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

MARYSVILLE SPECIAL CARE COMMUNITY LLC
THE COTTAGES AT MARYSVILLE
1216 GROVE STREET
MARYSVILLE, WA 98270

RE: THE COTTAGES AT MARYSVILLE License # 2149

Dear Administrator:

This letter addresses Compliance Determination(s) 58491 (Completion Date 04/23/2025) and 51073 (Completion Date 02/26/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/23/2025 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-2640-1-a, WAC 388-78A-2410-9, WAC 388-78A-2410-12

The Department staff who did the on-site verification:
Karen Glover, Complaint Investigator

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: THE COTTAGES AT MARYSVILLE
License/Cert.#: 2149
Compliance Determination #: 51073
Investigator: Karen Glover
Investigation Date(s): 12/02/2024 through 02/26/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 169367
Region/Unit #: RCS Region 2 / Unit A

Allegation(s):
While at the emergency room the Named Resident (NR) was found to have skin injuries.

Investigation Methods:

Sample:	Total residents: 42 Resident sample size: 2 Closed records sample size: 1
Observations:	Staff to resident interactions Residents Activities
Interviews:	Residents Family members Nursing staff Administration
Record Reviews:	Facility policies Hospital records Medical records Negotiated Service Agreement

Investigation Summary:
Following a fall with an injury the NR spent more time in bed. The facility staff noted an open area on the NR's tailbone. Review of the NR's facility records showed no documentation showing that the NR's medical provider had been notified and no documentation that the licensed nurse did weekly skin checks on the NR as stated in the facility wound policy. The NR was sent to the emergency room for general decline. During this visit, the NR was identified to have a skin injury to their tailbone and bilateral heels. Failed practices were identified. Citations were issued for WAC 388-78A-2410 (9)(12) Content of resident records and WAC 388-78A-2640 (1)(a) Reporting a significant change in a resident's condition.

Conclusion / Action:

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

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You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 12/02/2024 and 01/16/2025 of:

THE COTTAGES AT MARYSVILLE
1216 GROVE STREET
MARYSVILLE, WA 98270

This document references the following complaint number(s): 154099, 155802, 157580, 169367

The following sample was selected for review during the unannounced on-site visit: 2 of 42 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Karen Glover, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services | Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) | Date

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

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

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

This requirement was not met as evidenced by:

Based on interviews and record reviews the Assisted Living Facility (ALF) failed to ensure that 1 of 1 resident's (Resident 1) medical provider had been notified of their wound on their tailbone. This failure placed Resident 1 at risk of untreated medical issues and a diminished quality of life.

Findings included…

Review of an undated face sheet showed Resident 1 was admitted to the ALF on [redacted]/2024 with multiple diagnoses including [redacted].

On 02/06/2025 at 4:19 PM, Collateral Contact 1 (CC1) stated that Resident 1 was admitted to the hospital on [redacted]/2024 where they found with bed sores on the tail bone and both heels. CC1 stated they were aware of the bed sore on Resident 1's back side, but not how bad it was, and they were not aware of the heel wounds.

On 02/21/2025 at 10:34 AM, Staff B, Director of Nursing, stated that they were aware of the small opening on the Resident 1's tailbone. Staff B stated they had called the

medical provider and looked at Resident 1's wound frequently. Staff B stated they did not document the call to the provider in Resident 1's chart.

On 02/26/2025 at 8:25 AM, Collateral Contact 2 (CC2), medical provider's office, stated that they reviewed phone, fax encounters, and chart notes for Resident 1. They did not identify any communication from the ALF to the medical provider, regarding Resident 1's open area on their tailbone.

On 02/26/2025 at 4:40 PM, Collateral Contact 4 (CC4), medical provider, stated that they were not aware of the pressure injury on the tailbone or heels.

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 COTTAGES AT MARYSVILLE 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-2410 Content of resident records. The assisted living facility must organize and maintain resident records in a format that the assisted living facility determines to be useful and functional to enable the effective provision of care and services to each resident. Active resident records must include the following:

(9) Documentation consistent with WAC 388-78A-2120 Monitoring resident well-being.

(12) The individuals who were notified of a significant change in the resident's condition and the time and date of the notification.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure 1 of 1 resident's (Resident 1) chart notes reflected documentation regarding the wound evaluations by the licensed nurse and notification of the wound to the medical provider. These failures resulted in Resident 1's records not being complete and put Resident 1 at risk for untreated care needs.

Findings included…

Review of the ALF's Wounds-Skin Integrity policy dated 09/01/2024 showed that the Licensed Nurse (LN) will complete ongoing wound rounds on residents with wounds no less than one time per week until resolved.

Review of an undated face sheet showed Resident 1 was admitted to the ALF on [redacted] 2024 with multiple diagnoses including [redacted].

Review of progress notes showed on 11/11/2024, Staff D, Medication Technician, charted Resident 1 had a small opening on the tail bone, barrier cream had been applied, and a pillow was placed under their buttock to relieve pressure. There were no other progress notes documenting any nursing evaluations or medical provider notifications.

On 02/21/2025 at 10:34 AM, Staff B, Director of Nursing, stated that they were aware of the small opening on the Resident 1's tailbone on 11/11/2024 and had notified the medical provider. Staff B stated they looked at Resident 1's wound frequently. Staff B stated they did not document those skin checks or calling of the medical provider in Resident 1's chart. Staff B stated that there was no documentation for the notifications to the provider.

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 COTTAGES AT MARYSVILLE 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