



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

CBL RETIREMENT LLC
CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY
17543 102ND AVENUE NE
BOTHELL, WA 98011

RE: CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY License # 2228

Dear Administrator:

This letter addresses Compliance Determination(s) 31758 (Completion Date 10/26/2023) and 28446 (Completion Date 09/01/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/26/2023 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-2730-1-a, WAC 388-78A-2730-1-b, WAC 388-78A-2100-2-a, WAC 388-78A-2620-2-a, WAC 388-78A-2620-2-b, WAC 388-78A-2320-3-b, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-2, WAC 388-78A-2140-2-a, WAC 388-78A-2140-2-b

The Department staff who did the on-site verification:

Steven Garrett, LTC Licensors
Jane Hermano, NCI
Claudia Machado, Community Complaint Investigator
Angelica Rios, ALF Licensors
Michelle Yip, ALF Licensors

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson, Field Manager
Region 2, Unit D

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

CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY # 2228

10/26/2023

Page 2 of 2

Residential Care Services

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Residential Care Services

SEP 29 2023

Received



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

Statement of Deficiencies License #: 2228 Compliance Determination # 28446
Plan of Correction CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY Completion Date
Page 1 of 13 Licensee: CBL RETIREMENT LLC 09/01/2023

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

The department completed data collection for the unannounced on-site full inspection on 08/22/2023 and 08/25/2023 of:

CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY
17543 102ND AVENUE NE
BOTHELL, WA 98011

The following sample was selected for review during the unannounced on-site visit: 15 of 119 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson

Residential Care Services

09/12/2023

Date

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

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

Statement of Deficiencies License # 2228 Compliance Determination # 28446
 Plan of Correction CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY Completion Date
 Page 2 of 13 Licensee: CBL RETIREMENT LLC 09/01/2023

Administrator (or Representative)

Date

WAC 388-78A-2730 Licensee's responsibilities.DSHS/ALISA
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(1) The assisted living facility licensee is responsible for:

SEP 29 2023

(a) The operation of the assisted living facility;

Received

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement their policy for Respiratory Protection Program (RPP) for 17 out of 50 staff who have direct contact with residents (Staff C, Caregiver; Staff D, Caregiver; Staff E, Housekeeper; Staff I, Caregiver; Staff J, Caregiver; Staff K, Resident Care Coordinator; Staff L, Assisted Living Nurse Manager; Staff M, Caregiver; Staff N, Caregiver; Staff O, Caregiver; Staff P, Caregiver; Staff Q, Caregiver; Staff R, Maintenance Director; Staff S, Maintenance Assistant; Staff T, Maintenance Tech; Staff U, Night Security Custodian; Staff V, Maintenance Lead). This failure placed all residents at risk of contracting a potentially life-threatening infectious disease.

Findings Included...

The Center for Disease Control and Prevention (CDC), the national public health agency for the United States, developed guidelines for the infection prevention and control practices in healthcare settings including assisted living facilities. The Washington State Governor's Office, the Washington State Department of Social and Health Services (DSHS), the Washington State Department of Health (DOH), and the Washington State Department of Labor and Industries (L&I), established the current infection control standards to prevent and control the spread of coronavirus disease 2019 (COVID-19) in healthcare settings.

Review of the CDC website, titled "Transmission-Based Precautions" (<https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>), showed that the CDC recommended the use of personal protective equipment (PPE) to prevent infection transmission including a fit-tested National Institute for Occupational Safety and Health (NIOSH) approved N95 or higher level respirator for healthcare personnel. Review of the DOH publication titled "Interim Recommendations for SARS-CoV-2 Infection Prevention and Control in Healthcare Settings", dated October 31, 2022, showed specific guidelines for RPP that included medical evaluation and fit testing for respirator use. The publication showed that facilities were required to provide initial and annual fit tests for any employee identified as potentially being exposed to respiratory hazards.

SEP 29 2023

Received

Statement of Deficiencies	License #: 2228	Compliance Determination # 28446
Plan of Correction: CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY		Completion Date
Page 3 of 13	Licensee: CBL RETIREMENT LLC	09/01/2023

Review of the Dear Provider Letter titled "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment (PPE)", dated 04/30/2021, showed the guidelines for long-term care facilities (LTCF), healthcare workers (HCWs), and employers on when to use certain types of PPE. The letter further described requirements of LTCFs that included initial fit tests for each HCW with the respirator that the HCW would be required to wear for protection against airborne hazards.

