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

CP RETIREMENT LLC
CHATEAU PACIFIC RETIREMENT COMMUNITY
3333 148TH ST SW
LYNNWOOD, WA 98087

RE: CHATEAU PACIFIC RETIREMENT COMMUNITY License # 2229

Dear Administrator:

This letter addresses Compliance Determination(s) 36578 (Completion Date 02/13/2024) and 33685 (Completion Date 12/21/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/13/2024 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-2481-1-a, WAC 388-78A-2485-1, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2320-1, WAC 388-78A-2320-2-c, WAC 388-78A-3100-1, WAC 388-78A-3100-2

The Department staff who did the on-site verification:
Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

If you have any questions, please contact me at (425)670-6070.

Sincerely,

Jamie Singer

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

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

12/27/2023

Licensee: CP RETIREMENT LLC
CHATEAU PACIFIC RETIREMENT COMMUNITY
3333 148TH ST SW
LYNNWOOD, WA 98087

RE: CHATEAU PACIFIC RETIREMENT COMMUNITY License # 2229

Dear Administrator:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 12/21/2023 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

- 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.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

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:

- Please contact me at (425)670-6070.

Sincerely,

Jamie Singer

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

Enclosure

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 #: 2229	Compliance Determination # 33685
Plan of Correction	CHATEAU PACIFIC RETIREMENT COMMUNITY	Completion Date
Page 3 of 9	Licensee: CP RETIREMENT LLC	12/21/2023

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 and complaint investigation on 12/11/2023 and 12/14/2023 of:
CHATEAU PACIFIC RETIREMENT COMMUNITY
3333 148TH ST SW
LYNNWOOD, WA 98087

This document references the following complaint numbers: 109637, 108724.

The following sample was selected for review during the unannounced on-site visit: 9 of 90 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

Jamie Singer
Residential Care Services

12/27/2023
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.

Debbie Kaupp
Administrator (or Representative)

12/29/23
Date

WAC 388-78A-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

(a) Within forty-eight to seventy-two hours of the test; 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 6 staff members (Staff C) required tuberculin skin test (TST) results were read within forty-eight to seventy-two hours of the test. This placed 90 residents at risk of exposure to a communicable disease.

Findings included...

Review of records showed the ALF hired Staff C (Memory Care Director) on 04/17/2023. Record review showed Staff B had a 1st step Tuberculosis (TB) test given on 04/17/2023 and a second step TST initiated on 05/04/2023. Record review showed the second step TST was not read within 24 to 72 hours of the test.

In interview, on 12/13/2023 at 3:38 PM, Staff A (Executive Director) agreed Staff C's TB records were incomplete and would need a new test.

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 PACIFIC RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) ~~2/05/2024~~ 2/4/2024

SB confirmed ammended POC date with provider on 1/2/2024.

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

Debbie Kaupp
Administrator (or Representative)

12/29/23
Date

Statement of Deficiencies	License #: 2229	Compliance Determination # 33685
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WAC 388-78A-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:

(1) Ensure that the staff person has a chest X-ray within seven days;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff members (Staff D) obtained a chest x-ray within seven days of receiving a positive result to tuberculosis skin test (TST). This placed 90 residents at risk of exposure to a communicable disease.

Findings included...

Review of records showed the ALF hired Staff D (Caregiver) on 03/07/2023. Record review showed Staff D had a TST completed on 03/07/2023 with a positive test result of 20 mm induration (hard, dense, raised formation). Record review did not show a chest x-ray for Staff D completed within 7 days of a positive TST.

In interview, on 12/13/2023 at 3:38 PM, Staff A (Administrator) confirmed Staff D had not completed a chest x-ray following a positive TST and would review the regulations with Staff G (HR director).

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 PACIFIC RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) ~~2/05/2024~~ . 2/4/2024

SB confirmed ammended POC date with provider on 1/2/2024.

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

Debbie Kaupp — Administrator (or Representative)

12/29/23 — 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:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(c) Initial and on-going assessments of the nursing needs of each resident;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure their Nurse Delegation (ND) program was updated in accordance with the needs of the resident and requirements of state regulations. This failure placed 1 of 1 sample residents (Resident 2) at risk for receiving unsafe, or mismanaged, medications.

Findings included...

