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

CRH PETERS CREEK LLC
PETERS CREEK RETIREMENT COMMUNITY
14431 REDMOND WAY
REDMOND, WA 98052

RE: PETERS CREEK RETIREMENT COMMUNITY License # 2245

Dear Administrator:

This letter addresses Compliance Determination(s) 38269 (Completion Date 03/14/2024) and 35938 (Completion Date 02/12/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/14/2024 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-2140-1-a, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1, WAC 388-78A-2480-1, WAC 388-78A-2480-2, WAC 388-78A-2480

The Department staff who did the on-site verification:
Claudia Allis, Community Complaint Investigator
Steven Garrett, LTC Licensor

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

Sincerely,

Laurie Anderson

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

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 #: 2245	Compliance Determination # 35938
Plan of Correction	PETERS CREEK RETIREMENT COMMUNITY	Completion Date
Page 1 of 6	Licensee: CRH PETERS CREEK LLC	02/12/2024

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 the unannounced on-site full inspection on 01/23/2024 and 01/26/2024 of:
PETERS CREEK RETIREMENT COMMUNITY
14431 REDMOND WAY
REDMOND, WA 98052

The following sample was selected for review during the unannounced on-site visit: 9 of 41 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Steven Garrett, LTC Licensor
Claudia Machado, Community Complaint Investigator

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

02/13/2024 — 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.

Administrator (or Representative)

2/20/2024
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:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to document in 3 of 11 sampled residents (Resident 1, Resident 4, and Resident 7) Negotiated Service Agreements (NSA), the care needs and interventions for diagnoses and physician ordered medical treatments. This failure placed the residents at risk for unmet care needs and worsening of medically diagnosed conditions.

Findings included...

RESIDENT 1
Review of Resident 1's November 2023, December 2023, and January 2024 Medication Administration Records (MAR) showed that Resident 1 received 15 milligrams (mg) of Xarelto (medication used to prevent blood clots) nightly, by mouth, for a diagnosis of [redacted]

Review of Resident 1's Personal Service Plan, dated 01/09/2024, showed no guidance for the staff about the possible side effects from the use of Xarelto, such as an increased risk of bleeding. The service plan showed no instructions for staff about what actions were needed for any side effects. There were no instructions about when to report any signs and symptoms of side effects to the nurse.

RESIDENT 4
Record review of Resident 4's November 2023, December 2023, and January 2024 MARs showed that Resident 4 received 81 mg of Enteric Coated Aspirin (a coating around the tablet to allow the medication to pass through the stomach to the small intestine before dissolving) daily, by mouth, for a diagnosis of [redacted]

Review of Resident 4's Personal Service Plan, dated 09/26/2023, showed no guidance for the staff about the possible side effects from the use of EC aspirin, such as an increased risk of bleeding. The service plan showed no instructions for staff about what actions were needed for any side effects. There were no instructions about when to report any signs and symptoms of side effects to the nurse.

RESIDENT 7
Record review of Resident 7's November 2023, December 2023, and January 2024 MARs showed Resident 7 showed that Resident 7 received 81 mg of Enteric Coated Aspirin daily, by mouth for a diagnosis of [redacted]

Review of Resident 7's Personal Service Plan, dated 01/05/2024, showed no guidance for the staff about the possible side effects from the use of EC aspirin, such as an increased risk of bleeding. The service plan showed no instructions for staff about what actions were needed for any side effects. There were no instructions about when to report any signs and symptoms of side effects to the nurse.

During an interview on 01/25/2024 at 11:04 AM, Staff A, Vice President of Operations, Interim Administrator, confirmed that Resident 1, Resident 4, and Resident 7's service plans did not document any of the side effects associated with the use of blood thinners. Staff A stated that the service plans did not document any safety plan for taking a blood thinner medication.

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, PETERS CREEK RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 3-11-2024.

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

Administrator (or Representative) — Date: 2-20-2024

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to complete a Washington State Name and Date of Birth Background check every two years for 2 of 6 staff (Staff A and Staff E). This failure placed all residents at risk of potential abuse or neglect by caregivers with an unknown background.

Findings included....

Review of facility personnel records showed the facility hired Staff A, Vice President of Operations, Interim Administrator, on 07/25/2017. The records showed the facility hired Staff E, Caregiver, on 07/01/2020.

Review of Staff A's personnel records showed Staff A's Washington State Name and Date of Birth background check expired on 01/02/2022. There was no documentation that showed the facility completed a new name and date of birth background check for Staff A.

Review of Staff E's personnel records showed Staff E's Washington State Name and Date of Birth background check expired on 06/16/2022. There was no documentation that showed the facility completed a new name and date of birth background check for Staff E.

During an interview on 01/25/2023 at 1:55 PM, Staff A stated that they were unaware that Staff A and Staff E's background checks were expired. Staff A stated that the facility did not complete an updated Washington State Name and Date of Birth background check in January 2022 for Staff A, or in June 2022 for Staff E, as required.

