Resident 1 and 6 at risk of harm.

Findings included...

NOTE: The Nurse Delegation Program, under Washington State law, allowed nursing assistants (NAs) and Home Care Aides (HCAs) working in certain settings to perform certain tasks--such as administering medications, including insulin injections and blood sugar (BS) testing--normally performed only by licensed nurses. A Registered Nurse (RN) must teach and supervise the nursing assistant, as well as provide nursing assessments of the patient's condition. Nurse Delegation is specific to each resident, each caregiver, and each task. Documentation must be specific as listed in WAC 246-840-930.

NOTE: Washington Administrative Code (WAC) 246-840-930 Criteria for delegation, included the following subsections: (1) In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE. ASSESS (3) Assess the patient's nursing care needs and determine the patient's condition is stable and predictable. A patient may be stable and predictable with an order for sliding scale insulin or terminal condition. (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. PLAN (12) Provide specific, written delegation instructions to the nursing assistant or home care aide with

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Statement of Deficiencies

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Compliance Determination # 45631

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a copy maintained in the patient's record that includes: (m) Supervision shall occur at least every 90 days. With delegation of insulin injections, the supervision occurs at least every two weeks for the first four weeks and may be more frequent. IMPLEMENT (14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator. (15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s). EVALUATE (16) The registered nurse delegator evaluates the patient's responses to the delegated nursing care and to any modification of the nursing components of the patient's plan of care. (17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems. (19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least every two weeks for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

Record review of the ALF's ND policy, dated August 2024, showed that if the delegated task was insulin injections, the Registered Nurse delegator (RND) would supervise and evaluate the performance of the nursing assistant weekly for the first four weeks.

Resident 1

Record review of an undated Admission Record (AR) showed the ALF admitted Resident 1 on 2021 with [REDACTED]

[REDACTED] and other medically disabling diagnoses. Record review of an Assessment and Negotiated Service Agreement (NSA), dated 08/13/2024, showed Resident 1 required medication management but did not show they required ND or administration of injections.

Record review of the August and September 2024 electronic Medication Administration Record (eMAR) showed Resident 1 was ordered receive Trulicity (a drug that lowers blood sugar) injections once a week and blood sugar checks three times a week. The eMAR showed Resident 1's Trulicity injections and blood sugars were being checked by Staff C (Medication Technician - MT), Staff D (MT), and Staff J (MT).

Record review of the ND documentation showed Staff K (RND) conducted initial delegation for Staff J to administer Resident 1's Trulicity injection and monitor blood sugars on 08/05/2024. Staff K conducted the delegation follow up visit two weeks later on 08/18/2024. Record review showed Staff K did not conduct the third delegation follow up as required at four weeks.

a copy maintained in the patient's record that includes: (m) Supervision shall occur at least every 90 days. With delegation of insulin injections, the supervision occurs at least every two weeks for the first four weeks and may be more frequent. IMPLEMENT (14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator. (15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s). EVALUATE (16) The registered nurse delegator evaluates the patient's responses to the delegated nursing care and to any modification of the nursing components of the patient's plan of care. (17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems. (19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least every two weeks for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

Record review of the ALF's ND policy, dated August 2024, showed that if the delegated task was insulin injections, the Registered Nurse delegator (RND) would supervise and evaluate the performance of the nursing assistant weekly for the first four weeks.

Resident 1

Record review of an undated Admission Record (AR) showed the ALF admitted Resident 1 on

_____/2021 with _____ and other medically disabling diagnoses. Record review of an Assessment and Negotiated Service Agreement (NSA), dated 08/13/2024, showed Resident 1 required medication management but did not show they required ND or administration of injections.

Record review of the August and September 2024 electronic Medication Administration Record (eMAR) showed Resident 1 was ordered receive Trulicity (a drug that lowers blood sugar) injections once a week and blood sugar checks three times a week. The eMAR showed Resident 1's Trulicity injections and blood sugars were being checked by Staff C (Medication Technician - MT), Staff D (MT) and Staff J (MT).

