



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

SPIRITWOOD OPERATIONS LLC
SPIRITWOOD AT PINE LAKE
2020 A St SE Suite 101
Auburn, WA 98002

RE: SPIRITWOOD AT PINE LAKE # 2137

Dear Administrator:

This document references Compliance Determination 31868 (Completion Date 11/07/2023).

The Department completed a full inspection of your Assisted Living Facility on 11/07/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Steven Garrett, LTC Licenser
Claudia Machado, Community Complaint Investigator
Jane Hermano, NCI
Angelica Rios, ALF Licenser

Consultation:

WAC 388-78A-2700 Emergency and disaster preparedness.

- (1) The assisted living facility must:
 - (e) Make sure first-aid supplies are:
 - (i) Readily available and not locked;
 - (ii) Clearly marked;

The facility did not display and have clearly marked signage for first aid kits. During the inspection, the facility staff placed several first aid kits throughout the facility with identifier signs posted with each kit.

WAC 388-78A-2260 Storing, securing, and accounting for medications.

(2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:

(a) In containers with pharmacist-prepared label or original manufacturer's label;

The facility failed to maintain resident medications in the original containers with original pharmacy prescription labels. During the inspection, the facility staff discarded the five unlabeled medications from the medication carts. The facility developed and implemented improved guidelines for medication storage.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the facility to determine if you have corrected all deficiencies.

You May:

- Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
 - o What specific deficiency or deficiencies you disagree with;
 - o Why you disagree with each deficiency; and
 - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
 - o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

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11/07/2023

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- Please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services