Review of the facility's undated document titled "Respiratory Protection Program Policy & Procedure", showed that the RPP Program Administrator's responsibilities included coordination of fit testing for employees, completion of medical assessment questionnaire prior to fit testing, and to ensure the policy and procedures were being followed in the facility. Further review of the document showed medical evaluations are retained by the Program Administrator and all fit testing records kept in employee files. The document showed that employees who provided care to residents with confirmed or a suspected case of COVID-19 were classified as high risk and required to complete respiratory fit testing.

Review of the facility's undated document titled "Respiratory Protection Program Employee Acceptance/ Declination/ Request Form", showed that employees with high risk for transmission included RN's (registered nurse), LPN's (licensed practical nurse), Health Care Assistants/CNA's (certified nursing assistants), maintenance, and housekeeping personnel. The document further showed the program administrator, in accordance with L&I regulations, determined which staff required respirators.

Review of the facility's undated fit test and medical evaluation records showed no documentation that Staff C, Staff E, Staff I, Staff L, and Staff Q completed a medical evaluation prior to fit testing, as required. Further review showed no documentation that Staff D, Staff K, Staff L, Staff M, Staff N, Staff P, Staff R, Staff S, Staff T, Staff U, and Staff V, completed a respirator fit test. The facility records also showed Staff J and Staff O's previous fit test results expired in 2022. There was no documentation that showed Staff J and Staff O completed an annual fit test evaluation.

During the initial licensing visit meeting on 08/22/2023 at 11:20 AM, Staff A, Executive Director, stated Staff B, Health Services Director, was the RPP Program Administrator. Staff A stated that Staff B was responsible to monitor that all staff completed fit testing, as required.

During an interview on 08/24/2023 at 2:00 PM, Staff B stated they were aware that some staff had not completed an initial or annual fit test. Staff B further stated that on 08/29/2023 the facility scheduled respirator fit testing for the employees out of compliance with the facility's RPP policy.

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

Plan/Attestation Statement

SEP 29 2023

Statement of Deficiencies

License #: 2228

Compliance Determination Received

Plan of Correction CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY

Completion Date

Page 4 of 13

Licensee: CBL RETIREMENT LLC

09/01/2023

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, CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 9/30/23.

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



Administrator (or Representative)

9/19/23
Date

WAC 388-78A-2100 On-going assessments. The assisted living facility must:

(2) Complete an assessment specifically focused on a resident's identified problems and related issues:

(a) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to complete an assessment to evaluate 1 of 1 sampled resident's (Resident 3) ability to safely use a bed enabler. This failure placed Resident 3 at risk for entrapment and possible injury.

Finding included...

Observation of Resident 3's apartment on 08/24/2023 at 3:12 PM showed a bed enabler, with no mesh cover, installed on the top of the bed, on the right side. During an interview on the same date and time, Resident 3 stated that they used the bed enabler to get out of bed every day. Resident 3 stated that their doctor recommended the bed enabler. Resident 3 stated that their family bought and installed the bed enabler for them. Resident 3 stated that they did not notify the facility when they installed the bed enabler.

Review of the facility's document titled "Resident Assessment Policy", updated 08/17/2023, showed that the facility was responsible for completing a resident assessment upon move in, annually, and upon change of condition. The document showed that the facility was responsible for assessing a resident's use of any medical device. There was no documentation in the Negotiated Service Agreement (NSA) that provided instructions for caregivers on when and how to assist Resident 4 when they used the bed enabler.

Review of Resident 3's "Resident Face Sheet", dated 08/22/2023, showed that the facility admitted Resident 3 in [REDACTED] 2022. The document showed Resident 3 had multiple medical diagnoses that included [REDACTED]

and [REDACTED]

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

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Statement of Deficiencies

License #: 2228

Compliance Determination # 28446

Plan of Correction CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY

Completion Date

Page 5 of 13

Licensee: CBL RETIREMENT LLC

09/01/2023

SEP 29 2023
received

Review of Resident 3's initial assessment, dated 05/05/2022, and the annual assessment, dated 05/22/2023, showed that Resident 3 required the use of a medical device (bed enabler). There was no documentation that showed the facility completed an assessment with Resident 3 for the safe use of a bed enabler.

During an interview on 08/24/2023 at 4:00 PM, Staff B, Health Service Director, stated that in the latest assessment, Resident 3 did not use a bed enabler. Staff B stated that they were unaware Resident 3 now used a bed enabler. Staff B stated that they were not notified a bed enabler was installed by the family.