Record review of the ND documentation showed Staff K (RND) conducted initial delegation for Staff J to administer Resident 1's Trulicity injection and monitor blood sugars on 09/05/2024. Staff K conducted the delegation follow up visit two weeks later on 09/18/2024. Record review showed Staff K did not conduct the third delegation follow up as required at four weeks.

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Statement of Deficiencies	License # 2056	Compliance Determination # 45631
Plan of Correction	THE CANNON HOUSE	Completion Date
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Record review of the ND documentation showed Staff K conducted initial delegation for Staff C to administer Resident 1's Trulicity injection and monitor blood sugars on 08/08/2024. Record review showed Staff K did not conduct a second delegation follow up visit at two weeks or the third delegation follow up as required at four weeks.

Record review of the ND documentation showed Staff K conducted initial delegation for Staff D to administer Resident 1's Trulicity injection and monitor blood sugars on 08/08/2024. Record review showed Staff K did not conduct a second delegation follow up visit at two weeks or the third delegation follow up as required at four weeks.

In interview, on 10/08/2024 at 12:06 PM, Staff K confirmed the follow up delegation visits for Staff J, Staff C and Staff D were not completed as required.

Resident 6

Record review of an undated AR showed the ALF admitted Resident 6 on [REDACTED] 2024 with [REDACTED] and other medically disabling diagnoses. An Assessment and a Temporary Care Plan, dated [REDACTED] 2024, showed Resident 6 required medication management but did not show they required ND or administration of injections.

Record review of a September 2024 eMAR showed physician's orders for blood sugar testing three times daily and daily insulin (a hormone that lowers blood sugar) injections. The eMAR showed Resident 6's insulin was being administered by Staff D and Staff L (MT).

Record review showed Resident 6 had not been delegated.

In interview, on 10/08/2024 at 12:05 PM, Staff K stated that she had not assessed Resident 6 to be stable and predictable and Resident 6 was not nurse delegated for insulin injections.

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, THE CANNON HOUSE is or will be in compliance with this law and / or regulation on (Date) 11/24/2024.

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

This document was prepared by Residential Care Services for the Locator website.

Record review of the ND documentation showed Staff K conducted initial delegation for Staff C to administer Resident 1's Trulicity injection and monitor blood sugars on 08/08/2024. Record review showed Staff K did not conduct a second delegation follow up visit at two weeks or the third delegation follow up as required at four weeks.

Record review of the ND documentation showed Staff K conducted initial delegation for Staff D to administer Resident 1's Trulicity injection and monitor blood sugars on 08/08/2024. Record review showed Staff K did not conduct a second delegation follow up visit at two weeks or the third delegation follow up as required at four weeks.

In interview, on 10/08/2024 at 12:05 PM, Staff K confirmed the follow up delegation visits for Staff J, Staff C and Staff D were not completed as required.

Resident 6

Record review of an undated AR showed the ALF admitted Resident 6 on [REDACTED]/2024 with [REDACTED] and other medically disabling diagnoses. An Assessment and a Temporary Care Plan, dated [REDACTED]/2024, showed Resident 6 required medication management but did not show they required ND or administration of injections.

Record review of a September 2024 eMAR showed physician's orders for blood sugar testing three times daily and daily insulin (a hormone that lowers blood sugar) injections. The eMAR showed Resident 6's insulin was being administered by Staff D and Staff L (MT).

Record review showed Resident 6 had not been delegated.

In interview, on 10/08/2024 at 12:05 PM, Staff K stated that she had not assessed Resident 6 to be stable and predictable and Resident 6 was not nurse delegated for insulin injections.

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, THE CANNON HOUSE 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.

10.18.2024 10:35:26

State of Washington

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Statement of Deficiencies	License # 2056	Compliance Determination # 45631
Plan of Correction	THE CANNON HOUSE	Completion Date
Page 5 of 10	Licenses: SEAMAR COMMUNITY HEALTH CENTERS	10/10/2024

 Administrator (or Representative)	10/21/2024 Date
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WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to obtain physician's ordered medications in a timely manner for 5 out of 12 sampled residents (Resident 1, 6, 7, 8 and 12). This failure resulted in residents not receiving medications for mental illness, seizures, diabetes mellitus (DM) and pain placing them at risk for compromised health conditions.