Note: The ND Program, under Washington State Law, allows nursing assistants and Home Care Aides working in community-based care settings to perform certain tasks such as administration of prescription medications such as insulin injections and blood sugar testing, which are normally performed by licensed nurses. A registered nurse must teach and supervise the nursing assistant as well as provide nursing assessments of the resident's condition. Nurse Delegation is specific to each resident, each caregiver, and each task and is not transferrable. Documentation must be specific and include all required information as listed in Washington Administrative Code (WAC) 246-840.

In an interview, on 12/11/2023 at 9:45 AM, Staff A (Executive Director) stated the ALF utilized a ND program for all residents. Staff A confirmed Staff H (Registered Nurse) was the registered nurse delegator who supervised the program.

Review of a Facesheet showed the ALF admitted Resident 2 on [redacted]/2022 with multiple diagnoses to include [redacted] and [redacted].

Review of a December 2023 Medication Administration Record (MAR) showed Resident 2 received 14 units of Basaglar Kwikpen (disposable long-acting insulin pen used to control high blood sugar) each morning subcutaneously (below the skin) and 2 units ordered at bedtime.

Record review of "Nurse Delegation Instructions" form (DSHS 13-678) dated 02/17/2022, showed Resident 2 received blood sugar monitoring and insulin administration ND services. Further review showed numbered steps to instruct staff to dial the insulin pen to the correct dose, hand the resident the insulin pen and cue the resident to insert the needle into the chosen site. Staff were instructed to cue the resident to press down on the plunger to administer the dose of insulin and when completed, hand the needle to staff for

proper disposal.

Observation, on 12/13/2023 at 9:03 AM, showed Staff J (Caregiver) administer 14 units of insulin to Resident 2's abdominal area. A second observation on 12/14/2023 at 8:29 AM showed Staff I (Resident Care Coordinator) administer 14 units of insulin to Resident 2's upper arm. During both administration observations, staff dialed the insulin pen according to the physician order and performed all tasks associated with medication administration. Observation showed staff did not cue Resident 2 to self-administer the insulin.

In an interview, on 12/14/2023 at 8:35 AM, Staff I stated Resident 2 had never self-administered the insulin and staff were delegated to check blood sugar and administer insulin.

Record review of Resident 2's "Nurse Delegation: Nursing Visit" (DSHS 14-484) provided by the ALF on 12/13/2023, (undated) showed ND documents and MAR had been reviewed and were found by Staff H (Nurse Delegator) to be accurate and up to date.

In an interview, on 12/14/2023 at 10:47 AM, Staff H confirmed her most recent nursing visit to Resident 2 to be 10/06/2023. Staff H stated Resident 2's ability to self-administer goes back and forth depending on her cognition. Staff H acknowledged the ND Instructions did not contain information for staff on how to determine if Resident 2 could administer her own insulin or if staff should administer insulin with each attempt. Staff H agreed Resident 2's ND instructions should be updated.

This is a repeat deficiency previously cited on 03/03/2022.

Plan/Attestation Statement

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

Statement of Deficiencies	License #: 2229	Compliance Determination # 33685
Plan of Correction	CHATEAU PACIFIC RETIREMENT COMMUNITY	Completion Date
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Debbie Kaupp
Administrator (or Representative)

12/29/23
Date

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure chemicals were stored securely in the Memory Care Unit (MCU). This failure placed 9 of 9 residents at risk for poisoning and increased health issues.

Findings included...

Record review of the undated Resident Character Roster, showed the ALF provided care for 20 residents in a secured MCU. Nine MCU residents were identified as having dementia (a group of symptoms that affects memory, thinking and interferes with daily life)/Alzheimer's disease (a brain disorder with a gradual decline in memory, thinking, behavior and social skills, which eventually affect the ability to function)/cognitive impairment. One of the residents also had a [redacted] diagnosis and vision deficit.

Observation and interview, during the environmental tour on 12/11/2023 at 10:35 AM with Staff A (Executive Director) and Staff K (Maintenance Director), showed the following: In the activity/living area of the MCU was an unlocked cabinet that contained a spray bottle labeled "Multipurpose Cleaner" with warning to avoid contact with skin or eyes and to keep out of reach of children, and a stainless-steel aerosol spray cleaner with warning, "harmful or fatal if swallowed." Staff K stated the cabinet should be locked.

On 12/11/2023 at 11:25 AM, Staff A stated that the chemicals should not be in unlocked storage.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2229	Compliance Determination # 33685
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SB confirmed ammended POC date with provider on 1/2/2024.
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Debbie Kaupp — Administrator (or Representative)

12/29/2023 — Date