During an interview on 09/01/2023 at 3:07 PM, Collateral Contact 3 (CC 3), Resident Representative, stated that when Resident 3 moved into the facility in [REDACTED] 2022, Resident 3 started to use the installed bed enabler. CC 3 stated that Resident 3's home health provider recommended the device. CC 3 stated that Resident 3's primary care provider prescribed the bed enabler.

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, CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 9/30/23.

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



Administrator (or Representative)



Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to maintain current veterinarian pet records for 10 of 10 pets (Pet 1, cat; Pet 2, cat; Pet 3, cat; Pet 4, dog; Pet 5, cat; Pet 6, cat; Pet 7, dog; Pet 8, dog; Pet 9, dog; and Pet 10, cat) that resided in the facility. This failure placed the residents at risk for contracting illnesses from unvaccinated or unhealthy pets living in the facility.

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

SEP 29 2023

Statement of Deficiencies	License # 2228	Compliance Determination # 28446
Plan of Correction CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY		Completion Date
Page 6 of 13	Licensee: CBL RETIREMENT LLC	09/01/2023

Received

Findings included...

Observation on 08/23/2023 at 10:00 AM showed several people moved about in the lobby's common area. Observation in the common area showed two dogs on a leash. Observation showed several residents petted one of the dogs.

Observation on 08/23/2023 at 4:40 PM, in the apartment where Pet 7 lived, showed Pet 7 barked at visitors who entered the apartment. Observation showed Pet 7 relieved itself on the floor by the entrance of the room. Pet 7's owner covered the urine with a disposable incontinence pad. The room smelled of urine. Pet 7 then jumped up and stayed on the owner's bed. Further observation of the room showed two more disposable incontinence pads on the floor, one by the kitchenette and the other in the television area. During an interview at this time, Pet 7's owner stated that the private caregiver helped clean the apartment daily.

Review of the facility's undated document titled, "Disclosure of Services", showed the facility permitted pets with the conditions stated in their pet policy. The policy titled "Policy # 41 Pets", dated 08/11/2023, showed that prior to admission, a current certificate from a licensed veterinarian in Washington State must be provided that showed the pet was free of diseases transmittable to human. The policy also stated that a current vaccination record must be maintained on file at the facility.

Review of the facility's undated document titled, "Resident Pet Records", showed there were 10 pets that lived in the assisted living, six cats and four dogs. Review of the records showed no documentation that any of the 10 pets received a veterinarian health examination that verified the 10 pets were free of diseases transmittable to humans. Further review of the records showed that five pets were overdue for vaccinations. The records showed Pet 1's rabies vaccine was due on 08/18/2023; Pet 5's rabies vaccine was due on 02/02/2023; Pet 7's rabies vaccine was due on 02/10/2023; Pet 8's rabies vaccine was due on 10/04/2022 and Pet 10's rabies vaccine was due on 03/08/2023.

During an interview on 08/24/2023 at 10:45 AM, Staff X, Concierge, stated that they were responsible to maintain the pet records. Staff X stated that they reviewed the pet records on a regular basis. Staff X reported that they requested updated immunization for all the pets with expired vaccinations. Staff X stated they were still waiting for the immunization records. Staff X stated that they were unaware that the veterinarian health certificates for all the pets were missing from the records.

Plan/Attestation Statement

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SEP 29 2023

Received

Statement of Deficiencies License # 2228 Compliance Determination # 20048
 Plan of Correction CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY Completion Date
 Page 7 of 13 Licensee: CBL RETIREMENT LLC 09/01/2023

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, CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 10/5/23.

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


 Administrator (or Representative)

9/19/23
 Date

WAC 388-78A-2320 Intermittent nursing services systems.

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

(b) Chapter 18.88A RCW, Nursing assistants;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 1 resident (Resident 16) received proper nurse delegation services from staff who completed full diabetic nurse delegation training. This failure placed Resident 16 at risk of medication errors and potential decline in their health when unqualified staff provided care.

Findings included...

Review of the facility's undated document titled "Disclosure of Services Required by RCW 18.20.300 – Assisted Living", showed the facility provided intermittent nursing services that included insulin injection administration by trained unlicensed staff through nurse delegation.