Findings included...

Resident 1

Record review of an undated Admission Record (AR) showed the ALF admitted Resident 1 on [REDACTED] 2021 with [REDACTED] and other medically disabling diagnoses. Review of an Assessment, dated 08/13/2024, showed that ALF staff assisted with and ordered Resident 1's medications.

Record review of a July 2024 electronic Medication Administration Record (eMAR) showed Resident 1 was ordered to take hydralazine (used to treat high blood pressure) 50 milligrams (mg) three times daily. The July eMAR and corresponding Progress Notes (PN), on 07/27/2024 at 9:31 AM and 1:30 PM, showed Resident 1 did not receive their ordered hydralazine and Staff G (Medication Technician - MT) documented, "Medication missing from new cycle" and "Medication not available."

Resident 6

Record review of an undated AR showed the ALF admitted Resident 6 on [REDACTED] 2024 with [REDACTED] and other medically disabling diagnoses. An Assessment, dated [REDACTED] 2024, showed that ALF staff assisted with and ordered Resident 6's medications.

Record review of Resident 6's July and August 2024 eMAR and corresponding PNs

This document was prepared by Residential Care Services for the Locator website.

Administrator (or Representative)

Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to obtain physician's ordered medications in a timely manner for 5 out of 12 sampled residents (Resident 1, 6, 7, 8 and 12). This failure resulted in residents not receiving medications for mental illness, seizures, diabetes mellitus (DM) and pain placing them at risk for compromised health conditions.

Findings included...

Resident 1

Record review of an undated Admission Record (AR) showed the ALF admitted Resident 1 on [REDACTED]/2021 with [REDACTED] and other medically disabling diagnoses. Review of an Assessment, dated 08/13/2024, showed that ALF staff assisted with and ordered Resident 1's medications.

Record review of a July 2024 electronic Medication Administration Record (eMAR) showed Resident 1 was ordered to take hydralazine (used to treat high blood pressure) 50 milligrams (mg) three times daily. The July eMAR and corresponding Progress Notes (PN), on 07/27/2024 at 9:31 AM and 1:30 PM, showed Resident 1 did not receive their ordered hydralazine and Staff G (Medication Technician - MT) documented, "Medication missing from new cycle" and "Medication not available."

Resident 6

Record review of an undated AR showed the ALF admitted Resident 6 on [REDACTED]/2024 with [REDACTED] ([REDACTED]), [REDACTED] ([REDACTED]), [REDACTED] ([REDACTED]), and other medically disabling diagnoses. An Assessment, dated [REDACTED]/2024, showed that ALF staff assisted with and ordered Resident 6's medications.

Record review of Resident 6's July and August 2024 eMAR and corresponding PNs

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showed the following medications were not given due to medications being unavailable:

Aspirin (used to prevent stroke and heart attack) 81 mg daily on 07/28/2024.

Melatonin (used as a supplement for difficulty sleeping) 3 mg at bedtime on 07/26/2024, 07/28/2024, and 07/29/2024.

Spirolactone (used to treat high blood pressure) 25 mg before breakfast on 07/26/2024.

Vitamin D3 (supplement) 50 microgram (mcg) once daily on 07/26/2024.

Sennosides (used to treat constipation) 8.6 mg, two tablets twice daily, on 07/26/2024.

Oxycodone (used to treat pain) 5 mg three times a day from 07/26/2024 through 08/11/2024.

Basaglar KwikPen Insulin (a long-acting medication used to lower blood sugar) on 07/26/2024.

Anasept Antimicrobial External Gel (used to treat wounds) 0.057% applied topically every other day for wound care on 07/26/2024 through 08/11/2024.

Glipizide extended release (used to treat high blood sugar) 2.5 mg every afternoon before dinner on 08/03/2024 and 08/04/2024.