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, PETERS CREEK RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 3-11-24 .

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

Administrator (or Representative) — 2-20-2024 Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 5 of 6 staff (Staff B, Staff C, Staff D, Staff E, and Staff F) were screened for tuberculosis (TB, a serious respiratory disease) within three days of employment. This failure placed all the residents at risk of contracting a contagious and serious illness.

Findings included...

Review of facility's personnel records showed the facility hired Staff B, Director of Nursing, on 11/29/2023; Staff C, Caregiver, on 06/27/2023; Staff D, Caregiver, on 03/06/2023; Staff E, Caregiver, on 07/01/2020; and Staff F, Caregiver, on 12/27/2020.

Review of Staff B's personnel records showed from 11/29/2023 through 01/25/2024, Staff B worked at the facility. Staff B supervised staff who provided care and services for residents. There was no documentation in Staff B's records that showed the facility screened Staff B for TB within three days of employment.

Review of Staff C's personnel records showed from 06/27/2023 through 01/25/2024, Staff C worked at the facility. Staff C provided care and services for residents. There was no documentation in Staff C's records that showed the facility screened Staff C for TB within three days of employment. The records showed documentation that Staff C completed a one-step skin test on 12/20/2023, 213 days after Staff C's date of employment.

Review of Staff D's personnel records showed from 03/06/2023 through 01/25/2024, Staff D worked at the facility. Staff D provided care and services for residents. There was no documentation in Staff D's records that showed the facility screened Staff D for TB within three days of employment. The records showed documentation that Staff D completed a one-step skin test on 06/13/2023, 100 days after Staff D's date of employment.

Review of Staff E's personnel records showed from 07/01/2020 through 01/25/2024, Staff E worked at the facility. Staff E provided care and services for residents. There was no documentation in Staff E's records that showed the facility screened Staff E for TB within three days of employment. The records showed documentation that Staff E obtained a chest X-ray on 08/10/2021, 417 days after Staff E's date of employment, 07/01/2020.

Review of Staff F's personnel records showed from 12/27/2020 through 01/25/2024, Staff F worked at the facility. Staff F provided care and services for residents. There was no documentation in Staff F's records that showed the facility screened Staff F for TB within three days of employment. The records showed documentation that Staff F completed a one-step skin test on 07/24/2022, 575 days after Staff F's date of employment.

During an interview on 01/25/2024 at 5:30 PM, Staff A confirmed that when the facility hired Staff B, Staff C, Staff D, Staff E, and Staff F, TB screening was not completed. Staff A stated that they were not aware that testing for tuberculosis was required for all facility staff within three days of employment.

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, PETERS CREEK RETIREMENT COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 3-11-2024 .

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

Administrator (or Representative)

2-20-2024
Date

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

02/13/2024

CRH PETERS CREEK LLC
PETERS CREEK RETIREMENT COMMUNITY
14431 REDMOND WAY
REDMOND, WA 98052

RE: PETERS CREEK RETIREMENT COMMUNITY # 2245

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 02/12/2024 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

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-2400 Protection of resident records. The assisted living facility must:

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW;

Several residents' care and service information whiteboards and documents were posted in publicly visible locations of the facility. During the inspection, facility staff removed the publicly visible residents' information from the lobby and memory care dining room areas.

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 location of first aid kit supplies throughout the facility were not identified. The kits were not readily available. During the inspection, the facility staff placed several first aid kits throughout the facility with identifier signs posted with each kit.

WAC 388-78A-2730 Licensee's responsibilities.

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(i) A current assisted living facility license, including any related conditions on the license;

The assisted living facility license posted on the wall behind the front lobby desk expired on 07/31/2023. During the inspection, facility staff located and posted the most current assisted living facility license.

WAC 388-78A-2732 Liability insurance required Ongoing. The assisted living facility must:

(1) Obtain liability insurance upon licensure and maintain the insurance as required in WAC 388-78A-2733 and 388-78A-2734 ; and

(2) Have evidence of liability insurance coverage available if requested by the department.

The assisted living facility certificate of liability insurance initially presented to the licensors expired on 12/13/2023. During the inspection, facility staff located and presented the active certificate of liability insurance.

WAC 388-78A-3010 Resident units. The assisted living facility resident units must have the following:

(8) Miscellaneous: Each sleeping room must have:

(e) A lockable drawer, cupboard or other secure space measuring a least one-half cubic foot with a minimum dimension of four inches;

There were multiple resident apartments without lockable drawers or cupboards for residents to securely store their items. During the inspection, facility staff completed an audit to determine which apartments needed lockable drawers/cupboards. The facility ordered the necessary locks to be installed when received.

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.
  - 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 (253)234-6020.

Sincerely,

Laurie Anderson

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

Enclosure