Review of the facility's document titled "Nurse Delegation Policy", updated 08/17/2023, showed that the facility required all nurse delegation to be done in accordance with the State requirements. The document showed that the nurse delegation protocols included determination of preparedness of the delegated caregiver and ongoing evaluation of caregiver's competency every 90 days.

Review of the facility's document titled "Medication Services", updated 08/17/2023, showed that the facility required staff to complete the Department of Social and Health Services (DSHS) 3-hour class if the staff administered insulin via nurse delegation.

Review of Resident 16's "Resident Face Sheet", dated 08/22/2023, showed that the facility

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

Statement of Deficiencies

License #: 2228

Compliance Determination #2023-0015

Plan of Correction CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY

Completion Date

Page 8 of 13

Licensee: CBL RETIREMENT LLC

09/01/2023

admitted Resident 16 in [REDACTED] 2022. The document showed Resident 16's medical diagnoses included [REDACTED] and [REDACTED].

Received

Review of Resident 16's "Negotiated Service Agreement (NSA)", dated 05/26/2023, showed that the facility provided diabetes management to Resident 16. The document showed that the staff administered insulin four times daily.

Review of Resident 16's nurse delegation documentation showed that on 07/12/2022, Resident 16 consented for nurse delegation. The document showed that Resident 16 required assistance with blood sugar check and insulin administration. The document showed between 07/12/2022 and 08/24/2023, Staff H, Registered Nurse Delegator, Vice President of Health Services, delegated the facility medication technicians [unlicensed staff who assists and administers medications].

Review of the facility's undated "Employee Roster" showed the facility hired Staff W, Certified Nursing Assistant, Caregiver, Medication Technician on 10/15/2019. Review of Staff W's personnel file showed no documentation that showed Staff W completed the specialized diabetes nurse delegation training.

Review of Resident 16's June 2023, July 2023, and August 2023 "Medication Administration Record" (MAR) showed Resident 16's medication orders included Insulin Lispro Kwikpen (a medication used to control high blood sugar), inject 5 units subcutaneously (under the skin), three times daily with meals. The MARs also showed Resident 16 received Lanus Solos injection (a medication used to control high blood sugar), inject 17 units subcutaneously, nightly at bedtime. The MARs showed that Staff W administered and signed off the administration of insulin injections on 42 days: 06/01/2023, 06/04/2023, 06/05/2023, 06/06/2023, 06/07/2023, 06/08/2023, 06/11/2023, 06/27/2023, 06/28/2023, 06/29/2023, 07/02/2023, 07/03/2023, 07/04/2023, 07/05/2023, 07/06/2023, 07/09/2023, 07/10/2023, 07/11/2023, 7/13/2023, 07/16/2023, 07/17/2023, 07/24/2023, 07/25/2023, 07/26/2023, 07/27/2023, 07/30/2023, 07/31/2023, 08/01/2023, 08/02/2023, 08/03/2023, 08/06/2023, 08/07/2023, 08/08/2023, 08/09/2023, 08/10/2023, 08/13/2023, 08/14/2023, 08/15/2023, 08/16/2023, 08/17/2023, 08/20/2023, and 08/21/2023.

During an interview on 08/24/2023 at 4:00 PM, Staff H stated that the facility followed the State requirements for nurse delegation. Staff H stated that they, as the Registered Nurse Delegator, trained and delegated insulin injection administration to Staff W. Staff H reported that the facility's human resources (HR) department was responsible for maintaining the staff personnel files. Staff H stated that the HR department kept track of the staff's credential status and completion of required training. Staff H stated that the former Registered Nurse Delegator initially delegated insulin administration to Staff W. Staff H stated when they started in the Registered Nurse Delegator position, Staff W was already delegated and administered insulin to residents. Staff H stated that they continued Staff W's delegation for insulin administration since Staff W was already delegated by the former nurse delegator. Staff H stated that they were unaware Staff W did not complete the

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

Statement of Deficiencies

License #: 2228

Compliance Determination # 28446

Plan of Correction CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY

Completion Date

Page 9 of 13

Licensee: CBL RETIREMENT LLC

Residential Care Services

specialized diabetes nurse delegation training, as required.

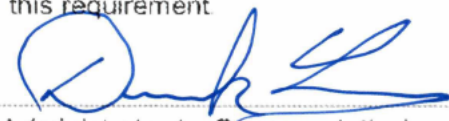
SEP 29 2023

Received

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, CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 9/19/23.