Duloxetine (used to treat depression and pain) 30 mg daily on 08/04/2024.

Metformin (used to treat high blood sugar) 500 mg daily on 08/04/2024, 08/06/2024 and 08/07/2024.

Protonix (used to treat gastric reflux) 40 mg 08/04/2024 through 08/09/2024.

Atorvastatin (used to treat high cholesterol) 80 mg every evening on 08/04/2024.

Resident 7

This document was prepared by Residential Care Services for the Locator website.

showed the following medications were not given due to medications being unavailable:

Aspirin (used to prevent stroke and heart attack) 81 mg daily on 07/28/2024.

Melatonin (used as a supplement for difficulty sleeping) 3 mg at bedtime on 07/25/2024, 07/26/2024, and 07/29/2024.

Spironolactone (used to treat high blood pressure) 25 mg before breakfast on 07/26/2024.

Vitamin D3 (supplement) 50 microgram (mcg) once daily on 07/26/2024.

Sennosides (used to treat constipation) 8.6 mg, two tablets twice daily, on 07/26/2024.

Oxycodone (used to treat pain) 5 mg three times a day from 07/25/2024 through 08/11/2024.

Basaglar KwikPen insulin (a long-acting medication used to lower blood sugar) on 07/26/2024.

Anasept Antimicrobial External Gel (used to treat wounds) 0.057% applied topically every other day for wound care on 07/26/2024 through 08/11/2024.

Glipizide extended release (used to treat high blood sugar) 2.5 mg every afternoon before dinner on 08/03/2024 and 08/04/2024.

Duloxetine (used to treat depression and pain) 30 mg daily on 08/04/2024.

Metformin (used to treat high blood sugar) 500 mg daily on 08/04/2024, 08/06/2024 and 08/07/2024.

Protonix (used to treat gastric reflux) 40 mg 08/04/2024 through 08/09/2024.

Atorvastatin (used to treat high cholesterol) 80 mg every evening on 08/04/2024.

Resident 7

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Record review of an undated AR showed the ALF admitted Resident 7 on [REDACTED] 2024 with multiple disabling diagnoses. An Assessment, dated 04/23/2024, showed that ALF staff assisted with and ordered Resident 7's medications.

Record review of the July and August 2024 eMAR showed Resident 7 was ordered to take dutasteride 0.5 mg every morning. Review of PNs, dated 07/15/2024 and 07/16/2024 showed Resident 7 did not receive their dutasteride and Staff G and Staff H (Licensed Nurse - LN) documented, "not available", "Missing. Awaiting refill from pharmacy."

Resident 8

Record review of an undated AR showed the ALF admitted Resident 8 on [REDACTED] 2017 with multiple disabling medical diagnoses. An Assessment, dated 01/31/2024, showed that ALF staff assisted with and ordered Resident 8's medications.

Record review of Resident 8's July and August 2024 orders on the eMAR and corresponding Progress Notes (PN) showed the following were not given due to medications being unavailable:

Buprenorphine (used to treat opioid dependence) 0.5mg sublingual (under the tongue) every 12 hours on 07/01/2024 through 07/14/2024 and 08/15/2024 through 08/21/2024.

Pregabalin (used to treat pain) 150mg capsule twice daily on 07/01/2024, 07/03/2024, 07/05/2024, 07/08/2024, 07/08/2024 through 07/10/2024.

Thiamine Mononitrate (Supplement) 100mg tablet daily on 07/02/2024, 07/04/2024, 07/16/2024, 07/18/2024, 07/20/2024, 07/25/2024, 07/28/2024, 07/30/2024, 08/01/2024, 08/06/2024, 08/08/2024, 08/09/2024, 08/17/2024, 08/23/2024 and 08/26/2024.

Orelin capsule (used to treat inflammation of the pancreas) three capsules with meals on 07/30/2024 through 08/08/2024 and on 08/11/2024.

Resident 12

Record review of an undated AR showed the ALF admitted Resident 12 on [REDACTED] 2017 with multiple medically disabling diagnoses. An Assessment, dated 02/28/2024, showed that ALF staff assisted with and ordered Resident 12's medications.

Record review of Resident 12's July and August 2024 eMAR and corresponding PNs

This document was prepared by Residential Care Services for the Locator website.

Record review of an undated AR showed the ALF admitted Resident 7 on [REDACTED]/2024 with multiple disabling diagnoses. An Assessment, dated 04/23/2024, showed that ALF staff assisted with and ordered Resident 7's medications.

Record review of the July and August 2024 eMAR showed Resident 7 was ordered to take dutasteride 0.5 mg every morning. Review of PN's, dated 07/15/2024 and 07/16/2024 showed Resident 7 did not receive their dutasteride and Staff G and Staff H (Licensed Nurse - LN) documented, "not available", "Missing. Awaiting refill from pharmacy."

Resident 8

Record review of an undated AR showed the ALF admitted Resident 8 on [REDACTED]/2017 with multiple disabling medical diagnoses. An Assessment, dated 01/31/2024, showed that ALF staff assisted with and ordered Resident 8's medications.

Record review of Resident 8's July and August 2024 orders on the eMAR and corresponding Progress Notes (PN) showed the following were not given due to medications being unavailable:

Buprenorphine (used to treat opioid dependence) 0.5mg sublingual (under the tongue) every 12 hours on 07/01/2024 through 07/14/2024 and 08/15/2024 through 08/21/2024.

Pregabalin (used to treat pain) 150mg capsule twice daily on 07/01/2024, 07/03/2024, 07/05/2024, 07/06/2024, 07/08/2024 through 07/10/2024.

Thiamine Mononitrate (Supplement) 100mg tablet daily on 07/02/2024, 07/04/2024, 07/16/2024, 07/18/2024, 07/20/2024, 07/25/2024, 07/28/2024, 07/30/2024, 08/01/2024, 08/06/2024, 08/08/2024, 08/09/2024, 08/17/2024, 08/23/2024 and 08/26/2024.

Creon capsule (used to treat inflammation of the pancreas) three capsules with meals on 07/30/2024 through 08/08/2024 and on 08/11/2024.

Resident 12

Record review of an undated AR showed the ALF admitted Resident 12 on [REDACTED]/2017 with multiple medically disabling diagnoses. An Assessment, dated 02/29/2024, showed that ALF staff assisted with and ordered Resident 12's medications.

Record review of Resident 12's July and August 2024 eMAR and corresponding PN's

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showed the following medications were not given due to medications being unavailable:

Clonazepam (used to treat anxiety) 0.5mg tablet daily on 07/17/2024 through 08/16/2024.

Calcium Carbonate (supplement) 500mg tablet twice daily on 07/01/2024 through 07/28/2024.

Gabapentin (used to treat seizures) 300mg three times daily on 08/10/2024 through 08/14/2024.

Atorvastatin (used to treat high cholesterol) 20mg tablet on 08/10/2024 through 08/14/2024.

In interview, on 09/17/2024 at 11:01 AM, Resident 12 explained that she gets migraines (severe headaches) and nausea when she misses doses of Clonazepam or Gabapentin.

This is a deficiency was previously cited on 06/06/2022.

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, THE CANNON HOUSE is or will be in compliance with this law and / or regulation on (Date) 11/24/2024

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

Jill Smith
Administrator (or Representative)

10/28/2024
Date

WAC 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:

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showed the following medications were not given due to medications being unavailable:

Clonazepam (used to treat anxiety) 0.5mg tablet daily on 07/17/2024 through 08/16/2024.

Calcium Carbonate (supplement) 500mg tablet twice daily on 07/01/2024 through 07/28/2024.

Gabapentin (used to treat seizures) 300mg three times daily on 08/10/2024 through 08/14/2024.

Atorvastatin (used to treat high cholesterol) 20mg tablet on 08/10/2024 through 08/14/2024.

In interview, on 09/17/2024 at 11:01 AM, Resident 12 explained that she gets migraines (severe headaches) and nausea when she misses doses of Clonazepam or Gabapentin.