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



Administrator (or Representative)

9/19/23
Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in 4 of 4 Residents' (Resident 2, Resident 3, Resident 4, and Resident 8) records, the medication management plan for residents who managed their own medications or received family assistance. The facility also failed to document in the record for 1 of 1 sampled resident (Resident 15) with a seizure disorder, the monitoring plan with caregiver instructions and interventions. These

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

Statement of Deficiencies	License #: 2228	Compliance Determination # 28446
Plan of Correction CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY		Completion Date
Page of 13	Licensee: CBL RETIREMENT LLC	09/01/2023

failures placed the residents at risk for unmet care needs and worsening of medical conditions.

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SEP 29 2023

Findings included ...

received

MEDICATION MANAGEMENT RESIDENT 2

Review of Resident 2's assessment, dated 11/26/2022, showed Resident 2 was independent with medication management. The assessment showed Resident 2 used their own pharmacy rather than the pharmacy used by the facility.

Review of Resident 2's Negotiated Service Agreement (NSA), dated 08/22/2023, showed that Resident 2's family provided medication management assistance. The NSA showed that Resident 2's family was responsible to pick up and deliver medication refills to the facility. There was no documentation of any emergency and backup interventions if Resident 2's family was unavailable. There was no documentation that planned for incidents when Resident 2 may require emergency medications.

During an interview on 08/23/2023 at 4:05 PM, Resident 2 stated that they independently managed their prescribed medications. Resident 2 stated that they did not use the in-house pharmacy. Resident 2 stated that their family picked up and delivered the medications from Resident 2's preferred pharmacy. Resident 2 stated that their pharmacy operated on limited hours on the weekdays and was closed on the weekends. Resident 2 stated that they were concerned about how they would receive new prescriptions or emergency medications after their pharmacy's business hours. Resident 2 also stated they were unsure how they would receive their medication if their family was unavailable to deliver the medications.

RESIDENT 3

Review of Resident 3's assessment, dated 05/22/2023, showed Resident 3 was independent with medication management. The assessment showed Resident 3 used their own pharmacy rather than the pharmacy used by the facility.

Review of Resident 3's NSA, dated 08/22/2023, showed no documentation that provided any caregiver instructions if Resident 3 was unable to continue with independent medication management. There was no documentation of any emergency and backup interventions if Resident 3 required emergency medications.

During an interview on 08/24/2023 at 2:30 PM, Staff B, Health Services Director, stated that they were aware Resident 2 used family assistance for medication management. Staff B stated that they were aware Resident 3 was independent with medication management. Staff B stated that Resident 2 and Resident 3 both used their own pharmacy. Staff B stated that every year, the facility completed a full assessment for each resident, which included the medication management plan. Staff B stated that the facility did not provide any emergency medication service and backup support for residents who were independent.

Statement of Deficiencies	License #: 2228	Compliance Determination # 28446
Plan of Correction CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY		Completion Date
Page of 13	Licensee: CBL RETIREMENT LLC	09/01/2023

with medication management or who preferred a family-assist medication management plan. Staff B stated that there was no emergency or back up medication management plan for Resident 2 and Resident 3.

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SEP 29 2023

Received

RESIDENT 4

Review of Resident 4's NSA, dated 08/09/2023, showed that Resident 4's family provided medication management assistance. Further review showed that Collateral Contact 1 (CC 1), Resident 4 Representative, obtained the prescriptions, filled Resident 4's pillbox, and attached a current medication schedule to the pillbox. The NSA referenced the "Family Assistance Care Plan (FACP)". The FACP included information of the primary family member who managed Resident 4's medication and an alternate family member if the primary was unavailable. There was no documentation of any emergency and backup interventions if Resident 4's family was unavailable. There was no documentation that planned for incidents when Resident 4 may require emergency medications.

During an interview on 08/24/2023 at 1:25 PM, Collateral Contact 2 (CC 2), Resident 4 Representative, stated that they helped remind CC 1 about medication refills and administration. Resident 4 stated that CC 2 assisted them with their medication management.

During an interview on 08/25/2023 at 11:15 AM, Staff B confirmed that there was no emergency medication management plan for Resident 4. Staff B further stated that there was no back up plan if the family member or designated representative were unable to provide medication management assistance.

RESIDENT 8

Review of Resident 8's NSA, dated 08/18/2023, showed that Resident 8's family provided medication management assistance. The NSA referenced the FACP. The FACP included information of the primary family member who managed Resident 8's medication, an alternate plan if the primary was unavailable, and an emergency contact if the facility observed changes in Resident 8's condition related to the medication management plan.