This is a deficiency was previously cited on 06/06/2022.

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, THE CANNON HOUSE 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-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.

This document was prepared by Residential Care Services for the Locator website.

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(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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 12 residents (Resident 5) received their medication as prescribed by a physician. This failure resulted in Resident 5 not receiving seizure medications that may have contributed to a seizure that resulted in hospitalization.

Findings Included...

Record review of an undated Admission Record showed the ALF admitted Resident 5 on [REDACTED] 2018, with [REDACTED] and other medically disabling diagnoses. A Negotiated Service Agreement, dated 05/29/2024, showed that ALF staff assisted Resident 5 with medications.

Record review of an August 2024 electronic Medication Administration Record (eMAR) showed that Resident 5 was prescribed a seizure medication that was to be given at 9:00 AM and 6:00 PM daily. The eMAR showed, on [REDACTED] 2024, the 6:00 PM seizure medication was not given. The eMAR showed, on [REDACTED] 2024, at 9:00 AM, seizure medication was not given.

In interview, on 09/10/2024 at 11:58 AM, Staff A (Administrator) confirmed that Resident 5 did not get his evening dose of seizure medication on [REDACTED] 2024.

In interview, on 09/16/2024 at 11:53 AM, Staff B (Resident Care Manager) confirmed that Resident 5 did not get his morning dose of seizure medication on [REDACTED] 2024.

Record review of a Medication Error Investigation document, dated [REDACTED] 2024 showed that on [REDACTED] 2024, at 1:10pm, Staff D (Caregiver) found Resident 5 in his apartment, incontinent of urine, and unable to verbally respond. Emergency Medical Services were contacted, and Resident 5 was sent to the hospital.

Record review of a hospital After Visit Summary note, dated 09/26/2024, stated Resident 5 was hospitalized and diagnosed with [REDACTED].

This is a recurring deficiency previously cited on 04/11/2024, 07/27/2023, 02/08/2023, 08/28/2022, 06/06/2022 and 02/11/2022.

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(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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 12 residents (Resident 5) received their medication as prescribed by a physician. This failure resulted in Resident 5 not receiving seizure medications that may have contributed to a seizure that resulted in hospitalization.

Findings included....

Record review of an undated Admission Record showed the ALF admitted Resident 5 on [REDACTED]/2018 with [REDACTED] and other medically disabling diagnoses. A Negotiated Service Agreement, dated 05/29/2024, showed that ALF staff assisted Resident 5 with medications.

Record review of an August 2024 electronic Medication Administration Record (eMAR) showed that Resident 5 was prescribed a seizure medication that was to be given at 9:00 AM and 6:00 PM daily. The eMAR showed, on [REDACTED]/2024, the 6:00 PM seizure medication was not given. The eMAR showed, on [REDACTED]/2024, at 9:00 AM seizure medication was not given.

In interview, on 09/10/2024 at 11:56 AM, Staff A (Administrator) confirmed that Resident 5 did not get his evening dose of seizure medication on [REDACTED]/2024.

In interview, on 09/16/2024 at 11:53 AM, Staff B (Resident Care Manager) confirmed that Resident 5 did not get his morning dose of seizure medication on [REDACTED]/2024.

Record review of a Medication Error Investigation document, dated [REDACTED]/2024 showed that on [REDACTED]/2024 at 1:10pm, Staff D (Caregiver) found Resident 5 in his apartment, incontinent of urine and unable to verbally respond. Emergency Medical Services were contacted, and Resident 5 was sent to the hospital.

Record review of a hospital After Visit Summary note, dated 08/26/2024, stated Resident 5 was hospitalized and diagnosed with [REDACTED].

This is a recurring deficiency previously cited on 04/11/2024, 07/27/2023, 02/08/2023, 08/26/2022, 06/06/2022 and 02/11/2022.

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

Jhi Smith
Administrator (or Representative)

10/21/2024
Date

This document was prepared by Residential Care Services for the Locator website.

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, THE CANNON HOUSE 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