During an interview on 08/23/2023 at 4:11 PM, Resident 8 stated that their daughter obtained the medications and refilled the medication organizer every four weeks. Resident 8 stated that the digital alarm clock in their room reminded them when to take the medications. Resident 8 stated that the list of their medications was written on a piece of paper.

During an interview on 08/24/2023 at 10:30 AM, Staff B stated that the facility assumed general responsibility for each resident's health, safety, and well-being consistent with the resident's NSA. Staff B stated that the facility assessed Resident 8 as independent with medication management. Staff B reported that Resident 8's completed FACP was unsigned by Resident 8's representative and so was not included in Resident 8's medical records at this time. Staff B confirmed that there was no emergency or back up medication management plan to obtain medications if the family member or designated representative were unable to provide medication management assistance.

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

Statement of Deficiencies License #: 2228 Compliance Determination # 28446
 Plan of Correction CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY Completion Date
 Page of 13 Licensee: CBL RETIREMENT LLC 09/01/2023

DSHS/ALISA
 Residential Care Services

SEP 29 2023

Received

SEIZURE MONITORING AND MANAGEMENT
 RESIDENT 15

Review of Resident 15's initial nursing assessment, dated 12/08/2019, showed that Resident 15's medical diagnoses included a [REDACTED]. The assessment showed Resident 15 was prescribed medication to manage the seizures.

Review of the facility's undated document titled "Seizure Protocol for Monitoring and Reporting" showed that the facility was responsible to identify the residents who had seizures. The protocol listed the signs and symptoms of seizure staff should observe for and the care instructions when a seizure occurred.

Review of Resident 15's "Negotiated Service Agreement" (NSA), updated 10/20/2022, showed no documentation of what type of seizures Resident 15 experienced. There was no documentation of the signs and symptoms of the seizures specific to Resident 15. The NSA showed no documentation of instructions to the staff about symptoms monitoring and management for Resident 15's seizures.

Review of Resident 15's June 2023, July 2023, and August 2023 "Medication Administration Record" (MAR) showed that Resident 15 received medication management assistance from the facility. The MAR showed that Resident 15 received Levetiracetam (a medication that treats seizures), 500 milligrams (mg), one tablet by mouth, twice daily, for seizures. The MAR showed no instructions about the signs and symptoms of seizures that staff should be aware of for Resident 15.

During an interview on 08/29/2023 at 9:35 AM, Staff B stated that the former Health Services Director completed Resident 15's assessment and care plan. Staff B stated that they were aware of Resident 15's [REDACTED] diagnosis. Staff B stated that they were unable to find the seizure care plan in Resident 15's record. Staff B stated that they did not have a seizure care plan in place for Resident 15.

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, CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 10/5/23.

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.

Statement of Deficiencies	License #: 2228	Compliance Determination # 28446
Plan of Correction CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY		Completion Date
Page of 13	Licensee: CBL RETIREMENT LLC	09/01/2023
		DSHS/ALISA
		Residential Care Services
	9/19/23	SEP 29 2023
Administrator (or Representative)	Date	Received



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

DSHS/ALISA
Residential Care Services

SEP 29 2023

Received

09/12/2023

CBL RETIREMENT LLC
CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY
17543 102ND AVENUE NE
BOTHELL, WA 98011

RE: CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY # 2228

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 09/01/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
 - o Sign and date the enclosed report;
 - o For each deficiency, indicate the date you have or will correct each deficiency;
 - o Mail the Plan/Attestation Statement and report with original signatures to:

Laurie Anderson, Field Manager
Residential Care Services
Region 2, Unit D
20425 72nd Avenue S, Suite 400

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

DSHS/ALISA
Residential Care Services

CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY # 2228

09/01/2023

Page 2 of 3

SEP 29 2023

Received

Kent, WA 98032

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105° F and 120° F at all times, and

Water temperature in two resident apartments and one common area sink used by residents, measured above the regulation requirement of 120 degrees Fahrenheit. During the time of the inspection, Maintenance Director adjusted water tank thermostat. Water temperature decreased to meet regulatory requirements.

You Are Not:

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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.
- 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:

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

Sincerely,

Laurie Anderson

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

DSHS/ALISA
Residential Care Services

CHATEAU AT BOTHELL LANDING RETIREMENT COMMUNITY # 2228

09/01/2023

Page 3 of 3

SEP 29 2023

received

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

Enclosure

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